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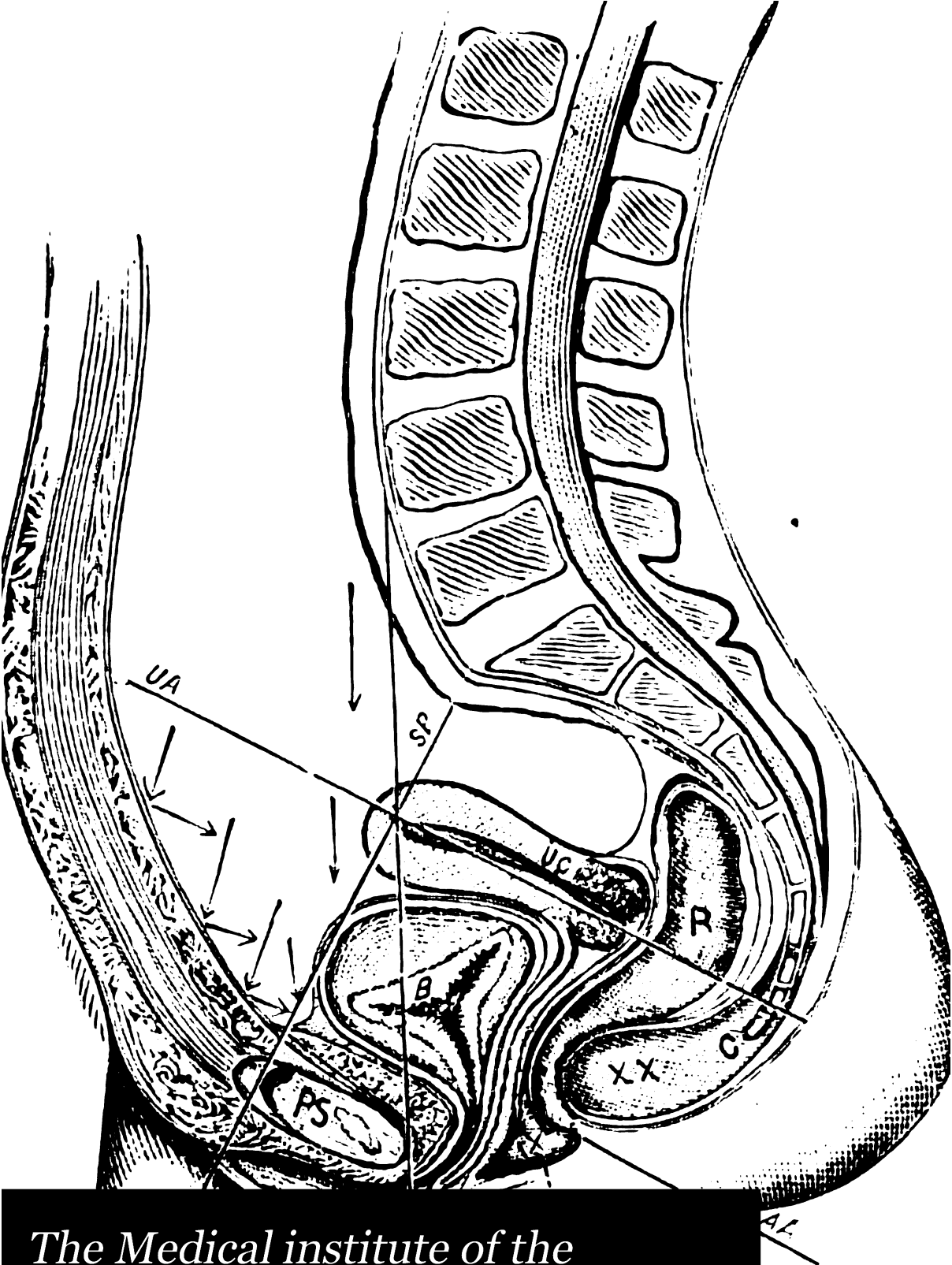
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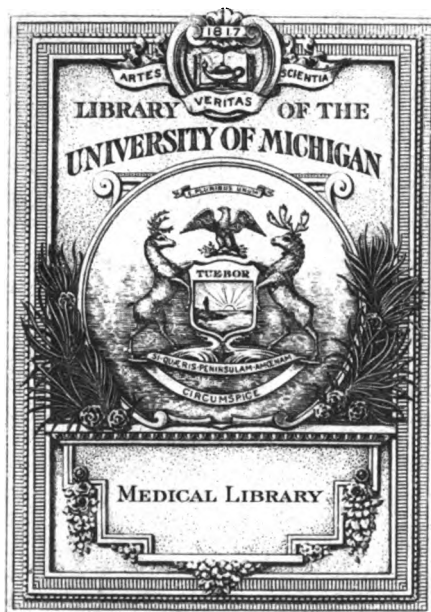
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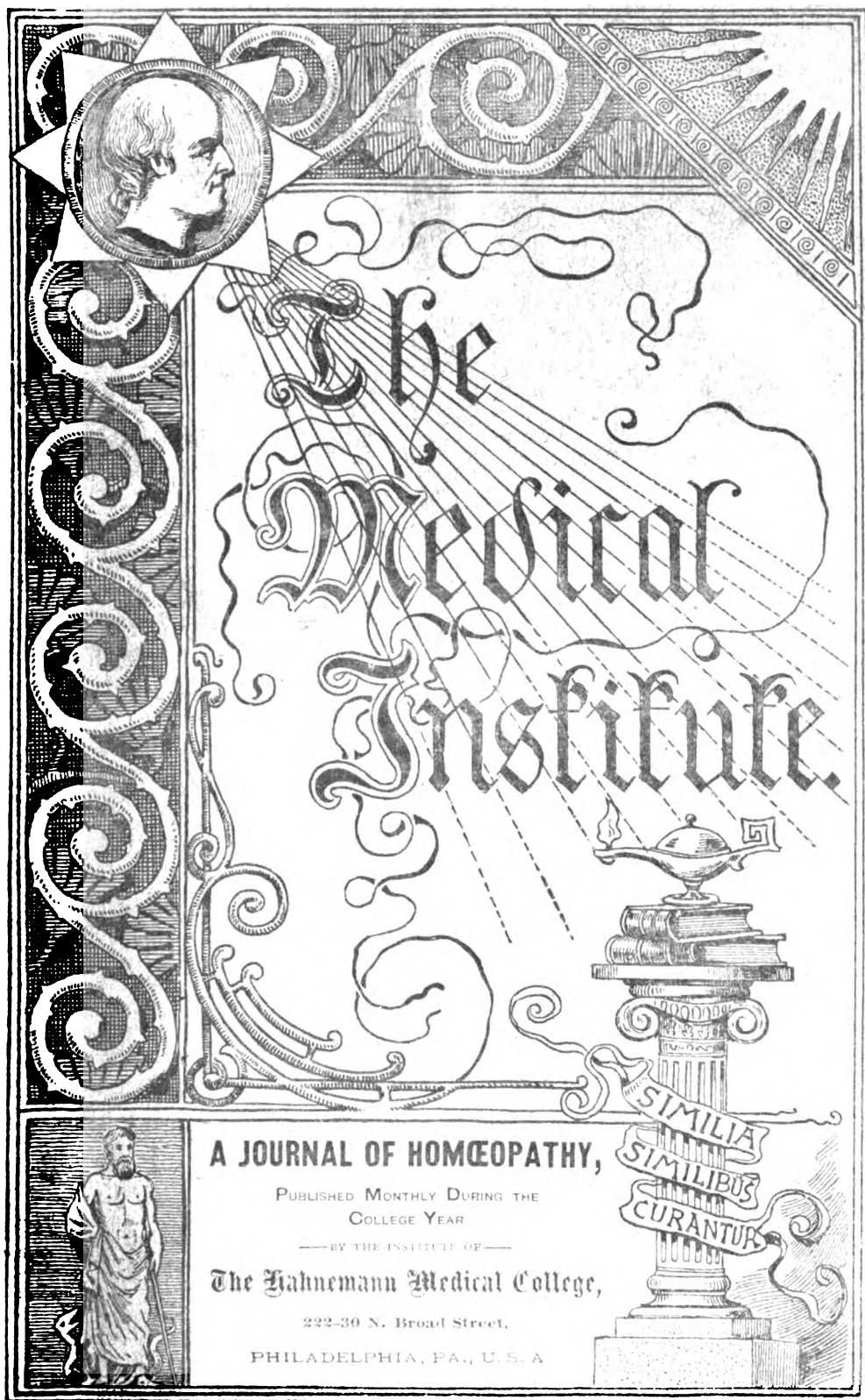
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THE MEDICAL INSTITUTE:

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VOLUME III.

PHILADELPHIA, JANUARY, 1888.

NUMBER 1.

ORIGINAL COMMUNICATIONS.

COMMITMENT OF THE INSANE.

BY A. P. WILLIAMSON, M.D.

NEARLY every physician is called upon, some time during his professional career, to commit an insane person to an asylum. Yet how few can do so intelligently and correctly. One medical superintendent gives it as his experience that twenty per cent. of the certificates presented at his asylum contained vital errors, requiring their return for correction.

The laws regulating the admission of patients to asylums are very clear, and it would appear that any intelligent person after a perusal of them should be able to comprehend them.

The first law relating to the care and custody of lunatics was passed by the British Parliament in the year 1272, during the reign of Edward I. This law is as follows: "The king shall provide when any that before time had his wit and memory happen to fail of his wit." After attention was thus directed to this question by the English, other civilized countries took up the subject, and from that time to the present legislative bodies everywhere have passed statutes from time to time defining where the insane should be cared for, and the manner in which they should be committed to asylums, hospitals, and retreats. The most recently revised law regulating the admission of insane patients to asylums relates to those in the Commonwealth of Pennsylvania, and was passed in 1883. We refer more fully to this later.

As a slight digression let us briefly con-

sider what insanity really is. Many definitions of this condition have been presented, but most of them are objectionable. The greatest obstacle to the formation of a satisfactory definition of insanity lies in the fact that the term is very comprehensive, and embraces several diverse forms of disease, as well as different pathological changes. Probably the best definition of insanity now in use is: "Insanity is a departure from the normal mental status of an individual, depending upon a brain lesion." This, as you will readily perceive, is applicable to all cases of mania, in which there is mental exaltation; to melancholia, where the principal symptom is mental depression; to dementia, in which there is mental failure; and also to that specific form of mental disturbance known as general paresis, during the stages of which there is generally developed all the other forms of insanity, and in addition there is progressive physical weakness. The above definition is also applicable from a pathological standpoint, and will include anæmia or hyperæmia of the brain or its coverings; also new growths upon or within the brain.

The statute of Pennsylvania states: "No person shall be received as a patient for treatment or for detention into any house or place where more than one insane person is detained, or into any house or place where one or more insane persons are detained for compensation, without a certificate signed by at least two physicians, resident in this Commonwealth, who have been actually in the practice of medicine for at

least five years, both of whom shall certify that they have examined separately the person alleged to be insane, and after such examination had, do verily believe that the person is insane, and that the disease is of a character, which, in their opinion, requires that the person should be placed in a hospital or other establishment where the insane are detained for care and treatment, and that they are not related by blood or marriage to the person alleged to be insane, nor in any way connected as a medical attendant, or otherwise, with the hospital or other establishment, in which it is proposed to place such person."

"The certificate above provided for shall have been made within one week of the examination of the patient and within two weeks of the time of admission of the patient, and shall be duly sworn to or affirmed before a judge or magistrate of this Commonwealth, and of the county where such person has been examined, who shall certify to the genuineness of the signatures, and to the standing and good repute of the signers. And any person falsely certifying as aforesaid, shall be guilty of a misdemeanor, and also liable civilly to the party aggrieved."

Now let us discuss this law briefly. After mentioning what sort of an establishment may admit the insane, it commands that they shall be committed to such an establishment only upon the certificate of two physicians who have been in the actual practice of their profession for five years, and that the examination upon which the certificate is based shall be made separately. This clause is full of pertinent facts which should interest every physician. It is very important that the examination upon which such stress is laid by the law should be conducted in a careful, systematic, and thorough manner. Before being presented to the alleged lunatic whom you are called to examine, it is best to obtain all the facts in relation to the patient and his family, from some near and unbiased relative or friend. Find out as much family history as you can, and go back at least three generations. If the patient has had any relatives who have suffered from mental or nervous diseases, find out all you can about them. If other forms of disease have become an in-

heritance from one generation to another, these should be noted. After you have obtained a full account of the progenitors of the patient, then trace your patient's history from his birth to the day of examination. Find out his temperament, his boy traits, habits, and tastes; what kind of man he is morally; what sort of business man he makes; what his pleasures are; and if he has any excesses or extravagances, what they are; ascertain when the first changes in his mental, moral, and physical natures were noted; if he has delusions, seek to determine their character. After all this information has been given you are ready to be presented to the patient.

Always be introduced by your right name and title, unless there is some very good reason for this not being done, and thus avoid insurmountable difficulties, which are sure to arise if one attempts to deceive the insane. Besides the futility of attempting deception toward an insane person, such acts work incalculable harm to the patient. It removes all the faith they ever had in human nature, and thus prevents their having that confidence in their medical attendant, which often plays such an important part in the successful treatment of this grave disease.

After your introduction, talk to the patient as you would to one whose sanity you do not question. This places you on a friendly footing with your patient, and gives you a chance to determine what method would be best to pursue in your examination. If you know the general character of the delusions of your patient, you should direct the conversation in such a manner that the patient will lead you into a discussion of them. If there are no delusions, but only a change of actions or opinions, then the conversation should be such as to develop these new personal peculiarities. If, again, you are entirely ignorant of the mental abnormalities of your patient, let him do the talking; and, unless the case is one of depression or dementia, he will soon commence talking about the subject nearest his heart, and give you all the information you need. Again, if the patient will not or cannot converse, and this condition is contrary to his usual mode of acting when in health, these are salient points on which to base your di-

agnosis. Remember, an examination of this kind is exceedingly delicate work, and often of the most serious import. To the patient it is serious, because upon your decision rest the question whether he should be deprived of his liberty; and to the physician it is serious, and requires earnest consideration, because an error in diagnosis will be followed by an injury to his good name, besides the probability of his being mulcted in a large sum for damages.

One examination may not be sufficient to determine the patient's mental condition. You may be obliged to see him repeatedly before you are able to fully make up your mind as to his sanity or insanity.

Again, if you are morally certain of the person's insanity, there is sometimes great difficulty in obtaining sufficient evidence of this fact for you to make out your descriptive certificate.

In addition to your study of the mental capacity and aberration of your patient, you should note carefully his physical construction. Importance has been attached in several medico-legal cases recently, to cranial and facial asymmetry. These asymmetries are certainly fair presumptive evidence of tendencies to mental obliquity; but without other evidence they would be of no special service in determining the insanity of a person. Those who inherit a predisposition to mental deformity are often physically misshapen. In such cases, one side of the head is sometimes flat, or more round and prominent than the other side. Perchance their eyes are not on a level, or one ear is set higher than another.

There are certain physical changes in the insane which should also be noted. There is apt to be a change in the size of the pupils, or in their regularity, or in the rapidity of their response to the stimulus of light. The tongue may be tremulous, or its tip may point to one side. There are frequently changes in the expression of the countenance, which may be heavy and besotted, or jolly, or silly, or angry, or obstinate, or cunning.

You should also note the person's manner in sitting and walking. Examine the strength of his hands, and test the various tendon reflexes. Ascertain his temperature, the frequency and force of his pulse, how he

sleeps, and the condition of his bowels; note also whether he has a good appetite, and if he is emaciated, or obese. If the patient is a woman, you should question her in regard to her menstruation; and, if she has had children, find out how many there are, and when they were born.

From the foregoing, you will see that the data upon which you base the opinions expressed in your certificate should be obtained from three sources. First, from a near and unbiased relative or friend, upon whose word and disinterestedness you can rely; secondly, from the patient's statements at the time of your personal examination; thirdly, from your observation of physical defects and changes in the patient as noted on your examination.

In writing your certificate state always where you obtained your information concerning every point you make. A certificate thus prepared will stand any attacks our legal friends may choose to make upon it.

The physician is also required to state whether or not the patient is a subject for asylum care and treatment. In regard to this point a safe rule to follow is to send every case of insanity to the nearest asylum immediately upon the recognition of the disease. It is the opinion of an eminent alienist that ninety per cent. of the cases of insanity would recover if they were taken to an asylum within one week after the commencement of the attack. The only exceptions of sending insane patients promptly to an asylum is in cases of extreme physical weakness, such as some cases of puerperal mania following severe hemorrhages, and mania or melancholia in the last stages of pulmonary phthisis.

Physicians often overlook that part of the law which requires the certificate to be made within one week of an examination, and within two weeks of an admission to the asylum. Failure to carry out these requirements is due to the rule of procrastination which so unfortunately often dominates the physician's life.

After a certificate has been made as we have directed, and sworn to according to law, the next question for the physician to decide, is: How shall the patient be taken to the asylum? Unfortunately for the credit of

humanity, the ordinary way of performing this sad and important duty is by deceiving the patient. The poor victim is usually informed that they are going into the country, or that they are going to see some beloved friend, or by some other subterfuge they are enticed into an asylum and then cruelly deserted. Such action is contemptible. The proper method to pursue under such circumstances is to frankly state to them that, even if they do not appreciate the fact, they are sick, and they need care and treatment, which can only be obtained in an asylum or hospital. If they cannot be taken quietly after thus being informed, then force should be used. Force is less likely to work harm to the patient's mind than is deception, and it does not militate against their recovery as much as that lying sophistry which the crank friends of the patients choose to call strategy. Many insane persons have been robbed of their meagre chances of recovery by willful and unnecessary falsehoods told them by their alleged friends.

MIDDLETOWN, N. J.

THE ABORTIVE TREATMENT OF FURUNCLE BY PARENCHYMA- TOUS INJECTION.*

BY DR. BIDDER.

THE following is based on the experience of one hundred cases of furuncle. The results obtained by the injection of three per cent. carbolic acid into the fistulous openings of furuncles by means of a hypodermic syringe, the needle to penetrate the core of the boil. In cases of small furuncles, one injection of a few drops was used, where, with large ones, two or more injections of five or ten drops each were practiced. Some of the fluid was allowed to pass out of the fistulæ, or through the openings made by the hypodermic needle, after which the boil was treated by applications of carbolized water, or mercurial ointment. The prick of the needle was found to be very painful, but was soon followed by the subsidence of all pain. Some hours after the operation the patients experienced a burning sensation more or less severe, but

on the following day the fever subsided and the patient was practically well. The infiltration disappeared rapidly, some little secretion escaped through the fistulous openings. On the third or fourth day the wound is filled with healthy granulations, and very soon after healed completely. Bidder finds incision to be unnecessary.

In the discussion that followed, Crasser recommended, especially in small multiple furuncles and those of children, to remove the core with a small spoon, after, of course, first having opened the boil; this procedure is done without causing any special pain. This method is also practicable in panaritium when fluctuation is indistinct.

Von Bergman looks upon the latter as dangerous, because if one waits until fluctuation is present in felon, necrosis or caries has probably begun, through which the surrounding tissues are also involved. He, therefore, recommends early and free incision.

In conclusion, Guttman remarked the great tendency carbolic acid has toward the destruction of the micro-organism of furuncles, viz.,—the staphylococcus, pyogenes aureus, and albus.

In addition to the above treatment of furuncle, I would like to describe the method which Dr. Van Lennep has practiced for the past eighteen months or two years, the results of which have been most gratifying. It consists in making a free crucial incision early (this can be done without pain by using a solution of cocaine), and removing the core; the cavity is then thoroughly wiped out with crude carbolic acid (Calvert's⁴), care being taken to bring the acid in contact with the entire cavity. The crude acid is used because a three per cent. solution is void as a germicide, and better results are attained than when using a solution. The wound is then dressed with a permanent iodoform dressing, viz.,—powder and gauze. The pain caused by the acid is quite acute for a few moments, unless cocaine is used, after which it subsides, and the patient feels very comfortable. When the dressing is removed, in from forty-eight to seventy-two hours or longer, the wound has a healthy appearance, the indentation having almost entirely disappeared and the slough separated, leaving

* Read before the Berlin Medical Society. Translated from the *Centralblatt für Chirurgie*, Oct. 1, 1887, by Carl V. Vischer, M.D.

a healthy granulating surface, which heals in the course of a few days, according to its size and localization.

A DISCUSSION ON EPILEPSY.

BY PROF. S. LILIENTHAL. M.D.

At the meeting of the Swiss Homœopathic Physicians, during June, 1887, epilepsy was discussed. According to the opinion of Dr. Siegrist, epilepsy which lasted longer than five years is usually incurable, as the disease produced already organic changes in the brain. We may ameliorate, and might perhaps do better, if the patients would not consider themselves cured, when the fits ceased for some time and thus failed to return. Where fright was the cause, good results were seen from ignatia and opium. Two cases were cured by the former, one by the latter; they were children. In a boy, yielding to the secret vice, *nux vomica* did well, and in another similar case, where bromide of potassium in allopathic doses only brought on some improvement, the same drug in the second decimal relieved the boy entirely of his fits. In a grown person, *cuprum* and *lachesis*; each, for four days, suspended the attacks for years. Still, finally, they reappeared. He finds most indications for *belladonna*, bromide of potassium, *cuprum*, *ignatia*, *lachesis*, opium.

Meade cured one case by a high potency of *pulsatilla*. A girl of eighteen suffered from epilepsy during the period of evolution, when fifteen years old, and took bromides for the last three years in large doses. Six weeks long she was left without medicine, and during that time the fits appeared regularly once a week. Under *pulsatilla* three and six fits only every two weeks, but under *pulsatilla*, which she took regularly for more than a year, she felt so well that she married. In consequence of a fright she aborted, then luxated her ankle, and still no return. During the three years of her suffering she was mentally dull; lost her memory; but, as she is now as bright as ever, the cure may be considered a perfect one, as it was only a reflex epilepsy, emanating in the genital sphere.

Meshlin succeeds in children best with *belladonna*, whereas in adults he prefers high potencies of *lachesis* and *silicea* in rare

doses. The drunkard's remedy is *nux vomica*. A man of forty had a fit especially during coitus. His first fit was caused by anger. *Silicea*, every three months, two or three globules, brought on an intermission, when another fit was caused by excesses in *bacho*. *Lachesis* relieved him, and another eighteen months have passed without a fit.

Mather called attention to sulphur and calcarea as constitutional remedies. Dr. Napp gave sulphur for a few days, then a pause of two weeks, then calcarea for a few days, and so on. To a girl of twelve years, suffering from fits for six years, and whose iris showed decided symptoms of *psora*, he gave sulphur for three days, and since then no fit, only a little vertigo and headache. After two weeks furuncles appeared on the dorsum of her feet, and the more pus they discharged the better the patient felt. She is still under treatment, and takes placebos. It is the first duty to study out the constitution of an epileptic patient, and according to this principle he cured a syctic patient, who suffered from headache, fainting, and tendency to epilepsy, after every coitus, with *thuja*.

Fries agrees with Mather about the great importance of constitutional treatment, and the drug selected ought to be given in a rare dose of high potency. A farmer's wife suffered from epilepsy for ten years with the characteristic symptom, that she always tried to run away, a scream, and then convulsions for five minutes, followed by deep sleep for twenty-four hours. The somnolence and the desire to run away yielded to opium, every fourth day a dose. She never had another fit.

Schadler cured, perhaps, ten cases in young people and of recent date, relying mostly on *atropia*, every second or third day a dose. In two cases calcarea succeeded. For nocturnal epilepsy, *cina*, *silicea*, *cantharis*, and sulphur, all "potency, in alternation, were recommended by Fischer, but only improvement followed their use.

Oberholzer cured a case with *vena vapor*. A boy of sixteen had for a year an attack every eight or ten weeks. No aura, a scream, convulsions, and deep sleep. Gave

bufo¹³, two drops morning and evening for some time, and so far no relapse.

Mather cured two brothers with ignatia. They were nocturnal, and the boys always awoke with the sensation of greatest anguish.

Hecht had two cases of poisoning, which gave a picture similar to epilepsy, especially strychnine, ergotine, and cuprum.

With all due deference to our Swiss colleagues, we most humbly acknowledge that very little can be learned from the superficial report of such cases. We even have the hardihood to differ from our good friend, Dr. Kent, and some of the knights of honor, who consider the selection of the simillimum, the *sine qua non* for a cure, and just as leave neglect the dietary rules, which we consider of the utmost importance. Animal food is certainly injurious to epileptic patients, and we have more chance of success when we keep them under a mild vegetarian diet, with plenty of milk, no late supper, but early to bed, and to get up only after being thoroughly rested (early rising is a humbug, if not decidedly injurious to growing people), frequent meals, but only a little at a time, will benefit them, so that their digestive organs are never overloaded. Nocturnal epilepsy is too frequently caused by pressure of the stomach on the nerves as well as on the circulatory organs, and may be easily prevented. Let us look more at these reflex epilepsies, and we will find a good cause for many a case, which can only yield after its removal. In most of these cases prohibition ought to be the rule. Boys must give up that invention of the evil one, the cigarette, and even adults ought to be held to strict account, to a light cigar after a meal, or, far better, to the old, long German pipe, where all the nicotine collects in a porcelain tube, and can then be cleaned and no nicotine swallowed. Stimulants of any kind are decided noxæ, and blessed be that physician who hardly ever uses them in his practice.

Constitutional treatment! that must be our key-note to success in all nervous disorders, for the vital force is always below par, and Hahnemann's psora is no idle dream! Call it, according to physiological parlance, hereditary disposition, or whatever

you like, Hahnemann's psora is the incubus which weighs down the families and the nation, and in strict general and individual hygiene his own salvation.

If many physicians complain of the wealth of our *Materia Medica*, our Swiss friends know well how to select the wheat from the chaff; they hold fast to their ignatia in recent cases among the young patients, suffering too often from a mere emotional epilepsy (chorea), to belladonna or atropine; also, in recent cases, with congestion in the brain and peripheric beginning of the convulsions (cuprum); believe in the nocturnal epilepsy of opium, with its cyanosis and comatose sleep; witness good effects from lachesis when the patient awakens from sleep in an epileptic convulsion, and cannot bear anything tight around neck or chest; and the combination of lachesis with that great constitutional remedy, silicea, one of our moon remedies, is certainly a hint worth remembering in this dreadful disease. We thank Siegrist for speaking a good word in favor of the bromides, given in the lower dilutions. How often have I told my students not to neglect the study of calomel, quinine, or the bromides; because the old school abused these priceless gifts, it is wrong with many of our school to throw them overboard. They have in our *Materia Medica* their clear-cut indications, and hence will benefit our patients. Where onanism (*rana bufo*), excesses in *bacho et venere*, a wasting of vital forces, necessarily followed by mental or thoracic habitude is the cause, the bromides are clearly indicated, and *rana bufo* follows well where the former disappointed the physician. *Calcarea carbonica* is here a good remedy to interpolate, it restores the vital power, depressed by the secret or open vice, and as a constitutional remedy in adolescence it stands without a peer. We often compare causticum with silicea, being also one of our moon remedies, suiting recent cases, and that *petit mal*, which, if not checked, is sure to lead to organic brain troubles and perhaps to idiocy. We consider it one of our greatest aids to prevent mental paralysis, just as rhus is our great antiparalyticum of the body. The Pennsylvania Transactions of 1881 are the great source from which to study the treat-

ment of Pennsylvania; it contains a real gold mine, and it is only a pity that so many treasures are hidden away in transactions of the National Institute, or in State transactions, and thus lost to the general reader.

729 SUTLER ST., SAN FRANCISCO, CAL.

THREE CASES OF POISONING.

BY A. W. BAILEY, M.D.

In November, 1886, I was hurriedly called to see a mother and child who had been suddenly taken very sick, and the family could do nothing to give them relief. The mother's face had an anxious expression, eyes slightly congested, lips purple, and deep purple rings under her eyes. Her whole face had a dark cast; fingers, ears, and nose cold. Tongue was dry, and she was thirsty. She was very restless, and respiration seemed to be labored. Pulse rapid, but small and weak. She complained of feeling cold. Knowing her to be a hysterical patient, I ordered her a dose of whiskey, and turned to the child (a boy of five), lying in a stupor.

His face had a general cyanotic appearance, the lips and skin around his mouth being very purple; face was clammy and cool; hands and feet cold to elbow and knees. Respirations shallow and slow, with no pulse at the wrist. Heart-sound feeble, forty pulsations per minute. My efforts to rouse him were of no avail. I ordered him rubbed with hot whiskey, while I asked a few questions, which elicited the following history:—

About two and a half hours before my visit the woman had bought some honey, and gave the child a half teaspoonful, taking a little herself at the same time. In less than half an hour the boy complained of feeling tired, and wanted a drink quite frequently, "every other minute." He was then suddenly seized with violent vomiting—first of the contents of the stomach, and then empty retching. This was followed by slight purging, after which he appeared to sleep. In that condition I found him. He complained of no pain.

The woman, who was in the third month of pregnancy, was taken suddenly with vomiting and violent retching, produced, as she thought, by her condition and by see-

ing her boy vomit. This vomiting was not preceded or followed by faintness or thirst, but was accompanied and followed by pains in the stomach and head. (She is subject to headaches, hardly ever free from them.) She had no purging, but while vomiting her sight suddenly left her, and she was entirely blind for about half an hour.

Both the woman and child, during the vomiting, were very blue in the face. I at once concluded that the trouble was arsenic poisoning, and, giving directions what to do for the patients, left to prepare an antidote. Upon returning, I found both patients much improved, so did not give my antidote, which was, of course, hydrated sesquioxide of iron. They both made good recoveries.

The interest in these cases is in the origin of the poison. I did not secure any of the honey for analysis; it had been destroyed before I asked for it. But I traced the honey to the farmer who brought it to the market, and he told me that the hives that season were on the edge of a ten-acre potato-patch, and that the bees gathered honey from the patch all summer. To my inquiry about paris-green, he said he used plenty of it. Three other cases of mild poisoning from the use of this same honey came to my notice, and I had the entire stock destroyed. All the bees in these hives died. While these cases were of a mild character, it is evident that serious consequences might have resulted had much of the honey been eaten.

In October, 1887, early one morning I was called to see a man who, through mistake, had taken two ounces of aqua ammonia. He was in the habit of taking his whiskey every morning; this time had gotten the wrong bottle. I saw him the first time an hour after taking the dose. He was in a stupid condition, and I could get nothing out of him. He is a sot, so the appearance of his face was of no especial value in a diagnostic sense. His breath was very strong with the fumes of ammonia; pulse rapid and small. He had been vomiting mucus and blood, the blood being in strings. I ordered him acetic acid, ten per cent., a teaspoonful in ten teaspoonfuls of water every half hour. I also ordered sweet oil. Saw him in an hour, but there

was no improvement; continued the treatment. In three hours he talked a little in a very husky voice, and complained of pain in the throat and stomach, with great thirst. I ordered milk for him and left *ars*. He continued for several days gradually improving. He had a slight congestion of the lungs and some inflammation of the stomach and bladder, which were treated as indicated. His cough troubled him for a week, and he had some difficulty in swallowing for a few days. In ten days he was well and at his work. His stools for a few days were very strong with ammonia, but the odor could not be detected in the urine.

REGULATION OF PROSTITUTION.

A WRITER in a recent issue of the Medical Record, after rehashing the popular theories that men who are continent until middle age become impotent, that spinsters reach the climacteric early, and that few such persons of either sex are robust and healthy at forty or fifty years, expresses the opinion that physicians in advising a patient have no right to deal with the moral aspect of the case, and are in honor bound to give counsel from a scientific standpoint only. In other words, if the physician thinks a young man's health would be improved or restored by sexual indulgence, he should advise fornication.

There are doubtless many persons who, either from belief in the above-mentioned fallacies or from baser motives, would gladly shoulder the responsibility of their immorality upon their doctor, and too often they receive the encouragement or indorsement they seek. It is difficult, however, to imagine a reputable and intelligent member of the medical profession so lost to common morality and the best interests of humanity, as to advise or sanction a course of prostitution under any circumstances.

In view of the imminent danger, in illicit indulgence, of contracting syphilis, which has so long scourged humanity and entailed untold suffering and misery upon the human race, any neglect upon the part of a medical man, to inculcate sexual morality or to lend his best endeavors to crush out this gigantic evil, falls little, if any, short of crime. It is encouraging to note that in our own

country, all efforts to legalize the infamous traffic have so far proved futile. From France, and wherever "legal prostitution" exists, comes the admission of failure to regulate the evil, and the cry for more stringent laws and more careful inspection. The "irregulars," as those women who are not subject to official inspection are called, throng the streets and ply their wily and nefarious business in spite of law or police, and such will ever be the case. The more debased and diseased the prostitute, the more open and persistent will be her solicitation. If only those who court the infection by gratifying their base desires contracted the disease, it might be considered a well-merited punishment. Unfortunately, it does not stop there; wives take it from their depraved husbands, babies from their mothers or nurses, nurses from the babies they suckle, physicians, medical students, and midwives in the practice of their ordinary duties, and so on, thousands of innocent persons become the subjects of this "leprosy of our times." Unlike the subjects of most of the infectious diseases, syphilis neither die nor are cured quickly, but linger on for years and years, to contaminate others with their dire and loathsome distemper.

Under such circumstances, license and the most rigid inspection is worse than useless. Because, in the first place, the supposed immunity granted by inspection is a delusion and often a snare; second, regulation cannot prevent the iniquitous traffic because it is a *secret* vice, and in many instances even the disease is concealed. The only remedy is to *stamp* out the traffic entirely. It is well known that the ranks of lewd women are recruited largely from the victims of the seducer, or the procurer; let the punishment of these inhuman crimes be the severest possible—life confinement—and let our divorce laws, which now amount to little less than legalized adultery, be entirely amended; let the pulpit, the press, and above all the medical profession, raise their voices and exert their utmost influence to strangle this monster of vice, disease, and ruin. We are quite willing to adopt the suggestion of the above-mentioned writer, and advise our patients from a scientific standpoint only, for no one can so fully understand the magnitude of the evil, or so vividly portray the awful dangers that lurk in its voluptuous but unclean garb, as the physician.—*Counselor*.

THE MEDICAL INSTITUTE,

A MONTHLY HOMŒOPATHIC JOURNAL.

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No. 222 North Broad Street.

Address all matters pertaining to advertisements to 1231
Filbert Street.

Contributors will please write upon one side of paper only.

We trust, that after two weeks of recreation, each student has returned to college and his studies, sufficiently at peace with the world, his neighbors, and especially himself, to feel some reverence for the college-building and its furniture. The notable laxity in this particular, earlier in the term, was the incentive to these remarks. We all profess to be civilized, but the civilization that does not respect another's rights is not worth paying postage on to send to the barbarians. The ruthless piling-up and smashing of furniture, with other acts equally disgraceful, indicate a lack of one of the most distinctive marks of civilization, that is a reverence for the property and rights of others. We do not say that those who indulge in such rioting and ill-managed merriment are bad, but it must be patent to all that the nature of such antics is the antithesis of goodness. If the discredit of these acts attached itself to the culprit only, then, indeed, it were not so great an offense, but unfortunately the disgrace is reflected, not only to the student whose deportment is faultless, but also to the Faculty and all connected with the college; for the community at large measure a man to a considerable extent by the status of the institution of which he forms part and parcel, and in arriving at such a status, the general deportment of its representatives is not left out. We cannot dwell with too much particularity and minuteness on the culpability of ignoring the rights of another, especially if the omission affect in any way the estimation in which the community

hold him. Try to cultivate a love of order and consideration for others, and remember that the above-mentioned pranks can never occur, save by a solution in the eternal fitness of things.

HEREDITARY PREJUDICE.

"Habit, with him, was all the test of truth,
It must be right, I've done it all my youth."

CRABBE.

At an evening company a short time ago, we overheard a remark in disparagement of a certain physician; the cause of such disparagement being that he was a homœopathist. The speaker was a beardless youth, who, as we subsequently ascertained, was the son of an old-school practitioner, and a recent matriculate of the Medical Department of the University.

We marveled at the ignorance and presumption of the young man, but yet he is not altogether responsible for such a pitiable display. He would have been equally liable to blackguard a certain religious sect, or a given political party, and for no other reason than that of being reared to a different belief. How manifestly wrong is such thoughtless condemnation, yet how common its occurrence!

To the physician, who after all can but palliate the ills of human life, and for a time postpone the inevitable end, how necessary is it that he should be ever on the alert for new and better methods, and impartial in his investigation of them. Goethe says: "Nothing is more terrible than active ignorance." Yet is not this self-same ignorance manifested when refusal is made, even to consider statements which thousands claim to be true?

Let him who steadfastly refuses to enlighten his own intellectual pathway by the advanced light of his neighbors, stumble along in the dim and feeble flicker of his own bigotry; but to the conscientious physician—he who cares more for the welfare of his patients than he does for his own ease and comfort—let him ever seek the truth, whether it come stamped with the approval of "regular" ethics, or voiced by the feebler minority on the outside.

It is just in this relation that homœo-

pathy stands to the younger members of the general profession. It appeals to you, not for support, not for unqualified acceptance, but merely that you give it an unbiased investigation; that you suspend preconceived or inherited notions sufficiently long enough to find out what this system is, and the truth or falsity of its claims. If after a fair and impartial trial you find it helps you, there is so much you have gained; if you discover it to be false and delusive, then you can intelligently condemn a falsehood which has grappled with good old truths and strangled them almost beyond recognition. Let us then together take a peep through the spectro-scope of investigation and see if homœopathy shows there the characteristic color-lines of truth.

Here is a system—a method. Its utility you may consider doubtful, its advocates you may regard as groping in error. But the system—the method—is growing. From a few scattered practitioners fifty years ago, it now has effective colleges, well-endowed hospitals, thousands of able representatives, and tens of thousands of advocates. The facts and figures are startling? You begin to doubt that it is altogether a humbug. You feel like looking into the thing anyhow. And you are surprised to find your brother homœopaths, not a pack of ignorant charlatans, not a set of unintelligent drug mongers, but that they represent able and earnest workers,—men who, in the matter of intellectual endowment can compare favorably with much of the better element of the school. You are surprised and pleased, but still doubt the alleged law of therapeutics. Now brother allopathist, you have kindly accompanied me so far in the investigation, let me take you by the arm and lead you a little further.

A hasty review of the history of medicine up to the time of Hahnemann (and even to the present day for those who reject his teachings) shows it to be founded upon experience. Medicines, classified according to their grosser actions, were found to successfully subdue certain conditions of dis-

ease, hence their administration in other cases of a similar character was deemed proper. Thus, the remedy which expelled Jones' gout or overcame his ague was given to Smith when affected with a like complaint.

It was with a knowledge of this that Hahnemann sought to discover some law which would not only explain the curative action of a medicine in a given case, but also to enable a more accurate selection of a drug. The fruits of his labors are before us, and the best proof of their accuracy lies in a general comparison of the methods of those who do and those who do not accept the law of similars.

Examples innumerable could be and have been cited which show how frequently the experience of the allopathist and the law of the homœopathist lead to the prescription of one and the same remedy. Thus we find the homœopathist using aconite in sthenic fever, and its usefulness here is attested to by almost all allopaths. Both schools prescribe, likewise, mercury, belladonna, pulsatilla, nux vomica, tartar emetic, sulphur, cinchona, arsenic, and a host of others, often in almost identical conditions.

Such things, occurring in so many instances, cannot be merely coincidental. There must be some truth in the law "*similia*," it must be occasionally applicable. Will you not admit?

But now we have a case out of the general run of things, the disease may be a new one, or a common one running an atypical course. Text-books may not mention the subject, experience stands perplexed. Mariner, floating on the vast sea of therapeutics, where is your compass—your guiding star now?

We have seen that homœopathy was occasionally true before, inasmuch as the law frequently corresponded with the experience. She is not embarrassed now, but will lead the way unerringly o'er the pathway never trodden by all the experience of the past, and point out the needed medicine when experience is silent and dumb-

founded. The advantages of a law in therapeutics are surely plain enough to you, and if *similia similibus curantur* really be true (as so many honest and experienced men have claimed), what a precious boon it must be and what a promiscuous jackass must be that man, who, realizing the possibility of its truthfulness, yet refuses to put it to the test.

We can aptly close this paper with the words written in a now rare old book, by a most painstaking and conscientious observer.* "It is possible, nay, more than probable, that physicians cannot find time to commence a new course of studies, for such this investigation must prove. If this is the case, *let them frankly avow their utter ignorance of the doctrine, and not denounce a practice of which they do not possess the slightest knowledge.* The history of medicine affords abundant proofs of the acrimony, nay the fury, with which every new doctrine has been impugned and insulted. The same annals will also show that this spirit of intolerance has always been in the ratio of the truths that these doctrines tended to bring into light. From the preceding observations, no one can accuse me of having become a blind bigot of homœopathy, but I can only hope that its present vituperators will follow my example, and examine the matter calmly and dispassionately before they proceed to pass a judgment that their vanity may lead them to consider a final sentence."

It is well known that the length of the month was suggested to the early Roman astronomers and navigators by the time which it takes the moon to complete her phases, viz., thirty days. Did the moon also suggest to the uterus the appropriateness of "weeping" once in every thirty days? It is a strange coincidence that the number thirty should figure so extensively in moon, month, uterus, and a medical student's graduation fee.

THREE weeks ago our hospital boasted of a patient with that rare accident—rupture of the plantaris muscle.

* "Curiosities of Medical Experience," by J. C. Millingen, M.D., M.A. Second edition, London, 1839. Page 364.

SATYRIASIS.*

BY T. L. MACDONALD, '88.

(Printed by request.)

MR. PRESIDENT AND GENTLEMEN OF THE SOCIETY: The subject which I offer for your brief consideration is satyriasis, an affection, as you all know, common to the male, and characterized by a morbid or irresistible desire for coition. But little is said either of its etiology or symptoms, but facts show that mere congestion of the lesser brain has produced it, and that it may also result from irritation, disease, or injury of the genito-urinary apparatus, or even from blows or injuries to the occiput. During the course of the affection, the sleep of the patient is disturbed by the wildest dreams and imaginations, and he is prey to the most lascivious images, and, it is said, too, that the skin gives off an offensive odor, and that his sexual inclinations are so strong as to assume the mastery, and he is liable to assault any woman, in any place however public, regardless, alike, of possibility of detection, or consequences, and the female portion, even of his own family, is not safe from his attacks. Gentlemen, when you consider how little there is to work from on this subject, I am sure you will pardon me for alluding to a case that came under my own observation. It was that of a young man, who, up to the time of which I write, was known to be of good habits and strictest business integrity. At this time, while walking along the street one evening, he was seen by two persons on the opposite side of the street, and from their windows, to seize a lady whom he met, cast her upon the sidewalk and outrage her. Before his arrest could be effected his friends spirited him away, in all probability saving his life thereby, as that night his house was surrounded by a gang of masked men, who sought him high and low, with the avowed intention of shooting him. Several months after, I saw this man in Connecticut, and, being somewhat interested in the affair, interviewed him. He seemed perfectly willing to discuss the matter, was well informed, and the conversation, at least as far as he was concerned, was carried on intelligently. In

* Delivered before the Hahnemannian Institute, of Philadelphia, March 2, 1887.

referring to the rape, he said he had previously avoided women, but at this time was seized with a fury as resistless as a Missouri cyclone. Upon being asked as to the recurrence of such an affection, he said once only, and then perceiving its onset, went to his chamber, ordered some food placed therein, locked the door, and threw the key "out the window." He remained locked in his room for two days, the expiration of which found him considerably weakened and recalling but vaguely his condition during that time, save that he was prey to the most insufferable agonies, the nature of which had driven him to the commission of the crime as before related. This man was undoubtedly suffering from satyriasis, yet, while reason lasted, had voluntarily imprisoned himself. (He afterwards married, and is now a model husband and father.) Naturally enough, the question of his responsibility for the crime occurs to us. We know that, legally, irresponsibility exists where one is incapacitated by weakness of mind produced by disease, and such weakness or derangement not only incapacitates, but also absolves from punishment for crimes. Yet, here was a man, who, for the commission of a crime for which he was in no measure responsible, had been hunted; men had thirsted for his blood, and had they found him would have shot him as ruthlessly as a dog; and, more than that, even had he been handed over to justice (?), in some States at least, his punishment would still have been death; for, I have yet to learn if the law has ever recognized this disease, and to the opprobrium of the medical profession be it said, that they too show a strange tendency to ignore it. This fact will force itself upon you with painful distinctness, should you ever desire to read up the subject. You may search and research the library shelves, and you will find the literature relative to it almost *nil*, scarcely providing you with a good definition.

Though by no means qualified to criticise this condition of things, yet, looking at it from a humane standpoint alone, it appears rather deplorable, for nymphomania is clearly recognized, and, as a plea, excuses many revolting cases resulting from morbid sexual conditions in the female, and the

manifestation of a like condition in the male is denounced as a crime for which death is the common punishment, and many of the physicians who recognize the disease will still offer nothing in extenuation of the man, even though his victim suffer from no graver symptoms than may be removed by a few doses of aconite. Nothing is farther from my purpose than to seek to detract one iota from the enormity of the crime of rape, for it is a most horrible offense, and I do not claim that in every case the offender is suffering from satyriasis; on the contrary, I am satisfied that some are the direct results of willful perversity, or, in modern parlance, "pure cussedness;" but it is not to be questioned that in many men this condition becomes a disease, and they bewail the inclinations to which they are subject, and which they are powerless to resist, and here the existence of real pathological alteration of the moral faculties cannot be denied, and so the responsibility of the offender should always be investigated.

There are certain other peculiar offenses in which the non-responsibility of the culprit is readily established. For instance, a wealthy man has a wife who is addicted to stealing articles which she could more easily obtain by buying. The husband directs that the stolen articles be charged to him, and all goes well. The condition is called *kleptomania*, as you know, and so far from being looked upon as blamable, is considered rather fashionable, in fact, to be brief and expressive, "it's English, you know."

Again, a young man, who, in his boyhood, had been subjected to the friction of a shoe upon the foot of his vile nurse, thereby producing sexual excitement, never after had a seminal emission, or orgasm, save through the medium of a woman's shoe. He never had a desire for women, but would subject himself to any punishment to possess himself of said shoe. He had time after time been beaten and thrashed for dropping upon his knees and placing his hands on the shoe of some grown female. This was all he asked, and with this came the seminal emission and orgasm, which had for him the pleasure which other men experienced *in coitu*. (For these two cases, see Hammond on "Impotence in the Male.")

Another illustration, is a case that occurred some years ago in Leipzig. A number of young girls were seized in the streets by a man who stuck a lancet into their arms just above the elbow, and then quickly disappeared. Finally, he was discovered and arrested, and it then came out that he had been actuated by a morbid sexual impulse; that the incision of the lancet had been accompanied by an orgasm and seminal emission, and that his whole existence had been absorbed in the alternate excitement and depression which preceded and succeeded the act.

The *rationale* of these horrors may be difficult, but the conclusion is inevitable that those guilty of them are suffering from the most pitiable and repulsive insanity. All will at once acknowledge the non-responsibility of the perpetrators of *these* offenses; but, let it be a case of rape, the outgrowth of a condition far more common than the above, and where, *prima-facie*, the offender has lost his reason, and at once the cry is raised, "shoot him, or lynch him!" with no one to raise the question of his responsibility. I know of more than one case of a husband raping his wife, but this is legalized; but be the victim other than his wife, and the penalty is often death. It would appear that the punishment in the latter case is more than commensurate with the difference in the atrocity of both cases. I have heard physicians in this "City of Brotherly Love" and scrapple physicians in good standing, men who could do much to mould and fashion public sentiment, advocate capital punishment as a penalty for rape. But, you say to them, "What if the man be suffering from satyriasis, and irresponsible?" "No matter! shoot him, or lynch him, just the same, and that will cure him!" This may be good reasoning, and it may be scientific treatment of the disease, but it is hardly humane, and if considered justifiable, as a means of protection to society, why not carry it out fully and consistently, and shoot or lynch every man who contracts syphilis? This, too, would protect society. I have said that many cases of rape are committed by men, who, from the first view, are bereft of reason; for what man, unless devoid of reason, would at-

tempt such a crime as often happens in a public place, where discovery is inevitable, and knowing well the fearful consequences? By all means protect society, but do not sanction murder in such cases, for it is murder whether the criminal be given legal hemp or leaden bullet, and I believe every man in the medical profession is lax in his duty to humanity who ignores the disease to which many of these horrors are directly traceable, and people in general, as well as the law, will hardly take cognizance of this until it has better consideration among physicians.

You will perceive, gentlemen, that I have not endeavored to appear to deal scientifically with this question, but preferred rather to take up what appeared to me to be the humane view of the case, as related to the profession, and this I offer you in all humbleness, either for your approval or disapproval, as the case may be.

CHOLERA GERM.—Dr. Koch says the cholera germ is in the form of a comma. When it lays hold of a man, however, it is generally found to be a full stop.—*Syracuse Herald*. For very soon after ingestion it displays its close relation to the colon, by making a sudden dash for it.

EXPERIENCE teaches that it is a wise quarantine officer that knows a cholera microbe from a collar-button.—*Register*.

PLATT'S CHLORIDES.—Read the indorsement of Platt's Chloride by Dr. Charles M. Thomas:—

1313 ARCH ST., PHILADELPHIA,
Nov. 17, 1881.

I am very happy to give my unqualified indorsement to the favorable testimonials as to the efficacy of Platt's Chlorides which meet me on all sides. I have had considerable experience with it in private practice, and feel safe in saying there is nothing to equal it in certainty of action.—CHARLES M. THOMAS, M.D., *Professor of Operative and Clinical Surgery, Hahnemann Medical College*.

DR. DAVIS, of the Chicago Medical College, says that it will require the drinking of more than six barrels of beer to obtain nutritive material equal to that contained in an ordinary loaf of bread.—*Good Tidings*.

IN AND AROUND COLLEGE.

CREDE QUOD HABES ET HABES.

As a freshman, how he longeth for his college course
to end,
How the visions 'round him throngeth, that enthusiasm lend;
Ever joyously he singeth of the sheepskin far away,
And its contemplation bringeth to him cheer from
day to day:
All impatient now he waxeth with the slowly-ebbing
time,
But his zeal he ne'er relaxeth, as he upward tries to
climb.

As a junior, on he speedeth in the work so well
begun,
While occasion'ly he leadeth in the rushes—student's
fun;
Night and day he ever dreameth of the glories he will
win,
With diploma, which he deemeth holds the world
within its skin:
This—this only, now he craveth as the months too
slowly pass,
And of this he ever raveth to the friends among his
class.

As a senior, on he ploddeth with persistence born of
will,
O'er his book he often noddeth, late at night when
all is still;
Now his soul ecstatic waneth, like the time which
moves apace,
Astigmatic troubles reigneth—lines are deep'ning in
his face:
Still the "Ides of March" he neareth, grow the hours
of study long,
Failure now is all he feareth as the questions 'round
him throng.

"Passed!" and in his hands he holdeth what he
coveted and earned;
At last 'tis his, yet now unfoldeth what so many more
have learned—
In the tomb his visions sleepeth, that so cheered his
college-days,
In his soul, there sorrow sleepeth; ecstasy no longer
sways;
For the ribbon he untieeth, the diploma is unfurled,
With disappointment deep he sigheth, for it holdeth
not the world!

MACDONALD, '88.

THE Freshmen who usurp the Junior's
rights to the front seats in Dr. Weaver's
lectures, should be carefully preserved on
ice to keep them from spoiling next year.
'89, where is your vigilance committee?

THE *exceptional* cases are the ones to be
remembered in medico-legal relations.—
RONEY, on "Medical Jurisprudence."

A FAC-SIMILE of the following note may
be seen upon application:—

"*Professor Dudley:* Is albuminose the
same as keim?"—ANXIOUS STUDENT.

How lucky for our troubled friend that the
examination in physiology is oral, and not
written, and that the Demonstrator of Oper-
ative Surgery does not conduct it.

LIVES there a man with his spirit so dead,
who never unto his own self, whispering,
said: "This practical surgery's more of a
bore, than aught I've encountered in col-
lege before."

PROF. J. W. DOWLING, of New York, will
deliver the next Institute lecture, Wednes-
day, February 1, 1888. Subject: "The
physician and his deportment." All are
invited, whether members of the society or
not. Come at 8 o'clock.

DURING 1886-87 certain mysterious sum-
mons on the blackboard assembled num-
bers of the students in dark and stealthy
conclave. Subtle winks and impressive
nods were frequently exchanged. Those
who listened through the keyholes could
hear the subdued tones of earnest oratory.
What these assemblages were for was only
known to the favored few, who, from their
reticence on being questioned, were evi-
dently bound to secrecy by oaths of the
most thrilling character. What has be-
come of this mystic union?

"I WILL have torticollis in my medicine
case."—JUNIOR.

SOME of the boys had agreed among
themselves to compel certain Freshmen to
have their delicate moustaches shaven off.
To mitigate the thing, these men of '90 in-
vited their would-be assailants to a dinner
at the Lafayette Hotel. They thus heaped
coals of fire on the heads of their unfeeling
class-mates by heaping a goodly assortment
of viands in their stomachs.

REFRESHED by the two weeks' vacation, the boys have reassembled to prepare for the "Ides of March." Only three months, and the class of '88 will have departed to return no more. Then will the Jolly Junior become the Solemn Senior; while the Frisky Freshman will in his turn be made a Jolly Junior.

If the umbilical cord be of the kind that is cut through with each ligature, place two bits of pasteboard on opposite surfaces of the cord, and make pressure around them with ligature.—MITCHELL.

It is said that the class of '88 singeth not so loudly and long, or so harmoniously or strong, as was its wont during the previous years of college life. The times have changed and we have changed with them, so have our duties, both in amount and variety, especially in amount; we begin to feel the tension, hence less jubilation to overflow in mirth and song.

In his lectures on neuralgia, Professor Goodno spoke of a general neuralgia which is not found in the books, and which we fondly denominate "The Neuralgia of Goodno." It is found mostly in broken-down women with menstrual difficulties; women of an energetic disposition, and who meet trouble half-way; it often begins in the uterine region and then extends to the plexus in the neighborhood of the stomach; it may extend to the cardiac region, when the most serious symptoms are shown, such as sudden violent pain in the region of the heart, accompanied or not by disturbance of its action. We may then have symptoms of collapse; but there is an absence of the pang and dyspnoea that marks the angina pectoris. This is very dangerous indeed, and causes death oftener than any other form of neuralgia.—*Medical Era*.

THE HOMŒOPATHIC MEDICAL SOCIETY of the Twenty-third Ward held its monthly meeting at the residence of J. D. Boileau, M.D., 804 Lehigh Avenue, on Wednesday, December 21st, at 2.30 P.M. Dr. J. M. Boyer, of Bustleton, read a paper on Dysentery, which was discussed by Drs. Powell, Allen, Boileau, Heritage, Humphrey, Umstead, and Erwin.

Miscellany.

TWO CASES OF PURPURA.

O. S. HAINES, M.D., PHILA.

CASE I.—girl, aged 5 years. Brought by her mother, who states that for some months past, successive crops of bluish spots have appeared upon different parts of the child's body. Lower limbs and trunk most invaded, but several have appeared on the face, and one under each eye. Appearance resembles a contusion, and each undergoes similar changes in color, etc., before final disappearance. Average diameter of spots half an inch. Average duration two weeks. No other symptoms, child's general health good.

Ledum pulustre^{1x} three times daily. Cured in two weeks.

Ledum produces "bluish spots over body."

CASE II.—Single lady, aged 60 years. General health very good. No symptoms save slight soreness in spots which have been "out" several days.

Every two or three weeks a crop of three or four bluish spots appear on the upper and lower limbs, occasionally one appears on trunk, these undergo successive changes in color, become slightly painful and disappear.

They vary in size from one-quarter to one inch in diameter.

Arnica,^{2x} ledum,^{1x} sulphur,^{2x} lachesis^{2x}, phosphorus^{2x} were each given a fair chance, but did nothing.

There being no symptoms upon which to base a homœopathic prescription better than these, and our patient becoming discouraged, we gave five minims of fluid extract *secale cornutum* every six hours, and in ten days was free from spots, and none have since appeared.

We believe now that *secale* in potency would have cured, had we recognized its homœopathicity to the case.

FARMER SHOTEBUTCHER says that if faith can cure so all-fired quick as the papers say he'll be dinged if he don't send for some to cure hams before next butcherin'.—*Rahway Advocate*.

A NOVEL BUSINESS CALENDAR AND STAND.—A most novel, convenient, and valuable business calendar for 1888 is the Columbia Bicycle Calendar and Stand, just issued by the Pope Manufacturing Company, of Boston, Mass. In this calendar a new departure has been made, decidedly unique and different from any previous attempt in calendar construction. The calendar proper is in the form of a pad, containing 366 leaves, one for each day in the year, to be torn off daily. A portion of each leaf is left blank for memoranda, so arranged that the memorandum blank for any coming day can be turned to immediately at any time. The pad rests upon a portable stand, and when placed upon the desk or writing-table the entire surface of the date leaf is brought directly, and left constantly before the eye, furnishing date and memoranda, impossible to be overlooked. Upon each slip appear fresh quotations pertaining to cycling from leading publications and prominent writers—a collection which illustrates the popularity and universality of cycling the world over.

THEY say that conscience is the pulse of reason, and some people have an awful hard pulse.

That 15,000 children are killed annually by the use of soothing-syrups and similar preparations.

That body-lice may be instantly destroyed by washing the parts with sulphuric ether.

That arsenic and antimony are found in the bright red-colored stockings of commerce.

That the great and increasing frequency of tubal disease in women is due to the presence of gonorrhœa, often unsuspected.

That Lawson Tait says he is well satisfied that venereal diseases might well be stamped out if more scrupulous attention were given to the toilet of the genitals.—*Era*.

CHEMIST'S CERTIFICATE.—I am pleased to inform you that I have made a chemical analysis of your "Althene Skin Soap," the samples having been selected by me from the general stock, and I find the same to be an absolutely pure and correctly made soap, containing no impure fat acids, no excess of alkali, and no irritating mineral or or-

ganic substances. The process of manufacture is so conducted as to produce a perfectly neutral soap, eminently fitted for all toilet purposes.—HENRY LEFFMANN, M.D., *Professor of Chemistry in the Pennsylvania College of Dental Surgery, and in the Wagner Free Institute of Science, Hygienist and Food Inspector to the State Board of Agriculture.*

COMPOUND SYRUP OF THE HYPOPHOSPHITUS. The great objection to preparations of this kind has been the presence of a precipitation. W. H. Hostelley & Co., of this city, claim to have overcome this difficulty, and are manufacturing an article "Hostelley's Compound Syrup of Hypophosphitus," containing quinine, lime, potash, iron, magnesia, and strychnine. Physicians will do well to send for sample bottles and try what seems to us to be a most valuable tonic. In sending or ordering, please mention THE MEDICAL INSTITUTE.

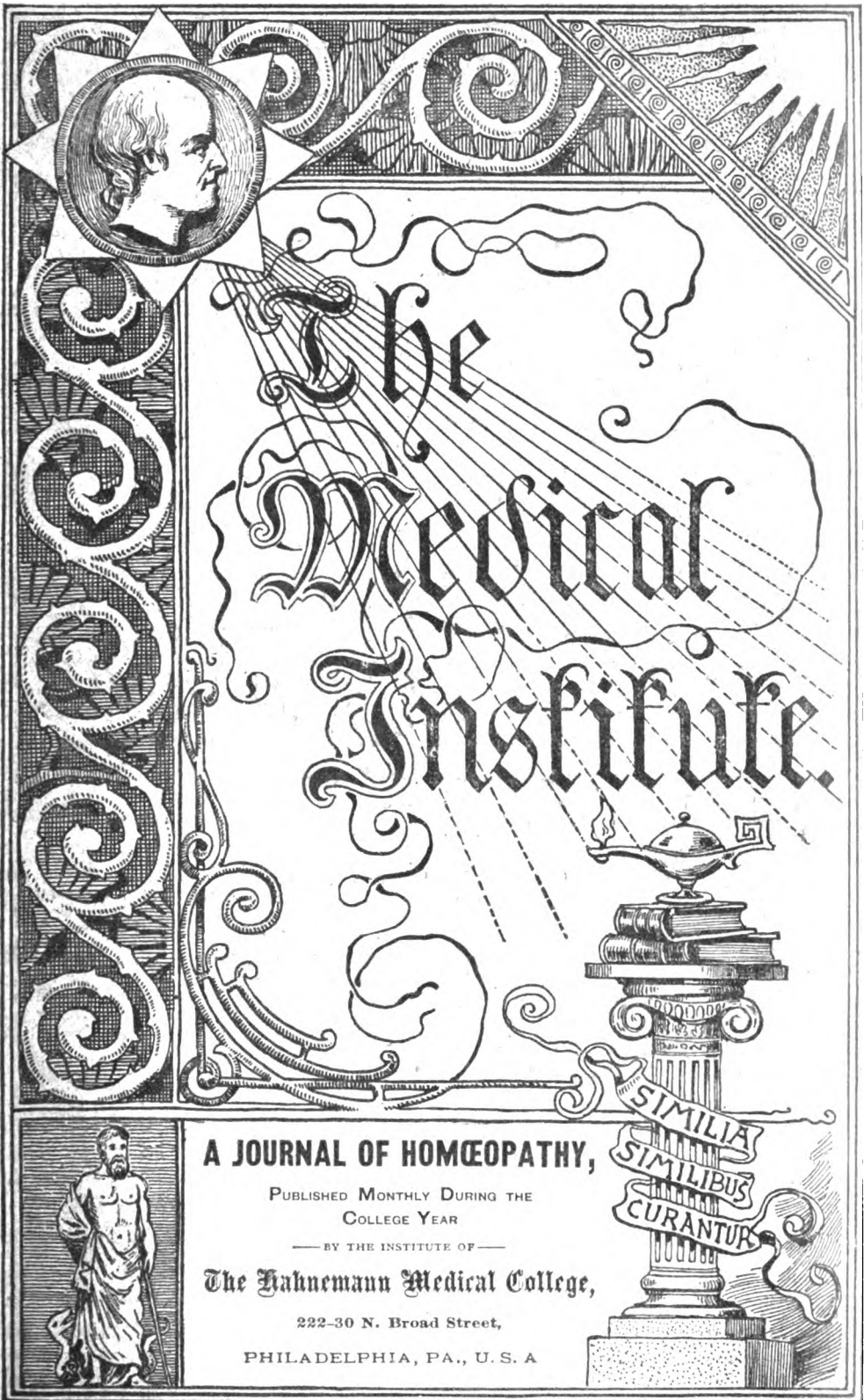
Book Reviews.

"A MANUAL OF MEDICAL JURISPRUDENCE, WITH SPECIAL REFERENCE TO DISEASES AND INJURIES OF THE NERVOUS SYSTEM." By Allen McLane Hamilton, M.D.

When the instruction that so many physicians lack is desired, read this; or read it when something more interesting than a novel is required. That vast numbers in the medical profession need a work of this kind is shown in the fact that in this country fifteen per cent. of applications for admission to insane asylums are rejected because the physicians do not know what is required of them, and they are often sorely tried when endeavoring to place their patients in such institutions. This work treats at length of the commitment of lunatics, and its variations in the different States. It is illustrated, and its reference to spinal and cranial injuries, suicide, and alcoholism, makes it of value and interest to any one, even though indifferent to medical jurisprudence.

Published by E. B. Treat, 771 Broadway, N. Y. Price, \$2.75.

PAMPHLETS, RECEIVED: "Wounds their Aseptic and Antiseptic Management." By David Prince, M.D., Jacksonville, Illinois. "The Radical Treatment of Trachoma." By A. E. Prince, M.D.



The Medical Institute.

A JOURNAL OF HOMŒOPATHY,

PUBLISHED MONTHLY DURING THE
COLLEGE YEAR

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THE MEDICAL INSTITUTE:

A MONTHLY JOURNAL OF HOMŒOPATHY.

VOLUME III.

PHILADELPHIA, MARCH, 1888.

NUMBER 3.

ORIGINAL ARTICLES.

ADDRESS TO GRADUATING CLASS
OF THE HAHNEMANN MEDICAL
COLLEGE, AT THE FORTIETH
ANNUAL COMMENCEMENT,
APRIL 6, 1888.

BY PROF. PEMBERTON DUDLEY, M.D.

(Delivered at the Academy of Music.)

GENTLEMEN OF THE CLASS OF '88:—It has fallen to my lot to say some last words to you on behalf of the College Faculty. The three years' course of collegiate study has reached its close. There is an end of its toils and anxieties, its successes and failures, its hopes and fears, its fun and frolic. It comes back to you to-day only as a memory, and as a memory it will come, bringing back college scenes and the faces of college friends, when your teachers shall have gone their appointed way, and your heads are white with the snows of many winters. This occasion—this address—closes the book of your college history. A few moments, and another will open to you the first page of a new volume. This hour you stand at an ending; at a beginning; between history and prophecy; between the closing record of years of preparation, and the opening chronicle of a life-time of achievement.

Forgetting, for a few moments, the things that are past, let us look forward to those that are before. To the thoughtful participant in an occasion like this, every event and circumstance brings its deep significance. It is to you vastly more important as a commencement, than as a termination. The congratulations that wait upon your

announced success, derive all their enthusiasm from the sentiment of hope. If we are proud of your past achievements it is only for what they promise of future worth and usefulness. It is a day for regrets, for partings, for farewells. You meet each other here as fellow-students; you part from each other here as professional brethren,—part, some of you, not to see each other's faces again, perhaps, this side of the unknown river. A day for regrets? Yes; but a day for rejoicing, too, because you have proved your worthiness to receive the new responsibilities which await you. A day for parting? Yes; but a day also for the cementing of a union stronger than the fraternity of college life,—a union not only of hearts, but a union of hands, a union of purpose, a union of endeavor. A time for farewells? Yes; but the highest and best farewell that shall be spoken here to-day will be embodied in the sentences with which the constituted authority of a mighty Commonwealth commissions you to "go about doing good."

The student who receives the medical Degree goes out from his college, mortgaged to the extent of more than half his value,—covered all over with obligations. They are debts that he cannot escape, and that will take his life-time to cancel. There is the obligation that he owes to his Alma Mater: an obligation to promote her usefulness and efficiency; to maintain her honor and reputation. He may no more put away this duty than he may forget the mother who bore him. And there is the debt that he owes to the

profession; the profession that has prepared the way for him, that has made his present attainments a possibility, that has educated him, and that now welcomes him to its membership. What the profession of the past has done for him he is equally bound to do for those who shall come after him. And there is the debt that he owes to society and to law as the representative of society,—the law which permits him to dissect the human body even against some of the finer and more delicate sentiments of our nature; the society that provides vast hospitals and throws them open to him for clinical instruction,—a benefit such as no money could purchase, and no efforts could in any other manner secure. It is a great mistake to suppose that these claims are cancelled by the payment of college fees. Only a few of them are held by the Faculty. Most of them are in the hands of persons and of institutions, having no pecuniary interest whatever in the students' fees, and who would regard with unutterable contempt, any proposition looking to compensation for the aid they render in the work of medical education. The fees we pay for our college tickets secure us our medical instruction, it is true, but they do not furnish a compensation for it. Would any one of you place in the balance the instructions and facilities you have enjoyed during the past three years and set over against them, as an equivalent, the paltry pieces of silver you paid to secure them?

It is unfortunate that so large a proportion of our American medical graduates either fail to understand and appreciate the binding nature of these obligations, or else they forget them the moment they leave the college doors. We find such men and women in the profession everywhere, not only in isolated country places, but hosts of them in our large cities, close to the portals of our medical societies, and in the very shadow of our great hospitals. Some are men of talent, of liberal education, perhaps of even more than average skill,—men fitted to shine in the society and councils of a learned profession; and yet outside of the circle of their professional practice and personal acquaintance they are never heard of. A few miles from their offices their very names are unknown, except to those

who consult the "Medical Directory." They hide their light under the bushel of sordid selfishness or under the bed of indifference and sloth. Useful they may be in their own little sphere, but outside of it, in the great world of medical progress, they are literally good for nothing. To them the Science and Art of Medicine is a realm for physicians to earn a living in, to win a competence in, or to amass a fortune in. Their broadest aspiration, their highest ambition, is to make a diagnosis, to write a prescription and to pocket a fee; and this, they think, is the end and sum of their little, narrow, shrivelled professional lives, and perhaps it is.

There are few, if any, educated physicians who do not possess the power to add, at least a little, to the sum of medical knowledge; and there is no doctrine of medical ethics more firmly established than this: that a human being in deadly peril has a right to all of medical science and art that humanity knows,—a right to the utmost that his fellow-man can do to save him. The principle underlying this doctrine is recognized in law, and enforced in courts of justice. He that withholds from the world a principle of medical science or a discovery in medical art, he that hides from public use the remedy for a dangerous disease, is guilty of the same form of crime as he who stops his ears to the cry of a drowning man, or withholds his help from the victim of a murderer's knife; yet we may find that the judge upon the bench who sends the one to the penitentiary will sign a certificate in laudation of the other. It is a little surprising that our professional teachers of ethics—the representatives of the bar, the pulpit, and the press—should so often be found actively enlisted on the unethical side of this great question, lending their voices and their influence in antagonism to this foundation principle of public morality. This stone, thus set at nought, rejected and misunderstood—rejected because misunderstood—by so many educated people, is the head-stone of the corner, in the temple of medical ethics.

We are often asked whether, after all, there may not be merit and value in some of the secret nostrums with which our

country is flooded. The only answer we can make to such a question is, that the greater the merit possessed by the secret remedy, the greater the crime of keeping it secret. And this statement will apply with full force to the act of that physician who locks in his own breast some knowledge which, if made public, might benefit other patients besides his own.

It may be thought an extreme statement if we say that the humanitarian spirit of the medical profession does not permit any physician to be more skilful than his fellows. Yet there is a sense in which this statement is true, simply because no physician is justified in retaining any medical knowledge for his own exclusive use. Herein is found the explanation of that suspicion—not to say disdain—with which the boaster and braggart are regarded by their less vain and conceited brothers. Naturally they feel that the physician mercenary enough to monopolize a remedy is mendacious enough to fabricate a falsehood, and that his boasted success is but the shameless pretence of the charlatan. It is on this basis precisely that medical men judge the quality of the quack's advertisement.

Medicine, gentlemen, has honors for those who prove themselves worthy. Physicians of broad mind, of large heart, of comprehensive benevolence, these she honors with her highest distinctions. It is not enough that we be skilful and successful in the practice of our art. The physicians whom we most delight to honor are not those who merely cure their own patients, but those who by patient, perhaps unrequited toil, in laboratories, in hospitals, in colleges, in societies, and in literature, have helped us to cure ours. It is not more true in the spiritual world than in the world of medicine—"He that would be great among you, let him be your servant." It is the only high road to medical distinction.

And so, gentlemen, you go out from the college to-day, bearing with you these obligations to your Alma Mater, to your professional brethren, to society, to the cause of humanity everywhere. Only as you recognize these obligations will your whole duty as physicians be fulfilled. Remember that you are not restricted by the

narrow limits of creeds and sects, and schools and systems. The whole boundless universe of medical science and art is yours. Every material, every force, every fact, every principle of Nature and of Art is placed at your disposal. Let no consideration restrain you save the dictates of your personal judgment. Call no man "master." Call no society "master." Call no mere sentiment "master." On the other hand, let no craven fear of being accounted narrow and illiberal turn you from your purpose to be true to yourselves, true to your patients, true to the principles in which you believe, true to all the mighty responsibilities that fall to your lot in life.

Who has a more toilsome life than the physician? Gentlemen, we hear this question all too often. Say rather, who gets a sweeter reward? I believe that the average physician, spite of his incessant contact with suffering and danger, carries about with him as cheerful a heart, and as cheerful a face, as the average man in any other calling. And why should he not? Surely there is delight enough in the consciousness that comes to him at times that he has been instrumental in alleviating pain, in averting danger, in saving life. Surely the restoration of a loved one to family and friends and usefulness is compensation enough, for weary days and nights of anxiety, to make him thank God for having made him a physician. How often do we hear our gray-haired veterans declare, "If I had my life to live over, I'd be a physician again." Toilsome and exacting, incessant and exhausting as your duties will be, the relations of intimate friendship and the intellectual associations that grow out of your professional work, and the untold value of its results, will make you forget much of its care and vexation, will give repose to its weariness, will give courage amid its apprehensions, will lighten its anxieties and sweeten all its toils.

As you go your several ways, take with you the assurance of our best hopes and wishes, that your lives may be so filled with honest, conscientious work, and so fruitful of precious results, that at its close, memory, like the breath of a benediction, shall bring to you the hope and promise of the high reward that awaits the faithful steward.

NECROLOGIST'S REPORT.*

BY ALONZO P. WILLIAMSON, A.M., M.D.

(Necrologist.)

MR. PRESIDENT AND GENTLEMEN: That illustrious jurist, Daniel Webster, once said: "One may live as a conqueror, a king, or a magistrate, but he must die as a man. The bed of death brings every human being to his pure individuality; to the intense contemplation of that deepest and most solemn of all relations, the relation between the creature and his Creator. Here it is that fame and renown cannot assist us, that all external things must fail to aid us; that even friends, affection, and human love and devotedness cannot succor us." The truth of this solemn sentiment, so strongly expressed by the great statesman, forced itself upon us with renewed power as we considered the departures, during the past year, through the portals of death, of some of our bravest associates and best friends.

Dr. John K. Lee, class of 1851, in addition to being a wise physician, was also a philanthropist who in his capacity as a Commissioner of Public Charities raised always an influential voice in aid of the poor and distressed of the Commonwealth of Pennsylvania.

Dr. Titus L. Brown, class of 1853, besides attending to an extensive practice, found time to write exhaustively upon a variety of subjects, to aid those less gifted than himself.

Dr. John A. Burpee, class of 1854, although not so widely known as some, was a skilful practitioner and too busy to write or publish his experiences, but greatly loved and revered by his patients.

And Dr. Adolfo A. de Varona, class of 1858, was a man whose reputation as a writer and surgeon is well known to you and to the profession at large.

These all met the last enemy of our mortality in the attitude suggested by the sentiment of Webster—alone, yet with that courage and fortitude which betokens true manhood. But the import of the great man's words are especially significant when we think of the fate of our younger brother, Dr. Percival O. B. Gause, class of 1881,

whose ambition for knowledge outstripped his physical strength. In the lives and deaths of each of these gentlemen we have the exemplification of the fact that while one may be a philanthropist; a second, a writer and an orator; a third, a wise physician; a fourth, a surgeon; and a fifth, a student; each must, when the dread summons comes, lay down the burden of existence, and meet the Creator in the simple yet sublime character of a man standing apart from all earthly associations, and unsupported save by individual qualities and by divine mercy.

Let us now glance at the life-work of each of these colleagues in detail.

John K. Lee, A.M., M.D., was born May 2, 1824, and died Nov. 10, 1887. His parents came to this country from England in 1814, and settled in Allegheny County, Penn., where our colleague was born. Dr. Lee's early life was spent in agricultural pursuits. After leaving the academy he entered the Allegheny College at Meadville, Penn., from which institution he graduated in 1849, and from which in due time he received his A.M. degree. Being naturally of a thoughtful and studious disposition, he inclined toward a professional career, and finally decided to study medicine. He therefore came to Philadelphia, matriculated at the Homœopathic Medical College of Pennsylvania, and, March 4, 1851, he graduated as a Doctor of Medicine.

He immediately settled in West Philadelphia and entered upon the actual practice of his profession. In 1860 he was elected to the professorship of *Materia Medica* and Institutes of Medicine in his Alma Mater, which chair he ably filled for two years, but which he was unfortunately compelled to relinquish, much to the regret of the Faculty of the college and the medical profession at large. He resigned the chair of *Materia Medica* because of his rapidly increasing practice and the demands of his professional duties. Dr. Lee was an active member of the State and County Medical Societies, and at various times he held important offices in each of them. Three years before his death he was appointed a member of the State Board of Public Charities by Gov. Pattison, and at the expiration of his term was reappointed

* Read at the meeting of Alumni Association of the Hahnemann Medical College and Hospital, April 6, 1888.

by Gov. Beaver. This position he filled with marked ability, and in his death this body lost one of its most experienced, industrious, and able members. Dr. Lee's devotion to his professional work and his studious habits combined to make him a successful practitioner of medicine, and secured for him a large and lucrative practice.

Dr. Lee was a firm and consistent believer in the tenets of Homœopathy, and he was conscientious in the administration of remedies according to the law of similars. Personally he was a man of fine physique, of dignified bearing, a fluent and pleasing conversationalist, and a courteous gentleman—an ideal physician. It can be said of him that he was a man of wide views; a follower of no clique or ring; but friendly toward all, with a truly liberal spirit, granting freedom of opinion to every one.

Titus L. Brown, M.D., who died of paralysis, August 17, 1887, at Binghampton, N. Y., was born in Columbia County, N. Y., Oct. 16, 1828. It is said that Dr. Brown was a very precocious child, and at the early age of eight showed a strong predilection for study. At sixteen years of age he received a certificate qualifying him for the position of teacher in the district school. He commenced the study of medicine in 1847. He attended the University of the City of New York during the season of 1848-49. He then returned to the city of his adoption, Binghampton, and established himself as a practitioner of Homœopathy. In 1852 he concluded that his knowledge of Homœopathy was unsatisfactory; consequently he came to Philadelphia, took a course of lectures in the Homœopathic Medical College of Pennsylvania, and was graduated from that institution in 1853. He again returned to Binghampton, where he continued till his death, a zealous devotee to the cause he had espoused. Dr. Brown prescribed most frequently the high potencies, and Homœopathy has nowhere had a firmer adherent or a more ready and ardent champion than Titus L. Brown.

The doctor was a clear writer, and an eloquent speaker. Personally he was tall, with a well-shaped head, high forehead, and pleasing face. He was a gentleman of culture, an attractive conversationalist, always

witty, and looking on the bright and sunny side of life. His ideas on religious subjects differed very widely from those accepted by the majority of men, and some persons have charged him with being unpleasantly fond of ventilating his peculiar views. Dr. Brown was dogmatic, and firm in his opinions. He was bitterly opposed to the use of alcoholic beverages, and tobacco in all forms. He was much respected both as a skillful physician and as an honest, straightforward man who said what he thought, without regard to what others might think. The motto of his life was: "Do right and fear not, with all the liberty and light that may be."

On the same day that death summoned Dr. Lee to his reward, Dr. John H. Burpee, class of 1854, of Malden, Mass., relinquished his earthly work, and entered into rest.

Dr. Burpee was one of those genial, warm-hearted men who soon attract friends and secure patronage, and for whom patients entertain a loftier regard than that inspired by mere business relations. Dr. Burpee was a very busy practitioner, and rarely found time to place his thoughts and experiences in the books or the journals of his profession. He was sixty-four years of age at the time of his death.

Adolfo de Varona, A.M., LL.B., M.D., of the class of 1858, of Brooklyn, N.Y., died after a painful illness of four months, on Friday, February 10, 1888.

Dr. Varona was a native of the island of Cuba, and was born January 6, 1840. Dr. Varona's father chose the profession of medicine for his son, and determined to place him in the medical corps of the army. Accordingly young Varona entered the medical school of his native island, and there received his degree of M.D. But on applying for the position to which he aspired, the government declined to recognize his diploma. His father thereupon sent him to Philadelphia, and he entered the Homœopathic Medical College of Pennsylvania, and in 1858 he received his degree from that institution. He again applied for a position in the Cuban army, but this second diploma failed to satisfy the authorities, and then our friend went to the University of Edinburgh. Here he again graduated in medicine, and upon his

return to Cuba obtained the coveted position of surgeon in the artillery in the Spanish army. When the Cubans determined to free their beloved island from the Spanish oppressor, Dr. Varona joined the revolutionary army, and in a battle received a severe wound. In 1870 he escaped from Cuba and came to the United States. He immediately settled in Brooklyn, where he soon obtained a fine practice, as well as a position in the front rank of his profession.

Dr. Varona was a man of fine literary attainments. He was an excellent linguist, being able to speak fluently in at least four languages. He was an artist of considerable talent, and he was a speaker of unusual force and eloquence. Those of us who attended the course of 1875-76 remember the brilliant lectures delivered by Dr. Varona upon his favorite topic, surgery; and also remember with pleasure the artistic and accurate drawings which he made in the presence of his class in demonstration of the subject under discussion. It is said of Professor Varona that "while he wrote well, he could speak better, possessing that rare gift of being able to think on his feet."

The Doctor was one of those gifted and fortunate individuals who could fill any position ably, and acceptably. He at various times held the positions of consulting surgeon to the Brooklyn Maternité, visiting surgeon to the Ward's Island Homœopathic Hospital, professor of pathological anatomy in the New York Medical College for Women, professor of histology in the Homœopathic Medical College of New York, and, as I have said before, he was at one time professor of surgery in our own Hahnemann Medical College.

The last colleague whose death we are called upon to record and lament is Percival O. B. Gause, M.D., only son of O. B. Gause, M.D., professor emeritus in our own Alma Mater. Dr. Percy Gause died at Aiken, S. C., November 10, 1887, that being the last day of his 27th year.

He prepared for college at the Rugby Academy, and entered the Middletown University, but was obliged to leave because of ill health before the close of the first year. He matriculated in the Hahnemann Medical College of Philadelphia, and after taking three full courses of lectures gradu-

ated in 1881. Immediately after receiving his degree he entered the office of Prof. C. M. Thomas as his assistant. After a year's work with Prof. Thomas he sailed for Europe. During the succeeding year and a half he spent his time in taking special courses in the eye, ear, throat, and general surgery in the hospitals of Vienna, London, and Paris. On his return home he resumed his place in the office of Prof. Thomas, where he remained until he was prostrated with catarrhal pneumonia. From that time until the close of his life there was a gradual decline in health. Medicine and tender care afforded some relief, but nothing seemed to check the onward march of a fatal disease. About a year before his death he removed to Aiken, S. C.

Dr. Percy Gause was endowed with many characteristics which peculiarly fitted him for his chosen profession. He was closely observant, untiring in his labors, conscientious and faithful in the performance of duty. He inspired confidence in his skill, and knew well how to use his cultured abilities for the benefit of his patients. His brief career gave promise of distinguished usefulness had his life been spared; and even a short service in the field of medicine left joyous memories for his friends, and stirring inspirations for the living sons of his Alma Mater. I am sure that you will join with me in paying homage to his manly virtues, his noble nature, and his scholarly attainments; and at the same time we press the hand of his bereaved father in affectionate and tender sympathy.

In final eulogy of Dr. Percy Gause, and of each friend whose death a sad necessity compels us to here record, we may truthfully say:

"In sight of mortal and immortal powers,
As in a boundless theatre, he ran
The great career of manhood;
And through the mists of passion and of sense,
And through the tossing tide of chance and pains,
He held his course unfaltering."

SIR ISAAC NEWTON discovered the "law of gravitation." Samuel Hahnemann discovered the "law of cure," the fundamental principle of Homœopathy. Neither law has ever been amended or repealed, and never will be.—*Ex.*

THE PHYSICIAN AND HIS DEPARTMENT.

On Wednesday evening, February 1st, Prof. J. W. Dowling, of New York, President of the Alumni Association of the Hahnemann College, delivered a lecture before the Hahnemannian Institute upon "The Physician and His Department." A large audience was present and listened with interest for an hour and a half while the lecturer mingled stories of his early practice, with advice, moral, medical and practical, from which all who heard it will undoubtedly profit. We regret that the lecture cannot be given as a whole, but we have succeeded in retaining a few of the points and a general outline of the discourse which we give our readers.

The lecturer opened with a charge to all students entering the study of medicine, to regard the healing art as the most noble, the most self-sacrificing, the most trying of all professions. Reputations of individuals, of families; happiness and well-being of whole households are dependent upon the discretion and tact of the physician. Therefore, all sordid considerations should be banished and a life of honor and probity become the main object to be attained.

The physician should be the friend of his patient, the confidant of his troubles, the guardian of his health, and the mentor to warn him from follies and indiscretions which will bring misery, broken health, and premature death. No secrets are too compromising to be kept from his ear, no cares too great to be lightened by his advice and warm-hearted sympathy. By being the friend of both parties, how often has the physician restored confidence between husband and wife, between heart-broken parents and erring children?

Money alone cannot pay the doctor for his services, his anxious care, his untiring patience and attention. What he needs is respect, esteem, confidence and love. With these he feels no effort too great to be undertaken. Without them the best paid services are fruitless and tiresome. And, too, this gratitude should be given, whether success crowns his efforts or disappointing failure results.

In the early career of the young physician

it is all important that he should remember the past teachings of his professors, for the time will surely come when he would be willing to give almost anything for the friendly counsel of one of them. To emphasize this the lecturer related his own experience in one of his first cases involving the life of a patient; the anxiety until convalescence set in; the dismay when informed that a relapse had taken place; the chagrin at being dismissed and on learning that an old-school physician had been called; the regret that under this change the patient died; and the indignation when, on attending the funeral by special request, he was compelled to walk alone behind the six old school men who had been called in counsel, and whose elevated noses and averted faces adequately conveyed what was their opinion of the hated homœopath. All this, however, he outlived, and in time established a practice under the very noses of the men who had so derided him.

In leaving college, and settling in your chosen field, do not expect too much. Blessed are they who expect little, for they shall not be disappointed. The majority of this class will settle in towns of larger or smaller size. Some will seek fame and fortune in the large cities. The former will be much more the subject of criticism than the latter. Success in life will depend not alone upon your ability as physicians. This the public knows nothing about. Do not forget that, especially in the country, the conduct of the physician, next to that of the clergyman, is more carefully scrutinized than that of any other member of the community. His appearance, dress, manners, habits, religion, politics, all are subjects upon which the public feel at liberty to pass an opinion. Endeavor in all these to please as many as possible, and offend none. Next, as regards matrimony. Marriage to the physician is an advantage in some respects, but not a necessity. Some of the most brilliant men in the profession are single.

In dealing with patients be kind, gentle, and *firm*. Never allow them to argue you to consent to anything contrary to your better judgement. If trouble comes from such yielding you will be blamed. Patients do not always obey the mandates of their

medical adviser. Therefore never state positively the evils which would follow any particular indiscretion; for if they do foolish things, and no bad results occur, they will lose confidence in your ability and skill.

Never be annoyed when called up at night. Patients rarely send unless they think it is necessary, and their fears should be considered. Always go, and go cheerfully. A friend of mine was once called upon at midnight to visit a child. He learned from the father that it had been crying all night and they could not quiet it. He was too tired to go, he said; but, preparing some of Finck's 10,000th dilution of coffee, he gave it to the father, saying, "Here, give the child this, and I'll guarantee you won't hear from it any more." In the morning the father called and said, "Ah! doctor, you told me if I gave that dose to my child I should not hear from it any more. You told the truth. It died very soon afterward." And to this day that father believes that that dose of potentized coffee destroyed the life of his child.

In your dealings with your professional brethren, above all things *be honest*. Never be envious of those more successful. Never speak or insinuate ill of a brother practitioner. Study the code of Ethics and never depart from it. If asked your opinion of another physician, even if opposed to him in practice, speak well of him. Don't damn him by faint praise.

Never reveal the secrets of the sick-room. The physician must be a close-mouthed man. It is better to talk little about your profession. If you are doing a large business, let the people find it out. Your merits speak for themselves.

Be most guarded in all matters of diagnosis and prognosis. It is not expected of a young physician that he should name every disease at sight. A proper reserve and patience in waiting for characteristic symptoms will not be considered ignorance.

The professor, in speaking of the embarrassments of obstetrical cases, related, much to the amusement of his hearers, some of the experiences he went through when called to his first case of labor. Space unfortunately prevents our giving them, but they were sufficiently instructive, as well as

amusing, for young doctors to learn the pitfalls and escape those into which others had fallen.

The lecturer spoke at some length on the trials and temptations to which young physicians are exposed; told of the ways in which they were to be borne and overcome; illustrated by stories and anecdotes the value to the physician of industry, modesty, good manners, and particularly that all important combination of all good qualities known as tact. Tact will make a physician prosperous, happy and well-to-do, and a lack of it will often keep success from a man who has all the requisite knowledge and skill to make a good doctor. Temperance, as an essential to success, was also dwelt upon. Patients dread nothing so much as the possibility of being placed under the care of a man liable to be overcome by strong drink. The lecturer next spoke of the satisfaction and comfort derived from a competence obtained by honest hard work, and exhorted his hearers not to consider anything beneath their dignity which was not dishonorable; not to let ideas of professional pride and dignity keep them from doing a kind action or a humble service for some one by whom it will be appreciated. Work is honorable in this generation, and no one who is a gentleman and well bred, need ever be ashamed to own that he has to work for his living. The idea that work is degrading has been abandoned, and a man's position now depends upon his brains and talents, and not upon his money. Work, trials and deprivation are good for young men, inasmuch as they tend to give them steadiness of purpose, and make success, when it does come, doubly welcome, and doubly valued. It has been said that the best inheritance a young man can receive is poverty and a good name. If he is fortunate enough to inherit both of these his success is assured.

In conclusion the students were exhorted to love their profession, give it their best energies, all their life's best resources, and success, happiness and prosperity are sure to follow.

WHEN you find a case of regular chill, fever and sweat, exclude phthisis before you call it malaria.—*Goodno.*

THE MEDICAL INSTITUTE,

A MONTHLY HOMŒOPATHIC JOURNAL.

T. L. MACDONALD ('88).....Editor-in-Chief.
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Contributions should be addressed to the General Editor,
No. 222 North Broad Street.

Address all matters pertaining to advertisements to 1231
Filbert Street.

Contributors will please write upon one side of paper only.

WITH this issue the duties of the editorial staff, incumbent, are at an end. As we received the INSTITUTE from those gone before, so we, in turn, hand it over to our successors, with the heartiest wishes for its continued prosperity. Whatever we may have accomplished in the way of improving the standard of our journal, we are still cognizant of the fact that, with the further removal of obstacles in the way of success, there is still room for advancement. That the work will go on efficiently, we are assured by the undoubted ability of those who succeed us in the management. With a hearty adieu to journalistic life, we tenderly hand our charge over to the new Board of Editors, and return to the literary oblivion from whence we came.

TECHNICAL EDUCATION.

FOR at least a quarter of a century the colleges of America have slowly been making important changes in their methods of teaching and in their courses of study. Small colleges with limited means, both financial and mental, have "watered" their stock and have desperately struggled into the character and working of universities; others not equal to this process of inflation have modified their *one* course of study, and by means of "optional" and "elective" branches have managed to meet the wants of a widely varying class of students. Even the best of our New England colleges have relaxed their old-time hold upon the languages, and have by other means detracted from the absolute value of

their curriculum as a course for culture. These changes, as a rule, favor Technics and therefore save (?) a student's time by thrusting professional studies into his regular college work. This is saving time with a vengeance, and it is also saving culture; but "time is money," and money, to the average American, is the *ultima thule* of all effort.

Our schools are simply the exponents of the wishes of the public; what the people wish them to be, that they most emphatically are. To a careful observer they appear as a kind of thermometer by which the national spirit may be taken; the spirit of a people whose intense practicalness has had its effects upon their moral and social aims as well as upon their modes of education.

It is true that this national characteristic has been productive of much good, and has led to enviable achievements in science. This is its rightful domain; but when it unfavorably affects liberal education and social duties, when it magnifies the bread-and-butter side of every conceivable question, it is then a trait to be condemned.

This spirit has permeated—more or less—all fields of labor, and has often received undue support at the fireside; a state of things sometimes brought about by having a son rise phoenix-like from the ashes of a father's profession. That which is technical in any work comes to be regarded as an *embodiment* of the work. This unfair prominence has led many a physician to think that the entire circle of his duties lay within the limits of his profession; that his highest aim in life was not so much to be a man as to be a physician; and attaching this *kind* of importance to the technical features of his vocation, how often has he excused himself from plain social and moral duties?

A physician is not divinely appointed to his work, and cannot, therefore, offer it as an excuse for not cultivating his mind, for not heeding his citizenship, or for not fathering active charities. He must remember that he was not even urged to it

by any considerable number of his fellow-men, and so cannot demand a lenient judgment if he fail in other respects. He is generally the self-appointed executor of his own work; a work than which none is more noble, it is true, but which, though it be made an important part of active life, is nevertheless simply a *part*.

Finally, though every profession has its distinctive features, just as every man has his personality, and though those features cannot be neglected without neglecting all that characterizes the profession; yet, in their nearest approach to completeness they are but the type of a superstructure which, without its broad foundation, has furnished many a modern instance of "the house upon the sands."

ONE of our students was recently called to attend a sick woman, who, it seems, was rather particular, as she began the conversation by stating that she never meant to employ any but physicians who were married. "Have you a wife?" she asked. "Madam," answered the young man, firmly. "I have no wife, but *I have a mother*." His manliness dispelled her distrust, and ere he departed she grasped his hand, apologized for her remarks, and asked him to call again soon. We are certainly proud of such a classmate; for his response, so laconic and apropos. No man, whether he has a wife or not, is any better equipped for a perfectly safe attendant upon women than he who carries with him, reverently and proudly, the memory of his mother, and respects it by respecting himself. We want scores of just such men in the profession; for female patients are very quick to note this trait in a man, and we opine that the physician who possesses it will never be called upon to marry just to accommodate the exacting portion of the community in which he lives.

A REGULAR meeting of the Hahnemannian Institute was held in College building on Wednesday evening, March 7th, at 8 P.M. After roll call and reading of minutes,

the elections for officers for sessions of 1888-89 resulting as follows: President, Mr. J. D. Ballard; Vice President, Mr. H. E. Randall; Secretary, Mr. H. L. Northrop; Treasurer, Mr. C. E. Myers; Junior Editors, Messrs. L. T. Ashcroft, G. F. Clark; Alumni Editor, H. S. Furman.

Mr. J. W. Branin was elected honorary to Chair of Quæstiorship of Clinical Medicine.

After reading of an essay by Mr. J. D. Ballard and election of Dr. Robert Walter to membership, the Institute adjourned.

H. S. FURMAN, Sec'y.

INCREASE OF HEART DISEASE.

It is an alarming fact which has been brought to the attention of physicians in this city in recent years that deaths from heart disease are six to one as compared to what they were thirty-five years ago. Nowhere has it attracted more attention than at the office of the city Board of Health. "Deaths from heart disease," says Dr. McConnell, statistician to the Board, "have increased in number to a startling extent of late years, and no satisfactory reason can be assigned for it except the general one that we live faster than we did a quarter of a century ago. In 1850, the proportion of deaths from heart disease to the total number was 1.42 per cent. In 1855 it had increased to 2 per cent.; in 1866 it was over 3 per cent.; in 1874 it had jumped to over 4 per cent. It had increased more than another 1 per cent. in five years from that time, and in 1886 it was 6.26 per cent. These percentages are to the total mortality, which is the only true way to reach them. It is quite a popular notion that excessive use of tobacco is the aggravating cause. That is quite readily disproved by the fact that of the total number of deaths from heart disease in 1886, 326 were women, against 255 men. Of course, women do not, as a rule, use tobacco."—*Boston Herald*. [May not this increase be explained, in a degree at least, by our increased ability to detect heart disease?—ED. INSTITUTE.]

IN AND AROUND COLLEGE.

PROF. A. R. THOMAS concluded his course of lectures by giving one upon the Land Marks of Anatomy, from the living model, Jim Mitchell, the Philadelphia pugilist, being used as a model.

THEY say that, even as it is, the science of medicine is over a hundred years in advance of the education of the people, and that the man will lose who stakes the future hope of the medical profession upon a higher education and culture, *without a like improvement in society at large.*

NOTHING can take the place of vaccination! not even homœopathic remedies; for no *remedy* is as good as a prophylactic. The future glory of the medical profession will be, not the cure of disease, but its prevention.—DUDLEY, on *Sanitary Science.*

IN fractured patellæ, where the union is fibrous, the loss of function is due, not to the separation of the fragments, but to the wasting and degeneration of the quadriceps extensor from long inactivity.—C. M. Thomas.

A CELEBRATED Italian physician, after forty years of medical practice, said, on his death-bed, "The doctor is like a man with a stiletto in a dark room with the patient and the disease, stabbing vigorously, but not knowing whether he strikes the disease or the patient."

B. L. BAKER, M. D., a graduate of Old Hahnemann, Philadelphia, has located at Riverside. The doctor intends to pay special attention to diseases of women. We hope that his skill and ability as a physician will be made available for our school in his new home.—*California Homœopath.*

THEY say that a physician will be more censured for failing to perceive and announce a fatal termination than for losing the patient. That as sanitary measures increase, low forms of disease decrease.—*Era.*

WE wonder where Prof. A. R. Thomas, of Philadelphia, for 34 years a teacher of anatomy, was lucky enough to find his copy of "Adrian Spigelius," published in 1632.—*Minn. M. M.*

At the Alumni supper it is necessary to descend eight stories in an elevator after the ceremonies. Each member of the graduating class should take borax 200. before going down, to enable them to retain the excessive festivity on their stomachs.

LIST OF GRADUATES IN CLASS '88.

David J. Allcutt . . .	Pennsylvania.
Charles A. Ayres . . .	"
N. H. Barnart . . .	New Jersey.
G. F. Baier . . .	Pennsylvania.
Weston D. Bayley . . .	"
Henry Bierman . . .	"
C. M. Boger . . .	"
John W. Branin . . .	"
Henry H. Cate . . .	New Jersey.
Henry C. Chisolm . . .	Pennsylvania.
James C. Clarke, Jr. . .	"
H. B. Coy . . .	Massachusetts.
G. W. A. Custus, M.D. . .	District Columbia.
Frank C. Drane . . .	Pennsylvania.
L. K. Esrey . . .	"
E. B. Finney . . .	Nebraska.
H. S. Furman . . .	Pennsylvania.
William G. Gardiner . . .	"
Samuel G. Godehall . . .	"
J. P. Haag . . .	"
G. E. Hanzig . . .	"
W. H. Heron, M.D. . .	District Columbia.
E. H. Hill . . .	New Jersey.
E. H. Kase . . .	Pennsylvania.
John Kaufman . . .	"
A. G. Lieb . . .	"
Harvard Lindley . . .	Maryland.
T. L. Macdonald . . .	Massachusetts.
S. S. Martin . . .	Pennsylvania.
Finley McPherson . . .	New Jersey.
A. F. Merrill . . .	"
F. E. Merriam . . .	Pennsylvania.
B. D. Morrison . . .	West Virginia.
I. L. Peters . . .	Pennsylvania.
S. W. Price . . .	"
W. C. Seltz . . .	"
Lewis L. Sharp . . .	"
B. H. Shivers, M.D. . .	New Jersey.
James S. Shoemaker . . .	Pennsylvania.
A. L. Sierer . . .	"
S. B. Smith . . .	New Jersey.
Charles L. Tindall . . .	Pennsylvania.
A. E. Tortat . . .	"
J. K. Tretton . . .	"
W. W. Trinkle . . .	"
Robert Walter, M.D. . .	"
William S. Young . . .	"

MISCELLANEOUS.

SOME THOUGHTS UPON THE DE-TERMINATION OF SEX.

In the human organism there are two primitive kinds of tissue: one forming the motor apparatus of the body; another, which has to do with the production of papulum that nourishes the body and originates force. The former is the connective tissue corpuscle with all its derivatives of bone muscle, and the various sustentacular materials. The latter are the epithelial cells which have to do with the elaboration of digested materials into nourishment and the production of nerve force of different kinds in the ganglia, brain and spinal cord.

We are of the opinion that all tissue is either connective tissue, or epithelial, or derivatives thereof.

In the embryo we have three primitive layers, an inside and an outside layer of epithelial cells, and a wider middle composed of both epithelial cells and connective tissue corpuscles.

One of the axioms of life is that all cells must originate from a pre-existing cell. There must have been then, if the ovum is the beginning of animal life, a change at some time, from a connective tissue corpuscle to an epithelial cell, or *vice versa*. But we do not believe that such a change is made; we believe that epithelial cells and connective tissue corpuscles are individual tissues from the beginning of life.

Considering the formation of the ovaries in the female, and testes in the male, both being derived from the Wolffian bodies. There is a layer of so-called germinal epithelium, but that germinal epithelium is peculiar in having two kinds of cells: some small epithelial cells, placed around fewer and larger cells. In the ovaries we find those few large cells become the germinal spot of the ovum; the smaller epithelial cells line the Graafian follicle in which the ovum is contained. In the formation of the testes we find that these small germinal epithelial cells of the Wolffian body, form the lining of the seminal tubes, and the larger, and fewer cells which in the ovary forms the germinal spot of the ovum, disappears.

We know that an unimpregnated ovum carries with it sufficient pabulum which has been produced by the epithelial cells lining the Graafian follicle, to go on to a segmentation, or a reproduction of cells within the ovum, which if more nutrient material is not furnished, undergoes degeneration, and the ovum loses its vitality and it dies.

These cells which line the seminal tubes in the testes, undergo proliferation, and as they are reproduced they are thrown into the lumen of the canals with a certain amount of living protoplasm attached to them. This protoplasm is contractile, and forms the tail of the ripe cell, or spermatoid, giving it the power of individual motion.

The sperm passing into the uterus, penetrates the wall of the ovum, and the epithelial cells of which it is composed, takes up their normal function to furnish further papulum, for the benefit of the connective tissue corpuscles, which have been formed from the original corpuscle of the ovum.

Thus we see how the ovum dies without epithelium, and of necessity the sperm epithelium dies without the connective tissue to hold it.

Thus it is that the ova furnishes the connective tissues, and the sperm the epithelial.

Taking into consideration the foregoing, other things being equal, that cell or set of cells which have the greatest vitality will determine the sex of the fœtus in pregnancy.

If we give the greater vitality to the female, the connective tissue corpuscle and its derivatives will be developed most highly and the large bones and muscles of the male will be produced, and the less secreting power of the epithelium or pabulum forming power of those cells. If on the other hand we have the sperm of stronger vitality, there is formed the larger amount of epithelial tissues, greater in power of nourishment, formation, and the small bones, and small muscular development of the female.

Thus it may be said that the male is the more highly developed connective tissue corpuscle of the ovum, while the female is

the more highly developed epithelial cell of the male sperm.

The epithelial activity of the female is seen in the menses, which we may say represents the unappropriated pabulum of her body, and lactation is another evidence of that vitality.

Looking at this subject from an outside point of view, this idea seems to be substantiated. The balance of the sexes is kept. Increasing the number of males, you necessarily lessen the exercise of their sexual function with a lessened number of females, with the result of increasing the vitality of the male sperm, which results again in an increase of female organisms to equalize the sexes. Increasing the females over the number of males, and the result will be seen in the extra vitality of the ovum, and the consequent increase in male births.

THE BEST DISINFECTANT.—Prof. John E. James, M.D., Professor of Principles of Surgery and Clinical Surgery, Hahnemann Medical College, Philadelphia, says:—"I have no hesitation in recommending Platt's Chlorides as the best disinfectant I have ever used, and after a good trial I deem it the best for local use where there is a foul discharge or offensive suppuration."

Sample will be sent, express paid, to any of our readers.

LACTATED FOOD.—It is claimed that the composition of this food is very different from any other food on the market, because of the large proportion of pure sugar of milk it contains. The sugar of milk seems to allay irritation of the digestive tract, making this food specially valuable in treatment of summer complaints in children. Sample free on application to Wells, Richardson & Co., Burlington, Vt. Please mention the INSTITUTE.

THEY say that anxiety causes more brain disease than any other cause, except love.

That the common house-fly is an active carrier of the infection of disease.

That inebriety should be considered a disease as much as typhoid fever.

That the best plan to rid yourself of a tiresome patient is to present a bill.—*Era*.

NON-IRRITANT IODINE.—The fact that the iodide of potash is so repugnant to some persons in consequence of its unpleasant taste and because it proves so irritating to the stomach of a delicate patient, makes a product of iodine, which is pleasant at all times and positively non-irritating, a most valuable and desirable preparation. Such a product it is claimed is Hostelley's Syrup Hydriodic Acid. Its administration can be continued for any length of time without fear of producing any of the evil effects which so frequently follow the continued use of iodide of potash, while its therapeutic effects are the same as iodine in its less pleasant forms. The manufacturers (Messrs. W. H. Hostelley & Co., 233 North Second Street, Philadelphia) vouch for the stability of the compound, and have rendered this preparation pleasing to the taste by the use of Syrup of Orange as a vehicle.

They will furnish any physician mentioning this journal a full half-pound bottle free, except express charges, and will send full information on the subject.

SMALL DOSES.

THE actual tendencies of therapeutics are generally favorable to the administration of fractional doses, at least doses very much smaller than were prescribed twenty or thirty years ago. Ringer in England, and Bartholow in our own country, have contributed so much to instil these tendencies in their disciples, as almost to have erected on it a system. If, on the one hand, it is good to depart in a just measure from the abuses of the large doses heretofore given, on the other it is not the part of wisdom to fall into excess in the other extreme, under pain of falling into homœopathy, or into its dosimetry, which amounts to the same thing. At least it is well to confine oneself to appreciable doses. There is no doubt that we are able to obtain from medicines given in small quantities very astonishing effects, and marked difference in their action, dependent on small or large doses. Those who have written on this subject cite remarkable examples in point. We may mention one of these in the article of Dr. John Aulde, of Philadelphia, communicated to the Medical and Surgical Reporter, and

from which we extract the following:—
 “In the case of acute tonsillitis, of acute bronchial catarrh, of impending pulmonary congestion, and of congestive cephalalgia, we obtain immediate favorable results from the administration of one-half drop of tincture of aconite every half hour for several hours. Atropine in dose of $\frac{1}{320}$ taken at bed-time is very efficacious in the case of incontinence of urine in infants. Small doses of nux vomica, one drop of the tincture, or $\frac{1}{20}$ gr. of the extract, is often more useful as a tonic than larger doses. It is doubtful if any one remedy is able to give better results in the internal treatment of boils than the sulphide of calcium in doses of $\frac{1}{10}$ gr. every two hours. One-half drop of tincture of Indian hemp, repeated every five minutes, procures very marked relief in many cases of congestive dysmenorrhœa and in neuralgia.

Diaphoresis may be produced by the administration at short intervals of one-half drop of the extract of jaborandi.—*L'Union Medical du Canada.*

[Who says we cannot study homœopathy in allopathic literature? The homœopathicity of aconite to the above affections is patent, because of its power to produce similar conditions, and the tincture is just as homœopathic as the two-hundredth dilution. Will our Canadian contemporary remember this till his next issue?—ED. INST.]

COMPARATIVE TREATMENT OF THE INSANE.

(1) Summary of five years, ending Sept. 30th, 1887:—

UTICA, BUFFALO AND POUGHKEEPSIE ASYLUMS (OLD SCHOOL).

Percentage of deaths on whole number treated, 6.14
 Percentage of recoveries on number discharged, 27.24

MIDDLETOWN ASYLUM (HOMŒOPATHIC).

Percentage of deaths on whole number treated, 4.26
 Percentage of recoveries on number discharged, 49.37

(2) Summary of year, ending Sept. 30th, 1887:—

UTICA, BUFFALO AND POUGHKEEPSIE ASYLUMS (OLD SCHOOL).

Percentage of deaths on whole number treated, 6.42
 Percentage of recoveries on number discharged, 27.91

MIDDLETOWN ASYLUM (HOMŒOPATHIC).

Percentage of deaths on whole number treated, 3.42
 Percentage of recoveries on number discharged, 51.33

ABIES CANADENSIS.—Many favorable expressions come from the profession in this country and abroad in reference to the value of the fluid extract of hemlock (*abies canadensis*), made by The Geddes Manufg. Co., of London, Eng., in the treatment of hæmorrhoids, leucorrhœa and kindred troubles. It seems to be a vegetable astringent of unusual efficiency, specially applicable for use in relaxed, inflamed, and abraded conditions of the mucous membranes. The American agency of this house is at Cambridgeport, Boston, Mass., and medical gentlemen wishing to give the above a trial, and will pay express charges from Boston, will be furnished with one bottle free of charge.

THE Clinics of the Hahnemann College of Philadelphia this winter are said to be the best in its history. So much for its one hospital building. During next summer a second building will be completed, increasing the hospital capacity to a total of nearly ninety beds, as against its present thirty beds.—*Hahnemannian Monthly.*

[Yes; and probably its results are the best in its history, if the gravity of many of its patients is considered. Out of 214 admissions there has been but one death, and that case was practically dead when admitted, from renal tuberculosis, and so diagnosed before death, despite its obscurity. Strictest antisepsis is observed in all surgical dressings and operations. Distilled water is invariably used for surgical irrigation, as the hospital is provided with a still for this purpose.]

COMPOUND SYRUP OF THE HYPOPHOSPHITES of quinia, lime, potash, iron, manganese and strychnia, made by W. H. Hostelly & Co., of No. 233 N. Second St., Phila., is said to be free from the alkaline carbonates which in such preparations usually interfere with the action of the phosphites and cause the manganese and strychnia to be thrown down as a dangerous precipitate. This elegant preparation has been pronounced a good general tonic, and its manufacturers will send a half-pound bottle to those of our readers who write for it mentioning the MEDICAL INSTITUTE.

EARLY MORNING DIARRHŒA

Sulphur.—The patient is hurried out of bed in the early morning and has barely time to reach the closet; changeable stools.

Rumex crispus.—Early morning, with violent urging, exactly as in sulphur; but is more indicated after catarrhs, with characteristic cough.

Podophyllum.—Early morning, watery, gushing stool, hurrying the patient as in sulphur; but it continues during the whole day, being often worse at noon.

Kali bich.—Watery, gushing stool, with urging and tenesmus, which does not allow him time to reach the closet; he soils his clothing.

Aloes.—Mucons stool with jelly-like masses, accompanied with much rumbling, burning and itching about the anus, also escape of hot flatus, which relieves. Later than sulphur; about 6 A.M.

Natrum Sulph.—After being up and about, or after breakfast, scanty stool, forcibly expelled, with much flatus, which does not relieve.

Bryonia.—An early morning diarrhœa which comes on as the patient begins to move about; after vegetables or stewed fruits, or overheating in hot weather.

Dioscorea.—Morning diarrhœa, with griping, colicky pains like those of *Colocynth*, but more apt to fly off to other parts of the body.—*Minn. M. M.*

ETHER SPRAY IN THE REDUCTION OF HERNIA.

Dr. George R. Fellows, of Moose River, Me., writes: "About two years ago we called to see a case of strangulated hernia of two days' duration. Two physicians had been called, but were unable to reduce the hernia by ordinary means. The patient was suffering terribly, but was unable or unwilling to take opiates of any kind. Thinking to relieve the pain, I sprayed the hernia with ether, using a common hand-atomizer, and was greatly surprised to find the hernia disappearing spontaneously. Since that time I have used ether spray in strangulated hernia in several cases, always with the best results, the operation being painless, and reduction occurring spontaneously or with slight pressure.—*Med. and Surg. Reporter*.

SICK-ROOM DIETARY.

Beef Tea.—A pound of lean beef should be freed from fat, tendon, cartilage, bone and vessels; it must be chopped fine, and put in a pint of cold water to digest for two hours. It should simmer on the range or stove for three hours, *but not boil*. The water lost should be made up by the addition of cold water, so that a pint of beef tea should represent one pound of beef. It should be strained, the beef being carefully pressed.

Mutton Broth.—Lean loin of mutton, one pound, exclusive of bone; water, three pints. Boil very gently till tender, throwing in a little salt and onion according to taste. Pour out the broth into a basin, and, when it is cold, skim off all the fat. It can be warmed up as wanted.

Chicken Broth.—Skin, and chop up small, a small chicken, or half a large fowl, and boil it, bones and all, with a blade of mace, a sprig of parsley, and a crust of bread, in a quart of water, for an hour, skimming it from time to time. Strain through a coarse cullender.

Beef Tea with Acid.—One and a half pounds of beef (round) cut in small pieces; same quantity of ice, broken small. Let stand in deep vessel twelve hours. Strain forcibly and thoroughly through coarse towel. Boil quickly ten minutes in porcelain vessel. Let cool. Add half teaspoonful of acid to the pint (or acid phosphate).

Beef Juice.—Brown a juicy, thin steak quickly before a hot fire; cut small; squeeze in lemon-squeezer or meat-press; flavor with salt and pepper. May be added to milk.

Flaxseed Tea.—Flaxseed, whole, one ounce; white sugar, one ounce (heaping teaspoonful); lemon-juice, four tablespoonfuls. Pour on these materials two pints of boiling water; let them stand in a hot place four hours, and then strain off the liquor.

Wine Whey.—Put two pints of new milk in a saucepan, and stir it over a clear fire until it is nearly boiling; then add a gill (two wineglassfuls) of sherry, and simmer for a quarter of an hour, skimming off the curd as it rises. Then add a tablespoonful more sherry, and skim again for a few minutes.

Barley-Water.—Wash two ounces (wine-glassful) of pearl barley with cold water. Then boil it for five minutes in some fresh water, and throw both waters away. Then pour on two quarts of boiling water, and boil it down to a quart. Flavor with thinly cut lemon-rind, and sugar to the taste; but do not strain unless at the patient's request.

Egg-Nogg.—Scald some new milk by putting it, contained in a jug, into a saucepan of boiling water, *but do not allow it to boil*. When quite cold, beat up a fresh egg with a fork in a tumbler with some sugar; beat quite to a froth, add a dessertspoonful of brandy, and fill up the tumbler with scalded milk.

Rum Punch.—White sugar, two teaspoonfuls; one egg, stirred and beaten up; warm milk, large wineglassful; Jamaica rum, two to four teaspoonfuls; nutmeg.

BOOK REVIEWS.

"PRACTICAL GYNÆCOLOGY;" a Homœopathic work. By G. S. Southwick, M.D., Assistant Professor of Obstetrics in the Boston University School of Medicine.

This work is well illustrated, making the various gynæcological operations perfectly plain. Its indications for homœopathic remedies for diseases of women, together with local treatment, are good and practical. Otis, Clapp & Son, Boston. Price, \$3.75.

"DISEASES OF THE HEART." By Alonzo Clark, M.D., LL.D., Emeritus Professor of the Principles and Practice of Medicine at the College of Physicians and Surgeons, New York.

The book contains the substance of Dr. Clark's lectures on diseases of the heart, together with reports of cases collected from the literature of the subject and from personal observation. He treats the organic and inorganic cardiac affections in a masterly way, which makes the work not only readable but interesting. It is neat, concise, and entirely up to date. Published by E. B. Treat, 771 Broadway, New York. Price, \$2.75.

A CLINICAL MATERIA MEDICA. By E. A. Farrington, M.D.

Very few of "The Old Hahnemann" students who heard Dr. Farrington lecture have not wished to possess those lectures

in book form. Any of us can remember how highly the notes taken on his lectures were prized, and it was very rarely that a student was so "hard up" as to sell them.

Had the "doctor" lived longer, possibly he would have written a complete work on *Materia Medica*; for from the very beginning of his professional life, by contributing to various journals, both foreign and domestic, he proved himself as good a writer as a lecturer,—in fact, his studies in *Materia Medica* belong to the classics of our school. He was a wonderfully deep thinker and possessed a peculiar power of grasping and utilizing facts. This was markedly shown in the manuscript of his lectures, which were constantly being revised and added to from year to year.

Now, with a phonographic copy of his lectures as delivered at the Hahnemann College, and his own notes, the publishing of a clinical *Materia Medica* was proposed, and that indefatigable worker, Dr. Clarence Bartlett, was chosen editor.

The book lies completed before me,—a volume of seven hundred and fifty-two pages,—entitled "A Clinical *Materia Medica*, by Dr. E. A. Farrington."

It is a long-looked-for book. We have had wonderful productions in *Materia Medica*, but none that the beginner could see as such. This work stands alone as a work comprehensive to our college boys.

It gives the genus of a drug, its birdseye view, and its relation to the other drugs so clean-cut that the student can no longer say "any drug seems to suit any disease." The study of the action of a class or family in general is taken up so carefully and condensed so well, there is at once a character or stamp placed upon the drugs of that family which gives a few grand indications for them all never to be forgotten.

The distinguishing points in the comparisons are numerous and well arranged.

Then, again, from beginning to end his teachings are from the stand-point of a conscientious and pure homœopath; he makes no assertions without a conviction that they are true and have been proven to be such.

To the profession it needs very little recommendation, as the name it bears stamps it with genuine worth.

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VOL. III.

OCTOBER, 1888.

No. 4.

THE
Medical Institute
OF
The Hahnemann Medical College,
PHILADELPHIA, PA.

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The Case of your wines sent to me for analysis by Dr. A. L. Hummel, of the "Annals of Hygiene," containing specimens of your La Rosa Zinfandel, Mataro, Riesling, Royal Tokay and Royal Grape Brandy, has been duly received.

I have examined them for the common contaminants of wine; to wit: Sulphurous acid and sulphites, salicylic acid, fuchsin, lead salts, etc., none of which I found present therein.

I have also determined their alcoholic strength, extractives, and ashes, and found them to correspond strictly in this respect with the standard of pure and natural wines, which cannot be said of many of the imported wines.

As a native of a wine-producing country, I consider myself somewhat of a judge of wines, and regard your products as comparing more than favorably with most of the wines from abroad which are sold at higher prices, so much so that I enclose within my order for fifty bottles of La Rosa Zinfandel, which I expect to use hereafter exclusively at my table.

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L. WOLFF, M. D.,

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THE MEDICAL INSTITUTE OF THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.

VOLUME III.

OCTOBER, 1888.

NUMBER 4.

CONTRIBUTIONS.

INTRODUCTORY LECTURE

ON THE OCCASION OF THE OPENING
OF THE FORTY-FIRST ANNUAL SES-
SION OF LECTURES AT THE HAH-
NEMANN MEDICAL COLLEGE OF
PHILADELPHIA.

BY CHARLES MOHR, M.D.,
Professor of Materia Medica and Therapeutics.

GENTLEMEN:—On behalf of the Faculty I welcome you most heartily to these halls. We believe sincerely that you have made no mistake in engaging with us in the pursuit of your medical knowledge. You have entered the oldest institution of its kind in the world, and the one which has had the greatest influence in the propagation of homœopathy. Here worked Hering, Jeanes, Guernsey, Lippe, Hemple, Semple, Small, Raue, Gardiner, Williamson, Neidhard, Farrington, Dake, Helmuth, Sims, Freedley and numerous others, dead and living, whose spirit is still manifested in the teachings of their successors. The alumni of this school number 1733, a very large majority of whom are engaged in active practice to-day in all parts of the world. Our school has sent teachers into all the States in which homœopathic colleges have been

organized, and at the present time, in ten of the thirteen colleges of the United States, there are no less than fifty-seven of our graduates doing service as professors, lecturers and demonstrators. Among the best editors of our medical journals, and among the most valued contributors to these journals, will be found the names of our graduates. Of our text-books the largest number of those in use at the present time were written by alumni or by former instructors of this college. This class of authors numbers thirty-one. I remind you too that this college was the first among the medical schools of the United States to introduce that great reform in medical education—a graded course of instruction covering a period of three years.

We believe our course of instruction is as thorough and complete as any in this country, and here I am led to institute a comparison with one of the best, if not the best allopathic school known, the Medical Department of the University of Pennsylvania. I have not personally studied the roster of that institution, as I have that of our own, but I have taken the tables from an article which recently appeared in *The Public Ledger*, written by a friend

of the University, whose purpose was to show the superiority of medical instruction there, and challenging the medical schools of the country to make as favorable an exhibit.

The figures I here give show the number of hours devoted each week to the different branches of study by the University and Hahnemann students respectively :

FIRST YEAR.

UNIVERSITY.	Hours.	HAHNEMANN.	Hours.
Anatomy, . . .	17	Anatomy, . . .	20
Histology, . . .	6	Histology, . . .	7
Pathology, . . .	1	Pathology, . . .	1
Physiology, . . .	4	Physiology, . . .	3
Chemistry, . . .	6	Chemistry, . . .	10
Materia Medica & Pharmacy, . . .	5	Materia Medica & Pharmacy, . . .	3
Clinics, . . .	3	Clinics, . . .	10
Sanitary Sci., . .	1	Institutes, . . .	1
Total, . . .	43	Total, . . .	55

SECOND YEAR.

UNIVERSITY.	Hours.	HAHNEMANN.	Hours.
Anatomy, . . .	15	Anatomy, . . .	14
Pathology, . . .	7	Pathology, . . .	1
Physiology, . . .	3	Physiology, . . .	3
Chemistry, . . .	5	Chemistry, . . .	3
Therapeutics, . . .	2	Therapeutics, . . .	4
Practice, . . .	3	Practice, . . .	3
Surgery, . . .	3	Surgery, . . .	4
Obstetrics, . . .	2	Obstetrics, . . .	3
Clinics, . . .	9	Clinics, . . .	14
Phys. Diag., . . .	2	Gynæcology, . . .	1
		Pædology, . . .	1
Total, . . .	51	Total, . . .	51

THIRD YEAR.

UNIVERSITY.	Hours.	HAHNEMANN.	Hours.
Pathology, . . .	5		
Therapeutics, . . .	2	Therapeutics, . . .	3
Practice, . . .	3	Practice, . . .	3
Surgery, . . .	5	Surgery, . . .	9
Gynæcology and Pædology, . . .	3	Gynæcology and Pædology, . . .	3
		Obstetrics, . . .	8

Clinics and Hos- pital Service, . . .	17	Clinics, . . .	9
		Phys. Diag., . . .	2
		Laryngology, . . .	1
		Ophthalmology, . . .	1
		Psychology, . . .	1
		Sanitary Sci., . . .	1
		Medical Juris- prudence, . . .	1
Total, . . .	35	Total, . . .	42

You thus see that the plan or gradation of instruction is essentially the same in the two schools, and while I must admit that the term is somewhat longer at the University, this is more than counterbalanced by the breadth and liberality of our course. No provision is made for the study of homœopathic materia medica, nor for the witnessing of the application of homœopathy in the treatment of the sick at the University, whereas we teach, so far as is essential, the allopathic materia medica, and afford every opportunity for our students to attend the clinics at Blockley and at the Pennsylvania Hospital, so that they may witness the results of allopathic medication, and see the approved operative procedures in surgical cases.

How false the charge often made by bigoted allopaths that the students of our college are not taught general medicine! At the last session of the Medical Society of the State of Pennsylvania, a member declared that "homœopaths are not thoroughly informed on anatomy, physiology, surgery and other branches." This assertion was made in the face of the fact that candor got the better of one of the professors of the University, who said : "The diploma of the University, of the Jefferson College, and of every college in the land hangs in the office of *innumerable** homœo-

* Italics mine.

paths." One gentleman also stated that "in the State Board of Health, and on the Anatomical Board, homœopaths held positions alongside our own men, *without detriment*."* These remarks were followed by others not at all complimentary, but which occasioned no surprise, seeing that the discussion grew out of a suggestion by the writer of a paper "On the Proposed State Board of Medical Examiners," that the licensing of homœopathic practitioners who had passed the board successfully would somehow *be a breach of the Code of Ethics of the American Medical Association*.* How that dear old Code dethrones reason, changes hearts, warps character, and distorts the vision! For be it understood that these charges as to a lack of instruction in anatomy, physiology, etc., in our college were made by men who could have known better, and made uncontradicted in the hearing of men who did know better. Some of them had repeatedly visited our present building, by courtesy of our faculty, to get ideas for the construction of a new college building of their own, and they saw in our splendid laboratories, and in our anatomical and pathological museum, every evidence that special pains were taken to instruct most thoroughly in anatomy, histology, physiology, pathology, chemistry, surgery, etc. They knew that our Professor and Demonstrator of Anatomy are proficient in the highest degree, and members of the Anatomical Board; that our Professor of Physiology is a member of the State Board of Health; that one of our alumni is also a member of that board, and a noted surgeon withal; that another well-known homœopathic doctor of this city is a

member of the State Board of Public Charities; and that several of our faculty are furnishing quite largely of the means to publish *The Annual of the Universal Medical Sciences*, a work wholly written by allopathic practitioners. The allopaths know very well that the early teachers of homœopathy came directly from their own ranks; that the fundamental branches are not neglected, and that homœopaths of the present day are alive to all the modern advances in medicine. The plea is made that recognition by the American Medical Association would not be withheld if we did not call ourselves homœopathists, but the truth of history is that Hahnemann and his immediate followers were hounded and ostracized before a school of homœopathy existed, simply because Hahnemann was a thinker, was imbued with a scientific spirit, developed a therapeutic principle long known, dared speak the truth, and relegated to the "limbo large and broad" drug compounds and doses that were jeopardizing the health, if they were not actually causing the death of thousands.

If homœopathists would yield to the ardent, though unexpressed wish of the allopathists, and call their method of drug treatment "substitutive medicine," with Trousseau, or "specific medication with small doses" with Ringer, and drop the term designed by Hahnemann, doubtless all would be forgiven and forgotten, and they would be taken into the fold from which they were driven, and compelled for self-protection to organize their colleges, societies and hospitals. *The Public Ledger* hits the nail squarely on the head when it says editorially, as it did on this subject some time ago:

* Italics mine.

"The attitude of the American Medical Association has not shown that it is so ardently devoted to discover truth, as that it persistently inclines to close certain avenues by which certain truths might enter." *The Times*, speaking on the same subject, says: "Meanwhile the homœopathist quietly pursues his way, availing himself of the advance in knowledge, and the public, perceiving that he is not the hide-bound ignoramus he is represented, and caring little for professional ethics, looks on him with favor."

I have thus far shown you that homœopathic physicians are as well versed in the matter of general medicine as are allopathic physicians, and I have intimated that there is something besides which gives them their distinctive title, and to this I now ask your attention. Among the giants in the practice of homœopathy it will serve my purpose to mention only Hahnemann. He had a knowledge of all the known sciences pertaining to medicine in his day, was a distinguished graduate of the old school, and was highly esteemed by Hufeland and other allopaths. His thorough medical training, his liberal education in other fields of learning, contributed largely to his success as a practitioner of medicine, after he had thrown off the shackles of the old school; but it was his close and persistent study of the effects of drugs on the healthy human body, and his belief in the efficiency of drugs to cure disease when applied according to settled principles, that enabled him to win a world-wide reputation as a most excellent physician.

Some have claimed, and do yet claim, that the phenomenal success of

homœopathists with their patients is due to non-interference with medicines, and a strict adherence to hygienic and dietetic measures. But it is not so, as has been proven by the celebrated test treatment of pneumonia in the Vienna hospitals, where the mortality rate under the homœopathic treatment was only 6 per cent., while under the non-interference or expectant method the mortality was 7.4 per cent., and under allopathic treatment reached the large percentage of 20.5. The test also demonstrated that the duration of the disease under homœopathic treatment was but 12 days, while under the non-interference and allopathic treatment the duration was respectively 28 days and 31 days. And so the experience has been in other diseases in hospitals and private practice, and in epidemic diseases all over the world. The secret lay in the fact that medicines were applied according to the homœopathic principle of selection, *similia similibus curentur*, or in plain every day English, *that likes should be treated by likes*.

Be it remembered that Hahnemann was not the first physician to enunciate the doctrine of the similars, nor the first to suggest the proving of drugs on the healthy—he made no such claim, and none such is made by his followers. Hippocrates and other early physicians had spoken of diseases successfully treated by similars; William Alexander, an Edinburgh surgeon, had proven drugs before 1768; Albrecht von Haller, whom Hahnemann speaks of as "great and immortal," had said in the *Pharmacopœa Helvetiæ*, published in 1771: "In the first place, the remedy is to be tried on the healthy body, without any foreign substance mixed with it." In 1793, Samuel Crumpe, an Irish physician,

also insisted that "drug effects can be more clearly ascertained in a state of health than when complicated with the symptoms of disease." It was Hahnemann, however, who made the chief business of a long life the ascertaining of the pure effect of drugs, and the development of a *system of therapeutics*, termed by him *homœopathic*. In 1810 he published his *Organon of the Art of Healing*, issued only after years of patient toil, and under the most adverse circumstances, and in this he is more exact than any who had preceded him in rules for drug provings. I quote from the fifth edition :

"If, for the purpose of investigation, drugs are given only to sick persons, even if administered singly and alone, little or nothing of a definite character will be seen of their pure effects, because the changes of health which these drugs may produce are so mixed with the symptoms of the natural disease as to become obscured."—} cvii.

"There is, therefore, no possible way of obtaining reliable knowledge of the peculiar effects of drugs on the health of human beings; there is no more natural way than to administer the several drugs, separately, in small doses, to healthy persons, in order to ascertain what changes, symptoms, and signs of their influence each individually produces on the health of the body and mind, or in other words, what elements of disease they are able and tend to produce."—} cviii.

It is not denied by subsequent writers of the allopathic school that Hahnemann was right, for Pereira says: "The homœopathsists assert, and with truth, that the study of the effects of medicine in the healthy state is the only way of ascertaining the *pure* or *pathogenetic* effect of medicines—since, when we administer our remedies to invalids, the symptoms of the natural disease, then existing, mingling with those which the medicinal agents are

capable of producing, the latter can rarely be distinguished with any clearness or precision." And coming down to a later period Wood, in his *Treatise on Therapeutics*, says: "Experiments made with medicaments upon the lower animals, or upon healthy human beings, is the only rational scientific groundwork for the treatment of disease."

Amid the detractions and abuses heaped on Hahnemann and homœopathsists it is refreshing to find, as we do occasionally, a word of praise of him and the system of therapeutics we advocate by a physician of the old school. In Dr. Rogers' *Present State of Therapeutics*, after referring to Hahnemann's well-known experiments with cinchona bark and other drugs, we read: "*Similia similibus* became the basis of his therapeutics, and although the principle was not a new one, as it had been frequently referred to by medical men since the time of Hippocrates, yet it must be confessed that in his hands it received a far greater, and in some respects more scientific, development than any of its former supporters—even Stahl, the Dane—had ever attempted to give it. The seeming simplicity and completeness of the principle are admirable. If true, it contains within itself a complete system of therapeutics: *To find a remedy for any given case of disease, it is only necessary to discover a drug that can produce in the healthy individual symptoms similar to those of the disease to be cured.*"

Notwithstanding the agreement between the writers of the two schools as to the only rational method of determining drug action, allopathists depend mostly on experiments on animals, and strangely ignore Hahne-

mann's *materia medica*, which records the pure effects of drugs on man, though many therapeutic applications of drugs which originated in the homœopathic school have found their way into the old school text-books issued by Phillips, Ringer, Brunton, Bartholow and Wood.

It was Hahnemann's mastery of the *materia medica*, and his application of the homœopathic principle, that enabled him to treat 183 cases of an epidemic fever which ravaged Germany in 1813—after the great war had rolled away over the Rhine—without losing a single case, although hundreds were dying under old-school treatment. And in 1831, when cholera invaded Europe, Hahnemann had declared, before he had seen a case of the disease, that *camphor*, *cuprum* and *veratrum* would prove curative agents if properly used, and his predication proved true. The success of those physicians who heeded Hahnemann's indications for the use of *camphor* was so extraordinary that the Austrian Ministry repealed the law prohibiting the practice of homœopathy.

But, say you, Hahnemann did all these things because he was a *genius* in medicine. Admitting that he was a genius, his genius counted largely, and I may say almost altogether, because of his faithfulness to little things. Genius in any calling is of little use unless attention is paid to details. Take, for example, the work of those great painters, Raphael, Rubens and Rembrandt. They were geniuses in art, but their perfected and glorious works grew little by little, as sketches of groups of muscles, of eyes, and of other detached parts of the human face and form, exhibited in the corridors of the great art galleries at Rome,

attest, the finished marvels of their brushes being witnessed in the galleries above.

Physicians are too prone to depend on the labors and experiments of others for knowledge. This must necessarily be the case in many instances, but I beg of you to remember, if you would become especially skilled in your calling, to neglect no opportunity to acquire knowledge by self experiment. Hahnemann profited largely by his reading and his study of the works of others, but he was not satisfied to get his *materia medica* second-hand. He experimented with drugs on his own person, and it was this fact that gave him the keen insight he possessed of their peculiar effects, and enabled him to cure cases which baffled the efforts of others. I urge you, gentlemen, to make, as far as possible, your own *materia medica* by provings on your own bodies. How these provings should be made, what care you must exercise in determining what is drug effect, how the effects should be recorded, etc., will be my particular business to teach you. In *materia medica* our college has always stood preeminent. Hering, the greatest prover next to Hahnemann, spent the best portion of his grand life in the chair of *materia medica*; and here, too, were found the indefatigable Hemple, the unconquerable Lippe, the ardent and keen-sighted Guernsey, and last, that paragon of *materia medica* teachers, Farrington. Surely, gentlemen, you have incentives enough to work, and it will depend upon you and succeeding classes to preserve the enviable reputation our school has made. But let me remind you that a knowledge of drug symptomatology, however profound, will not alone suffice to

make you healers of the sick ; like Hahnemann, you must be good physicians, good chemists, good anatomists, good physiologists, good pathologists, good psychologists, good hygienists, if you would have any great measure of success, and so, in conclusion, let me urge you, with all the earnestness I can put into words, to give heed to the instruction of every chair, and to be alive to every advance in medical science in this wonderfully progressive age.

OUTLINES OF THE HISTORY OF MEDICINE.

*Abstracts from A Lecture Given before
the Students of the Hahnemann, Jr.
Medical College of Philadelphia,
September 26, 1888.*

BY E. M. HOWARD, B.S., M.D.

- Bibliography. { Dungleson's Practice of Medicine,
Matson's Medical Profession in Ancient
Times,
Scott's Lectures,
Renquard's History of Medicine,
Peters and Snelling's Practice of Medicine,
Ameke History of Rome.

In one short hour, I can at best give you but a very imperfect picture of the medicine of the ancients. A complete medical history would, indeed, be co-extensive with the history of the human race.

Beginning undoubtedly with the first man, who must have sought relief from bodily ills, down through all the ages, amongst all races of mankind, can be traced fitful searches for remedies to cure human ills, and more, from earliest times there have been earnest endeavors to discover some way of escaping *altogether* from that universally dreaded, but ever certain event death itself.

Interesting as this history is, we shall find it many times a sad one. In its earliest ages, it was for the most part a history either of superstition or wicked cupidity. There has ever been a blind search for specifics and cure-alls, and an intermingling of fanaticism with dreams and theories. Its earliest literature is but a chaos of disjointed facts, coupled with error and superstition. With only here and there, a glimpse of those eternal laws which govern the universe.

I question if any other art or science has found so many unscrupulous or misguided followers. Here and there have appeared noble and brilliant minds which have labored, and studied unselfishly for the good of mankind, but I am sorry to say that in the past there has ever been an element of arrogant assumption and bigoted egotism seemingly inseparable from the medical profession, which has ever hindered the march of progress, and fought most relentlessly against every innovation, and in the present is still found casting its foul blot upon the noblest of professions, as witnessed by the arrogant claim of one medical body to be the repository of all medical knowledge, or by the egotistic assertions of individual practitioners that their peculiar methods are superior to all others.

To avoid all this in our professional lives is the lesson which I hope the study of the past will teach us. And more than this, if we rightly gather out of the vast storehouse of the past, the golden treasures which may be found there, we shall give breadth to our minds for the better understanding of medical truths, the more careful sifting of medical theories, and learn, I trust, to have greater respect for the

honest opinions of all those who may differ from us in medical matters.

Heathen mythology considers "Bacchus" the son of Jupiter, and the god of wine, as the author of medicine.

Ham the son of Noah has been honored with the same distinction. Both of these characters may, however, be safely charged with having been instrumental only in promoting the greatest evil of our race, intemperance. And have no further connection with the history of medicine.

The most ancient medical theory was a simple empiricism, viz. : When certain remedies were found, or supposed to be, beneficial in any given case, the conclusion was reached that such remedies would prove equally efficacious in all similar cases. Acting upon this principle, it became the custom among the ancient *Egyptians* and *Babylonians*, to expose their sick in the market places, where they might receive the advice of those who passed by in the hope that some one would come along who had been cured of a similar trouble. This was the first unfolding of medical science.

A little later, we find the *Egyptians* enacting laws compelling all persons cured of any important disease to go to the temples and there register their symptoms, and the remedies supposed to have been successful. The temples at Memphis became the principal depositories of these inscriptions, which were kept with the greatest care and were accessible to all persons. In this way a vast amount of material has accumulated. Thus far, you perceive there were no men devoted especially to the practice of our art. But it would be easy to predict, that it would not be long before certain men, who had more leisure or inclination would

make themselves acquainted with these records and become prescribers.

A subject so mysterious as disease naturally became associated with religious ideas. The places where these records were kept, the temples, did not lessen his connection. Further than this, it was but natural that the priests, the persons who had charge of the records, should be looked upon as and should really be the most thoroughly posted in these matters ; hence, it came to pass that the priests became the prescribers, and in due course of time assumed the exclusive knowledge of the art. This fact would not have been so bad, since the priests were the most learned class of that age, had it not been for the peculiar superstition, which attributed to the anger of the gods, all failures from their treatment and the belief that such anger could only be appeased by mysterious incantations. The natural effect of this way of thinking, was to check all progress in medical knowledge.

In time these records and inscriptions were collected into one medical code called the Sacred Book or Book of Hermes, from the directions of which the priests pledged themselves never to vary. If patients so treated were fortunate enough to recover, well and good ; but if the patient was so ungrateful as to die, the priests were still blameless, since death was due to the anger of the gods. The observance of this cast iron code became so strict, that any priest who dared to depart from it, was punished with death, if his patient should die.

In still later times, a little latitude was permitted after the fifth day, if there had been no relief from the prescribed treatment.

Is it not strange that after the lapse of more than 4000 years, we should still find a large medical body actuated by virtually the same spirit, since they punish with exclusive ridicule and scientific death, all who dare to think and act outside their prescribed code. The old school claims great antiquity, and it is certainly entitled to it as regards this spirit of dogmatic assumption. Medical liberty has had a much slower growth than either political or religious freedom.

We must now turn to Greece to find the next phrase of our history. Greece having been colonized by the Egyptians, fell heir to their medical knowledge. By this transfer to a new country, under new conditions, the way was provided for some progression.

The first man whose name has come down to us, who has become distinguished for his cures is *Melampus*, who lived about 1400 B. C. He became particularly celebrated for his cure of the daughters of King *Phætus*, which he did by the use of *Helleborus Orientalis* and received for his service, two-thirds of the kingdom and one of the daughters in marriage.

This was the origin of the use of *Hellebore*, a remedy which was extensively used by the ancients, but fell later into disuse, but was finally rescued from oblivion by the industry and learning of *Hahnemann*.

Coming down to about 1300 B. C., we find the name of *Chiron the Centaur*, who was renowned for his treatment of ulcers, and is supposed to have taught all the Trojan heroes the art of medicine and surgery.

Next we find the name of *Æsculapius*, the god of Grecian medicine. Concerning him, we have no authen-

tic history. He is supposed to have had four daughters, the names of two of them, *Hygiea* and *Panacea* have been preserved to the present time.

Whether or not, such a personage ever existed, there was very early established, a priesthood, which honored him as their father, and temples were erected in his name.

The worship and medicine of the *Asclapiadæ*, was modelled after the Egyptian priest, *Lore*, whence it was directly derived. The temples, were, however, devoted more to medical than religious purposes. The first temple was erected fifty years after the Trojan War (1100 B. C.) They were always located in healthy and salubrious situations, by the seashore, in the mountains, or by thermal springs. At one time, it is said, that there were more than eighty of these hospitals in Greece alone.

The advance of medical knowledge among the *Asclapiadæ* was slow. Here and there, a little light would dawn upon some mind, and many names have come down to us, but few will interest us. Perhaps the most noted was *Dioscorides*, who is supposed to have been the trusted physician of *Cleopatra*. He wrote a complete treatise upon *Materia Medica* in five volumes, and was the first to group medicines according to their therapeutical effects, and was the first to mention the use of mineral medicines.

The next noted name we meet, is that of *Pythagoras*, who flourished 500 years B. C. He is said to have spoiled a good physician by becoming a profound philosopher. He is the man who first promulgated the theory that the sun was the centre of the universe, around which all the planets revolved. A theory that was not ac-

cepted as true for 2000 years. He is noted medically, chiefly for calling attention to the critical days of diseases, and for having been the first to visit patients at their homes. Although revered because of his purity of character and teachings, he mixed up so much of mysticism with his medical practice, that he seems to have hindered rather than helped the advance of medicine.

We now approach that most wonderful era in the world's history, the age of Pericles, an age celebrated for the earliest historians, great dramatists, most profound philosophers, ablest generals, noted architects, painters and sculptors, the time when such men as Socrates, Plato, Sophocles, Æschylus, Euripides, Herodotus, Thucydides and Demosthenes, were stimulating the world's thought.

In such an age, we would naturally expect the appearance of some equally brilliant mind in the medical world. Four hundred and sixty years B. C. was born, such a man, *Hippocrates*, the great and good, the prince and father of real medical science, an equally brilliant man to the wonderful galaxy just enumerated.

He was born and bred one of the *Asclapiadæ*, and was the first to cast aside the superstitions and snake jugglery of the priest physicians, and to base the practice of medicine upon the principles of inductive science. To him must be accorded the honor of directing exclusive attention to the natural history of disease. He was the originator of clinical medicine. His descriptions of diseases are unrivaled at the present day. His works are full of careful studies in sanitary science. He was the first to hint to

the facts which might be learned from percussion of the chest.

His therapeutical principals were liberal and broad. He says: "Diseases are sometimes cured by contraries (antipathic), sometimes by similars (homœopathic), and sometimes by remedies which have neither similarity nor antagonism (allopathic)."

There are eighty-seven treatises among the Hippocratic writings, although some of them may have been written by his disciples. He wrote with the modesty and truthfulness of a true philosopher, drawing his inspiration from the simple study of nature, and his writings may be still studied with profit. For 500 years after Hippocrates there was no great medical leader. The downfall of Grecian supremacy put a stop to all progress. All the mental activity there was manifested by wanderers from Greece who went into Egypt and Arabia.

In Egypt two men have become distinguished as the first who were allowed to dissect human bodies; their names were *Herophilus* and *Erasistratus*. This event occurred during the reign of Philadelphus, 304 B. C.

Just before the dark ages shut down upon the world, another great medical leader appeared. *Claudius Galen* was born 131 A. D., and settled at Rome in 163.

His was another brilliant mind. Finding the medical world divided into many sects, he broke loose from them all, and marked out for himself a new course. His sole medical theory was that diseases will be cured by contraries (contraio contrarius curantur), in other words, he was the father of the antipathic school. Despite the great prejudice against human dissections, he became the

greatest anatomist of antiquity. By his habits of faithful observation, dilligent dissections and accurate descriptions, he gave the science a degree of importance and stability, which it has retained through the lapse of centuries. His teachings became the regular practice and teachings of the medical schools for the next 1400 years.

The dark ages was a period particularly dark to the science of medicine. For 1300 years there appears but one name of note, an *Arabian author*, *Avicennala* (1020). Medicine again falls in to the hands of another priesthood, as the Catholic priests were the only persons able to read the Greek and Roman authorities, they gradually became the practitioners and eventually elevated the teachings of Galen to an infallibility equal to that of the teachings of the Pope.

After Luther awakened the world with his great religious reformation. Another medical giant arose *Theophrastus Von Hohenheim*, better known as *Paracelsus*. He broke away from the tyranny of the priest physicians and became very celebrated for his cures by the use of mineral remedies. He met the most terrible opposition and persecution from the Galenical priest physicians, who styled him the Prince of Quacks. He boldly opposed the antipathy of Galen, and announced that the opposite was true, *similia similibus curentur*.

The real question, however, between Paracelsus and his opponents, was whether the wholesale blood letting purgings by Senna, &c., of the Galenical doctors, or mercury, lead, antimony, sulphur and opium of Paracelsus, were the better and the more successful remedies.

Unfortunately Paracelsus was so intolerant and egotistical, that he lost the respect to which ability would otherwise have entitled him, and finding himself shunned by the better classes of society, he sought the lower, became addicted to intemperance, and died from its effects.

Its was 300 years before his mineral remedies were admitted to the regular profession and his abilities recognized.

It was during the years just preceding this, that surgery began to be practiced as a separate profession. In 1235 the Pope forbade the priests to practice blood-letting. This encouraged the growth of a class of men who threatened to rival the priests as skillful physicians. The priests fought the new surgeons bitterly, and in order to degrade them, encouraged the barbers to perform simple surgical operations. In this way arose the "Barber Surgeons," concerning which so much has been written, and whose practice has given the striped pole as the barbers sign ever since.

It was about this time that the apothecary began to be known as a distinct profession.

In 1514 there was born a man destined to become distinguished in the history of anatomy. *Andrew Vesalius*, whose likeness is engraved upon the certificate of practical anatomy granted by this college. He was a Frenchman by birth, but owing to proscriptions against dissections, pursued his anatomical studies chiefly in Italy. He advanced practical knowledge upon this subject to such a degree, that he is denominated the father of anatomy. Before he was 28 years of age, he was teaching anatomy in Italy, and had completed the first systematic work on human anatomy.

He was soon after called to be court physician to Charles Fifth, where he was bitterly opposed for his challenge of the facts and writings of Galen. He lost his position by reason of the superstition of his countrymen in regard to dissections, and lost his life by a shipwreck while on a pilgrimage to the Holyland.

The ever widening spirit of Luther's reformation now brings into prominence a host of names which will ever have a place in the history of medicine. Chemistry begins to take its place as a science. New investigations are pushed in every direction, medical theories come and go with great rapidity, until finally towards the end of the seventeenth century comes the immortal *Hahnemann*, who helps with Galen and Hippocrates form the noblest trio of medical history.

DERMATITIS CALORICA.

BY EDWARD M. GRAMM, M.D., PHILA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania.)

The various text-books on dermatology devote an article to the description of *dermatitis calorica*, by which name they designate inflammations of the skin which are the results of the extremes of heat and cold, comprising in the list the effects of the sun, burns, and chilblains.

It seems to me that the erythema and dermatitis produced by the direct rays of the sun would best be designated *erythema* and *dermatitis solaris* respectively, while burns belong to the domain of surgery, and chilblains can best be described under their accepted title *pernio*.

Kaposi states that an idiopathic dermatitis can be produced by "powerful dynamic and temperature influences," styling the class of diseases produced *dermatitis dynamica et calorica*. He, however, does not describe any group of lesions which are consequent to long-continued hot weather.

The summer which has just passed has been exceptional in regard to the long time during which a very high temperature prevailed. During and immediately after that time a series of cases came under my observation, which are unlike any laid down in the text-books, and to which I would restrict the name *dermatitis calorica*. I have treated a total of twenty-six cases, and will proceed to give a general description of their characteristics.

Dermatitis calorica, then is an inflammation of the skin produced by long-continued hot weather, characterized by the appearance of vesicles, pustules, or papules developing into small furuncular lesions, unaccompanied, as a rule, by subjective sensations and running its course in about six weeks.

There are three varieties of the disease, a vesicular, a pustular and a papulo-furuncular variety. If the disease presents vesicular lesions, such only will appear until a cure results; and the same is true of the other varieties, each presenting uniform lesions.

All three forms are similar: 1st. In that they only or principally affect uncovered parts, and particularly the face. 2d. In their duration, about six weeks. 3d. In producing but slight subjective sensations or none at all. However, pain from contact may be present.

The vesicular variety usually appears suddenly as a vesicular eruption, the

lesions varying from the size of a pin-head to three-eighths of an inch in diameter, and are peculiar in being very superficial. They are usually discrete, but here and there a number may coalesce to form the large ones. They are not surrounded by an infiltrated (inflammatory) areola, but are accompanied by erythema of the skin or many miliaria vesicles. Slight itching may occur, but it is never severe. In all the cases that I have treated I have been able to satisfy myself that the parts affected were uncovered prior to the attack.

The vesicles contain a limpid or pale yellow, watery fluid which distends them thoroughly and causes them to project above the niveau as dome-shaped or slightly irregular, firm lesions.

About a week after the onset of the disease the majority of the vesicles will have developed, and about a week later the affected area is involved in a general desquamation, the erythematous portion of the skin also desquamating. This desquamation is generally completed in a week or two, and leaves the skin in a normal condition. This is the mildest variety and rarely lasts longer than four or five weeks.

CASE: Mrs. McN., æt. 35, came under observation on July 23d with the following history. She sleeps in a room which faces the south and west and which has but one window. During the night of July 17th an eruption appeared on the face, neck, between the mammæ and the portion of the chest above them, and on the arms and hands. On the arms it is worse on the flexor side. She is in the habit of sleeping with the sleeves of her night dress rolled up, and leaves it open in front, where the eruption appeared.

The eruption consists of vesicles about twice or three times the size of the ordinary miliaria vesicles, situated upon an erythematous skin. Among the smaller vesicles there are a number of bullæ varying in size from one-quarter to one-half inch in diameter, all of the lesions jutting prominently out from the surrounding skin. They contain an amber-colored fluid. Slight burning and itching sensations are experienced. The vesicles are discrete.

The general symptoms indicating it she received bryonia. On July 27th she reported the burning and itching gone and a feeling of general improvement. Some of the original lesions are desquamating and others have increased slightly in size.

On August 5th the eruption was disappearing rapidly and desquamation still going on.

On August 19th, desquamation was about completed, but the skin of the affected area was still slightly reddened.

The pustular variety shows a predilection for the face, and manifests itself as prominent semi-globular pustules about $\frac{1}{8}$ inch in diameter. The pustules are always discrete, and appear successively until the attack is over. On disappearing they leave a slight scar but no redness or desquamation, which is the case after impetigo. Their contents are of a bright yellow color, and they manifest no tendency to spontaneous rupture. They are slightly sore to the touch, but cause no spontaneous pain.

This variety frequently has attacks of miliaria appearing intercurrently with it; but the latter disease runs its usual course, occupies its usual site, and presents its usual subjective sensations.

CASE : Mary K., æt. 3, was brought to the dispensary on July 22d, suffering from a large pustular eruption. Five weeks ago it appeared on the face, which is well peppered with discrete pustules about $\frac{1}{8}$ inch in diameter, each one being elevated above the general surface a like distance. They have bright yellow contents, are well distended, and have a slight red areola. On the back and arms she has a few similar lesions.

Where the first set of lesions have occurred, a slight pin-head sized scar remains.

She has no eruption upon the hands, and none of the children who have come in contact with her have contracted a similar disease, which would occur were the affection impetigo.

Her general symptoms indicated sulphur, which she received, and on July 29th, she was again brought to the dispensary, presenting no new lesions, and the old ones were gradually disappearing.

The papulo-furuncular variety affects the face, almost exclusively the forehead and eyebrows.

When the lesions first appear, each does so as a large papule which gradually increases in size until a very superficial furuncle, varying from $\frac{3}{8}$ to $\frac{3}{4}$ inch in diameter, is produced. The superficial character of the lesions gives them a peculiar rounded shape and an immunity from spontaneous pain. Pain from contact, can, however, be produced.

The neck may present a few of the disease manifestations.

When each furuncle has attained its full size it ruptures and discharges a copious yellow pus, with some blood, and goes through all the retrogressive changes of an ordinary furuncle. The

resulting scar is not so deep as that produced by a deeper-seated pus formation.

Children are principally affected by this variety, although adults do not present an immunity from it.

It runs its course in about six weeks, and is not accompanied by marked constitutional disturbance, although as many as half a dozen or more lesions may be preset at one time.

CASE : Alice N., æt. 4, came under observation July 22d. About ten days ago a number of large papules, which have gradually developed into variously sized furuncles of a semi-globular shape, appeared on the face. The greatest number are on the right side. She has some spontaneous pain, made worse from touch. Both upper and lower lids of the right eye are cedematous from a furuncle having developed above and slightly to the outside of the outer canthus.

Some of the characteristic symptoms of arsenicum being present, she received that remedy, and on July 29th the eruption looked very much better. Some of the old lesions had ruptured and are now undergoing involution ; while others, which were large papules when she was first seen, are now furuncles. Much blood was discharged with the pus that escaped from the ruptured lesions.

She was seen at intervals until August 19th, when the record states that the lesions were almost healed and she was much improved in every way. She remained under arsenicum during the continuance of the treatment.

I will not enter upon the differential diagnosis of the disease, as the symptoms of apparently similar affections may be found in any text-book on dermatology.

In conclusion, then, the characteristics of the diseases to which the name dermatitis calorica should be restricted, are :

1st. Its development after a long continuance of hot weather.

2d. Its superficial character and practical freedom from subjective sensations.

3d. Its predilection for uncovered parts, in contradistinction to miliaria, which selects covered regions, and frequently appears as an intercurrent disease with the one under consideration.

4th. The uniform character of the lesions which each variety presents, i. e., vesicles, or pustules, or papulofuruncles.

No local treatment was used in combating the affection. Arsen. and sulph. were most often indicated in the cases that came under my care, each being administered alone in the case to which it was suitable.

CALCAREA IN RENAL COLIC.

[The following case, reported by Dr. O. S. Haines, shows that pain, even when produced by a mechanical obstruction, may be relieved as effectively by the indicated Homœopathic remedy, as by morphia and other dangerous palliatives.—ED.]

TO THE MEDICAL INSTITUTE :

I was called by a gentleman aged 55 nearly "beside himself" with violent pains, which starting from the region of the right kidney, passed downwards into the hypogastrium and into the right testicle which was retracted close to the external ring. He tossed and groaned, apparently in agony. Inquiry elicited the fact that such attacks occurred yearly or oftener. He had frequent desire to urinate, ac-

companied by pain in the glans penis ; urine, scanty, dark, and smoky. His former attacks had been relieved after some hours by hypodermics of morphia. He said he was willing to try the homœopathic remedy, provided I would come around before midnight with my hypodermic syringe, to relieve him in case that failed. I left him a few drops of *calcarea carb.* 30, in a half goblet of water, directing his wife to give him teaspoonful doses at intervals of fifteen minutes each until relief began, then at longer intervals.

Result : After a few doses the pains gradually decreased, so that in half an hour he was easier and in an hour was almost free from pain. Every time the pain increased a teaspoonful of medicine seemed to relieve it.

I went around about midnight, but there was no occasion for using an anodyne. About one week after this attack, the patient began to experience a "straining or urging," as if he wished to urinate ; this sensation was referred to the end of the penis and continued even after urination, *Cannabis* relieved this, and three weeks later he passed, during micturation, a calculus $\frac{1}{4}$ inch long and $\frac{1}{8}$ inch wide, consisting of a uric acid centre covered with fine phosphatic crystals. Since the passage of the calculus leaves no doubt as to what caused the pain, this experience strengthens our belief that *Calcarea. Carb.* will relieve *Renal Colic.*
O. S. HAINES.

A SINGULAR CASE IN OBSTETRICAL PRACTICE.

Physicians and students of medicine have the various Physiological and Pathological conditions of the human system so thoroughly explained in

our text-books that there should be but little difficulty in recognizing all these conditions when typically brought under our notice, but in actual practice we meet with numerous cases which are not so readily recognized, and we must use our own thought and judgment in explaining various conditions and becoming enabled to properly treat those whose lives are entrusted to our professional care. Sometimes a correct judgment may be of great advantage to our patient, but quite as frequently the mere theory and proper knowledge of the disease is of but little use to the physician, but a thorough knowledge of our *materia medica* will enable him to quickly restore health to suffering and diseased patients. Notwithstanding this fact it is pleasant to theorize and explain to our own minds at least various phenomena that come under our notice, and although of no apparent utility in the treatment of individual cases it may be of service to us in other similar cases, and as such I will give a brief history of a singular case that came under my own observation some time ago. My patient, a young married lady, who had been under my care for several years before marriage, had me called in to attend her in childbirth. She was a remarkably well built and well proportioned lady, about 23 years of age, rather tall and weighing 150 pounds. Labor began at about five o'clock in the morning, and pains were quite regular, but very severe throughout. A certain rigidity of the parts called for medicinal interference, otherwise I merely depended on nature to relieve her. After the os had become thoroughly dilated I observed that there was very little or no amniotic fluid in front of the child's head,

and when the sac became ruptured there was apparently no escape of the fluid. I observed to her mother, who was present, and who was an old nurse, that I expected she would have plenty of water after the delivery of the child, as the patient appeared to be so very large. The pains continued to increase in intensity, and as the child appeared to make but slow progress I finally applied the forceps and delivered her of a ten-pound child, but, contrary to my prediction, there was no escape of fluid, neither was there any after the delivery of the placenta which came away in a short time. Both the mother and myself were very much surprised at this completely dry labor, and were unable to account for the entire absence of amniotic fluid, especially as she had appeared to be so very large before delivery. I remained with my patient for some time after the delivery, but as everything appeared to be all right I finally went home and did not return till the next morning. When I called the mother met me with the exclamation, "Oh, Doctor, we had a regular flood last night, or rather this morning!" Upon closer inquiry, she told me that the patient was very quiet, and she was attending to some duties around the room when there was a sudden gush of water, which saturated the bed and clothing, that it had come without any apparent warning and was unaccompanied with any pain or any bad after effects. Of course the Doctor was expected to explain where this water came from, why it had not escaped at delivery, etc. I immediately formed my theory, and explained to the nurse and mother what I then thought, and still think, was the condition which produced this singular

phenomenon. I told them that the mother being very strong and healthy, and the os being rigid at the beginning of labor, the pains were unable to force the os open, but they gradually detached the placenta and the violent contractions of the muscles of the uterus caused it to contract just above the child and placenta, forming what was known as an hour-glass contraction, leaving the child and placenta in the lower portion and the amniotic fluid in the upper portion thereof, that by the time of delivery this contraction had become complete and remained so for several hours after the lower portion had been emptied, but finally there was a reaction, the muscular contraction gave way suddenly and the fluid came away as above stated. This of course is merely my theory, and whether correct or not was of no benefit to the patient, as she made a rapid and perfect recovery, and has enjoyed perfect health ever since. I have had hour-glass contractions in other cases where the placenta has been caught in the contracting portion of the uterus and badly ruptured; these have always caused most alarming hemorrhages, and prompt treatment by introducing the hand and forcing open the contraction so as to remove the placenta has been the only means that I could use to save the lives of my patients; but in this particular case, if my theory is correct, the contraction merely having the fluid in the upper portion caused no ill effects when it gave way and the patient progressed to a happy recovery.

GEORGE W. SMITH, M.D.

TAKE notice, the new antipyretic is called Methyl-Tri-Hydro-Oxy-Quinoline-Carbonate of Sodium.

QUERY.

"Severe, prolonged or repeated facial neuralgia sometimes leads to an increased growth of the eyebrow."—*Fothergill.*

There is a patient in our hospital who has suffered much from neuralgic pains in the right thigh and since the onset of the affection (which is of recent date) the thigh has become thickly covered with hair, while the non-affected thigh is comparatively free from such a growth. It may be a question whether this growth is the result of the neuralgia or of the stimulation to the hair bulbs by the rubbing which was resorted to in attempting alleviation.

T. L. M.

SPECIAL NOTICE.

At the "eleventh hour" we have found ourselves able to make some changes in this number of THE INSTITUTE. Our readers will notice that we have improved the quality of the paper, have used a much better style of type, that we have increased the reading matter proper and reduced the advertisements (and at no time in the future will the latter exceed the former, as they have heretofore done), that we have given the table of contents a more suitable place, and that, finally, we have a neat and attractive cover for the whole. Many other important changes will be made from time to time.

We are pleased to say that we may add to our list of contributors Dr. Noah Martin and Dr. Geo. W. Smith, neither of whom need an introduction to our readers.—[ED.]

FRESHMEN study your Histology, and Juniors keep your eye on Dr. Van Lennep.

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EDITORIALS.

SALUTATORY.

The present session promises to be one of the most successful in the history of the Hahnemann Medical College, and we hope that a fair measure of this additional prosperity may accrue to the representative journal of the College, the MEDICAL INSTITUTE. If this hope be not realized, it will be due to no lack of effort on the part of the present editors. It is their desire to make the journal not only a worthy representative of the College—and therefore of interest to the friends, alumni, and students of the same—but also to make it a compendium of valuable information to all whom it may be privileged to number among its friends. Ample space will be given to articles representing personal research, with the reservation that Pope's rule for words,—

“Be not the first by whom the new is tried,
 Nor yet the last to lay the old aside.”

be excuse for any hesitancy that may

be shown in presenting them. Theories, like bubbles are easily “blown,” and after a brief period of brilliancy may burst in upper air or fall to the ground.

The other departments of THE INSTITUTE will also receive careful supervision, and any improvements, radical or otherwise, that come to the notice of the editors will certainly be made.

This number of the INSTITUTE must not be regarded as fairly representing it, for, owing to a contract with its publishers, none of the much-needed changes can be made until next month, at which time the typography, paper, and general appearance of the journal will be improved.

Finally, during the year, articles of special interest will be contributed by Doctors W. C. Goodno, Chas. Mohr, W. B. Van Lennep, Pemberton Dudley, and others who, like those mentioned, are widely and favorably known, not only as successful practitioners and teachers, but also as able and unprejudiced writers. *A more definite prospectus will appear later.*

With this short announcement THE INSTITUTE brings a greeting to its friends and patrons, and asks for a continuance of their friendship and patronage. It hopes moreover to merit the approval and support of any Homœopathic physicians to whom the above terms may not, at present, apply.

MARCH AND COUNTERMARCH.

It is interesting to note with what degree of fluctuation the medical profession proclaims its tendencies in the same direction at different times. Ideas on certain subjects change almost as fast as the years. In fact the student of four or five years ago is far

behind the times on such subjects unless he has followed them persistently. Professors taught him theories which to-day are virtually exploded. Theories now advanced will probably be almost unheard of in but a few years. The ordinary practitioner must be a man who reads regularly the leading medical magazines in order to be strictly up to the times.

We have in the germ theory an example of this very point. Not many years ago almost *every* disease was thought to be produced by germs. The air was supposed to be pregnant with *living* molecules, which were divided into almost as many orders and tribes as there were diseases. They had the power of reproduction in a marvellous degree. To breathe air containing but a single one of these minute organisms would entail disease. The germ multiplying in the body would produce the ailment of its kind. When this theory was at its height the entire school of medicine was its enthusiastic supporter. To-day, however, this extreme view is held by very few persons. The germ theory is now, perhaps, placed at too low an estimate by some medical men. We know by reputation many, among the most prominent, who discredit the theory by accepting nothing unless proved. They acknowledge but a few diseases as produced by germs.

We note antipyrine and antifebrine as drugs which but a short time ago "could cure every disease." The profession had actually discovered the "elixir of life." We scarcely needed another medicine. It was found later, however, that their power was in a great measure lost upon those who had taken them for any length of time. Finally their power of cure

was limited to fevers. They undoubtedly have a wonderful influence in the reduction of temperature. This seems to be their true level.

Take for another example the manner in which the medical profession almost in its entirety has been the enthusiastic advocate of antiseptics. Every blade was covered with the most dangerous septic material, not visible either to the naked eye or to the enlarged vision produced by the microscope; but it was there. Every clean rag was the bearer of rot and decay, and would without doubt, when applied, be the means of the most perilous results. Death would necessarily follow. A surgeon must soak his body in antiseptic liquid for hours before he could undertake an operation. All rags, instruments and other material used must be immersed and boiled in the same antiseptic. And yet after all these precautions death seemed to occur just as often from the so-called septic influence *as when simply proper cleanliness*, without antiseptics, was attended to. This fact leads many well-known surgeons to abandon the idea of septics, while others, still believing in them, claim that no truly antiseptic substance has yet been discovered.

MEDICAL LEGISLATION.

The Old School Medical Societies of Pennsylvania, seem desirous of having a law made requiring the appointment of a State Board of Examiners, whose duty it shall be to examine all persons who wish to practice medicine within the limits of the State.

As soon as Pennsylvania takes this step she stands confronted by the Syllogismus Cornutus. She either has no confidence in the judgment of our

medical colleges—many of which she chartered and fostered—or this being false, she is making a law that she has no use for. Neither horn is inviting. The former denotes a haste that ought not enter into law-making, and implies a rather degrading confession of bad judgment. The latter, a very unworthy deference to the wishes of a clique. Who wants the law? What is it wanted for? If our colleges are not thorough enough, trustworthy enough, or if the state has not delegated them enough power, and if laws must be made to meet these defects, why not make the laws apply *directly* to the defects themselves, and not with characteristic *palliation* go beating around the confines of the matter; making one bad thing bolster up another.

A State Pharmaceutical Board which now exists, has, we are told, one Homeopathic member. If any of these Examining Boards are needed, which is very doubtful, why must different schools of medicine be recognized *to the degree of preference*, any more than sects in religion. The persons appointed to these duties are State officers and not representatives in any sense, and there is no more reason why a majority of them should be "regulars" than that they should be Methodists or Democrats. Republican laws should either make no discrimination between sects and schools, or else carefully give them equal voting and executive power.

A WONDERFUL DISSECTION.

There is in the Museum of The Hahnemann College a dissection exposing all the trunks, fibres and filaments of the entire Nervous System. This is the work of Dr. Weaver, the well-

known Demonstrator of Anatomy, and is almost unique in its completeness, and in the evidence that it bears of *skillful, pains-taking* labor. In the near future we hope to present to our readers a clear plate of this dissection, and in connection with the plate an explanatory article by Doctor A. R. Thomas, Dean of the College.

HAHNEMANN HOSPITAL, OF PHILADELPHIA.

The Hahnemann Medical College and Hospital have in course of erection the hospital building on Fifteenth street, being in the rear of the present college and dispensary buildings, which front on Broad street, between Race and Vine streets. The hospital will front on Fifteenth street and extend back a distance of 195 feet, where it will connect with the dispensary and clinic hall.

The main entrance will be in the centre of the Fifteenth street front, with wide doors opening into a large vestibule or lobby, which opens into a corridor ten feet wide, and which will extend through the centre of the building to the dispensary.

The buildings are divided into three sections, the front building, on Fifteenth street, being about 110 feet long and having a depth of forty-four feet, with an eight feet corridor in the centre, parallel with Fifteenth street. On the right, as one enters, will be the reception room, thirteen by twenty feet, and south of this the parlor, seventeen by twenty-seven feet. On the left of the entrance is to be the superintendent's office, thirteen by twenty feet, and north of this two private rooms. On the east side of the corridor, in front of the entrance, the main stair-

way, constructed of iron, is to be located, and in the centre of the stair will be an elevator running from the basement to the upper floor.

The rest of the space on the east side of the corridor will be divided into four private rooms, each about fifteen feet square, and matron's room and toilet room. This portion of the building will be finished in oak, with the floors of the corridors in tile and marble, open fireplaces and hard-wood mantels are to be provided in all the rooms.

The centre building is divided by the central corridor. On the right are to be the matron's room, sixteen by sixteen feet; the chapel, twenty by thirty feet; the resident physician's room, sixteen by sixteen feet; and a porch, thirteen by twenty feet to rear building. On the left of the corridor will be first a toilet room; a diet kitchen, eleven by seventeen feet; a reception room for patients, eleven by seventeen feet; a hall, ten feet wide, leading to a side entrance; the office, eleven by seventeen feet, and a dining room, thirteen by twenty feet. There are entresol stories over these rooms on the left of the corridor, intended for servants' sleeping rooms, store rooms, etc.

The rear building is in two wings on either side of the corridor, forming two wards, each twenty-five by forty-three feet, with nurses' rooms, linen rooms, etc. Adjoining, between the wards and dispensary building, are to be the bath and toilet rooms. In the corridor, convenient to the entrance to the wards, is to be a second elevator, running from the first floor to the top story. These elevators will be sufficiently large to admit a hospital bed and attendants. On the second floor

of the front building are arranged eleven private rooms, averaging in size fourteen by sixteen feet, also store rooms, toilet rooms, etc.

The second floor of the centre building will have toilet and bath rooms for the use of the patients in the front private rooms, two diet kitchens, two bedrooms and a stair hall continued up from the first-story side entrance. On the right hand side are to be the matron's room, sixteen by seventeen feet, gynæcological room and officers' dining-room. The rear building is to be arranged with wards, the same as the first story. The second floor is to be on a level with the operating room in the clinic hall of the dispensary, so that patients can be removed from any floor directly to the operators' table. The arrangement of the third floor is practically the same as the second floor, excepting that the rooms in the front building are to be devoted to the children's department or wards. The front portion of the fourth floor is intended for rooms for nurses, and in the centre portion are to be the kitchen, laundry, servants' dining-room, with all the necessary appurtenances.

The floors of the principal rooms are to be constructed with iron beams and concrete, upon which will be laid hardwood floors. In the kitchen and laundry the floors are to be of cement. There will be the necessary dumb waiters and clothes lifts running from each floor to kitchen and laundry. Two outlets for fire hose are on each corridor. There are also to be fire escapes and all modern appliances to render the fittings of the buildings complete in all particulars.

The building will be heated throughout by steam and fan system, insuring

a perfect circulation of heated air, and the air in wards changed every ten or fifteen minutes. Boilers are to be located in the present boiler room under the dispensary building, with all the necessary pumps for supplying the tanks with water and for the elevators, the latter to be hydraulic and enclosed in wire cages.

The exterior of the building will be in the same style as the college building on Broad street, with the base of

Hummelstown stone, and the superstructure of brick with terra-cotta trimmings. The roofs are to be covered with slate with terra-cotta finials. G. W. and W. D. Hewitt are the architects of the entire operation. Kemp & Garrison are the builders, and they propose to have the buildings roofed in and ready for plastering by January 1, 1889, and everything completed in the early summer. The cost of the building will be nearly \$200,000.

MISCELLANY.

CLIPPINGS.

CALADIUM SEGUINUM.

Introduced by Hering, is too little used. It has been used to produce impotency. The principal use of the *Caladium* is similar to *Lycopodium*; patient wants to lie down always; amelioration after short sleep (opposite to *Lachesis*); perspiration attracts the flies; the genitals relaxed and perspire; patient afraid to go to sleep, and does not know why; itching of vulva, with burning." Dr. Porter says that he has found the drug useful in sterility, in lack of sexual feeling where formerly it was strong, coldness of the vulva, low spirits, gloomy thoughts, with forgetfulness. The late Dr. Farrington characterized *Caladium* as indicated for the bad effects of sexual excesses. In women who have borne children rapidly, when the entire system is exhausted for want of time to recuperate after confinement, and when there is a loss of sexual desire, this remedy has produced good results.—*Home Journal of Obstetrics*.

BORIC ACID FOR STY.

A simple and effective remedy for sty has been found to be a solution of fifteen grains of *boric acid* to an ounce of water. By applying this solution three times a day to the inflamed part of the eyelid, by means of a camel's hair brush, this painful and annoying affection will be conquered very rapidly.—*N. Y. Med. Times*.

ALUMNI NOTES.

THE BOYS OF '88.

- Dr. A. L. Sierer, Columbia, Pa.
- Dr. B. S. Morrison, Belair, Ohio.
- Dr. I. L. Peters, Norristown, Pa.
- Dr. Robert Walter, Wernersville, Pa.
- Dr. W. H. Heron, Washington, D.C.
- Dr. L. L. Sharp, Palmyra, New Jersey.
- Dr. George W. N. Custis, Washington, D. C.
- Dr. Chas. Tindall, 240 Federal St. Phila.
- Dr. H. L. Furman, 511 Franklin St., Phila.

- Dr. B. H. Shivers, Haddonfield, New Jersey.
- Dr. Cyrus M. Boger, Parkersburg, W. Va.
- Dr. A. E. Tortar, 34—Columbia Avenue.
- Dr. W. C. Seitz, Steelton, Dauphin Co., Pa.
- Dr. Geo. F. Baier, Norwood, Delaware Co. Pa.
- Dr. Sam'l G. Godshall, Edge Hill, P. O., Montgomery Co., Pa.
- Dr. T. L. Macdonald, Resident of Hahnemann Hospital, Phila.
- Dr. Henry Bierman, Danville, Pa. From reports is doing nicely.
- Dr. E. H. Kase, Resident physician of Children's Hom. Hospital, Phila.
- Dr. J. S. Shoemaker is one of externes of Children's Hospital 914 N. Broad St. Phila.
- Dr. Finley McPherson, is at his home in Lyons, N. Y., and not yet started in practice.
- Dr. Harvard Lindley is at present in Europe, expects to make headquarters in Paris.
- r. William G. Gardiner is one of externes of Chil'dns Hospital, 914 N. Broad St. Phila.
- Dr. Henry C. Chisolm is located at Harrisburg Pa., with his former preceptor, Dr. Augh Pitcairn.
- Dr. E. H. Hill, Dudley, Camden Co. N. J. The doctor is housekeeping and from report is doing nicely.
- Dr. Newton H. Barnart is at his home in Gloucester, N. J., not having thrown his sign to the winds as yet.
- Dr. Chas. A. Ayers, who has been relieving Dr. Van Buren through the summer, has located at 521 S. Eighth St., Phila.
- Dr. F. E. Merriam, 2102 N. 11th St., Phila. The doctor has a desk in the Medical Department of our College Dispensary.
- Dr. John B. Haag, Williamsport, Pa. The doctor is taking care of his preceptor's (Dr. Reinhold) practice while he is abroad.
- Dr. W. W. Trinkle is one of the residents of Wards Island Hom. Hospital, New York. The doctor recently paid us a visit while on leave of absence.
- Dr. A. G. Lieb shortly after graduating suffered from an attack of typhoid malaria and is at present one of the residents of the Hahnemann Hospital, Phila.
- Dr. James C. Clarke, Jr. spent the summer at Ocean Grove, where he had quite a fair practice. He has returned to the city and is located at 1715 S. 21st St.
- Dr. S. B. Smith Jr. Resident of Hom. Hospital of Camden, N. J. The doctor recently read a paper on *Fracture of the Skull* before the W. Jersey Hom. Medical Society.
- Dr. E. B. Finney, 1543 Vine St. Phila. The doctor has recently returned from a visit to his home in the far west, and is at his post as one of the Medical Staff of our Dispensary.
- Dr. T. Reading has just been appointed Resident Surgeon of Pittsburgh Hom. Hospital. The doctor recently paid a visit to the city during the session of the State Society.
- Dr. John W. Branin is located at Mt. Holly, where he is fast gaining a reputation and practice. The doctor has recently figured in a runaway accident but we are glad to say escaped unhurt.

Dr. F. C. Drane, Tokoma Park, D. C. The doctor is doing finely in his chosen profession, and is also combining politics, being recently elected Corresponding Secretary of the Tacoma Park Democratic Association.

Dr. Weston D. Bayley, for a short time resident of the Childrens Hospital and later located at Burlington, N. J., is at present attending lectures at College. The Doctor shortly after graduating suffered from an attack of catarrhal pneumonia, but we are glad to say entirely recovered.

The location of the following members is not known: Doctors D. J. Alcott, H. H. Cate, H. B. Coy, L. K. Esrey, Gustav E. Hanzig, John Kaufman, S. S. Martin, Albert F. Merrill, S. W. Price. Any information concerning them will be thankfully received.—[ALUMNI EDITOR.]

HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

The twenty-fourth annual session of the Homœopathic Medical Society, of Pennsylvania, held at the Hahnemann Medical College, Philadelphia, from the 18th to 20th inclusive of September. The address of welcome was delivered by Dr. W. Bigler, and followed by the President's address, Dr. Hugh Pitcairn, Harrisburg.

The balance of the morning's session and the afternoon's session were devoted to the consideration of the Bureaus of Pædology, Sanitary Science, Ophthalmology, Otology, and Laryngology.

The evening being devoted to *Materia Medica* and Obstetrics.

During the morning session of the 19th ult., a most magnificent dissec-

tion of the entire human nervous system, prepared by Dr. Weaver, our indefatigable Demonstrator of Anatomy, was shown to the Society by Prof. A. R. Thomas, who stated that nowhere throughout this country or abroad was there anything that approached it. Every named and many unnamed fibres of the nervous system being preserved.

Dr. Weaver began this work on the 5th of April, of this year, after a return from Europe, where he was impressed by the absence of such a dissection, and worked constantly for nine hours daily for five months, frequently being necessitated to chip away the bony framework, especially of the spinal column and skull in order to preserve the fine filament.

The work is certainly one of a master in his art, and we think any physician or student of medicine will be amply repaid by visiting the Museum of the College where it can be seen.

The afternoon's session was devoted to the consideration of the Bureau of Clinical Medicine, during which an amusing incident occurred. Dr. E. R. Snader read a paper entitled, "The effects of tobacco on the heart," setting forth clearly the pernicious effects of its usage, and while returning to his seat a gentleman leaned forward and turning back the doctor's coat took from his pocket two or three cigars. The laugh was turned on Dr. Snader, in which he heartily joined.

During the evening a banquet was tendered the members of the Society and their ladies by the physicians of Philadelphia and vicinity, at Bolt's restaurant.

After concluding the consideration of the Bureaus of Clinical Medicine

and Pathology, on Thursday morning, officers were elected as follows :

President, Dr. Wm. Trites, Manayunk; First Vice President, Dr. C. F. Bingaman, Pittsburg; Second Vice President, Dr. John Malin, Germantown; Treasurer, Dr. J. F. Cooper, Allegheny; Corresponding Secretary, Dr. E. R. Snader, Philadelphia; Recording Secretary, Dr. J. H. Closson, Germantown.

After appointments of different Bureaus by the President, the Society adjourned to meet in Pittsburg next year.

H. S. FURMMAN, M. D.

BOOK REVIEWS.

PUBLICATIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF MASSACHUSETTS, 1887. *Rand-Avery Company, Boston, Mass.*

This volume of more than two hundred pages sets forth the doings of a well organized and progressive society. Not more than ten or fifteen pages are devoted to the routine work of the Society, the remainder is a very readable, and useful series of chapters, composed largely of the reports of the various committees. The chapters on Gynecology, Materia Medica and Surgery are especially good; the first and last of these, together with the paper on nervous diseases, contain several wood-cuts that add to their clearness and value.

A REPORTORY OF GONORRHOEA, by Samuel A. Kimball, M. D., I. H. A., Boston, Mass., 1888. *Otis, Clapp & Son, Boston.*

This little monograph is bound in dark green cloth, and is printed with clear type, on heavy paper with wide margins. It is a convenient and valuable book of reference for all homœopathic physicians who rely entirely upon internal remedies for the cure of gonorrhœa. The author is opposed to

injections and local applications generally, claiming that they never actually cure and that they are often followed by stricture and other baneful effects. He differs in this respect from Dr. Yeldham, late President of the British Homœopathic Society, in his little work on Venereal Diseases.

DISEASES OF WOMEN (in three volumes) by Graily Hewitt, M. D., London, F.R.C.P. Edited with Notes and Additions by H. Marion Sims, M. D. E. B. Treat, 771 Broadway, New York.

The names of the author and editor of this work are sufficient to recommend it to all interested in this important branch of medicine. It not only contains a full description of all diseases pertaining to women, but it also gives particulars as to the best methods of diagnosis, and the necessary treatment. It contains two hundred and thirty six illustrations, which show the position and relation of the female organs of generation, the different methods of examination and the most approved methods of applying instruments in diseases requiring an operation. The work will be found of value to both practitioner and student.

1609 GIRARD AV., PHILADELPHIA, Dec. 22, 1888.—From what I have seen of Platt's solution of Chlorides, I feel at liberty to indorse it as one of the best deodorizers I have ever met with.

B. F. BETTS, M. D.,

Prof. of Gynecology Han. Med. Coll.

THE OCTOBER NUMBER of *The Internatioeal Journal of Surgery and Antiseptics* contains an excellent likeness of the late Dr. C. R. Agnew, of N. Y. The subscription of the *Journal* is \$1.00 a year; single copy 30 cents. DR. F. KING, *Manager.*

P. O. Box 587 N. Y.

COLLEGE NOTES.

POEM.

(DEDICATED TO THE FRESHMEN.)

Full manie names and numbers written here,
 Names of freshmen, who have quaked wyth
 fyere,
 Or after answering have drawne th' relievyng
 syghe,
 Whenne quizzed of tissues or glomeruli,
 Ofte wyl ue regret yu yeares to come
 That wyth ye microscope ue were so dumme,
 Yea, tears wyl flowe yn thinkynge of langsyne
 When ue could not tell a section fromme a
 clothe designe.

"Who is the poet?"

BRIEFS.

FIVE new men for '90.

FOURTY-EIGHT Freshmen.

TEN new men for '89, four of whom
 are M.D.'s of the old school.

HAHNEMANN YELL: Hoo-räh, Hoo-
 rāy—Kēmō—Kēmō—Boom!

JOIN the Institute, subscribe for its
 Journal, pay for both and feel like a
 man.

"It's a —— bird that befouls its
 own nest." An "old-school" student
 who voluntarily listens to lectures on
 Homœopathy, and that too with evi-
 dent profit to himself, and who every
 day makes himself obnoxious by his
 would-be criticism of Homœopathic
 principles, shows a feather that at once
 enables us to class him with birds of
 the above-mentioned kind. If we
 should discover any such in our col-
 lege, —— Selah.

PERSONAL MENTION.

'89.

J. S. BALLARD was suddenly called
 to his home in California to attend the
 funeral of his brother. Mr. Ballard
 has the heartfelt sympathy of his fellow
 students.

PETERSON is detained at his home
 on account of a severe attack of inflam-
 matory rheumatism. We hope in the
 near future to welcome him among us
 in good health and prepared for his
 work.

GARIS, SUMMERS and KREWSON are
 quiet, but efficient workers for the
 INSTITUTE, Gittens bids fair to make
 a professor of obstetrics, Constans is
 the Artemus Ward of '89, Myers is
 giving strict attention to the business
 of the Institute.

CALEY assists in the hospital; Nor-
 throp assists Prof. Gaunt; during va-
 cation Stafford was on the dispensary
 staff; Ballard with Prof. Betts; Hoover
 in charge of his preceptor's practice at
 Mechanicsburg, Pa.; Rhoades did the
 honors for Dr. W. P. Weaver, of Bris-
 tol, Pa.

'90.

"TEXAS" is a successful quiz mas-
 ter, Parker is piloting on the Delaware,
 Roberts and Buck can't do without
 their Boston baked beans, Ashcraft
 spent his summer at Asbury Park and
 Cape May, G. F. Clark spent his sum-
 mer in traveling and is now doing ex-
 cellent work on the College Journal.

1610.5

1415

16

VOL. III.

NOVEMBER, 1888.

No. 5

THE

Medical Institute

OF

The Hahnemann Medical College,

PHILADELPHIA, PA.

Subscription Price: One Dollar per Year, in Advance.

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PHILADELPHIA, PA.:

Published Monthly during the Collegiate Year by the Institute of

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222-230 N. Broad Street.

ESTABLISHED IN 1853.

JOSEPH ZENTMAYER,

MANUFACTURER OF

MICROSCOPES AND MICROSCOPICAL APPARATUS,



209 South Eleventh Street, Philadelphia, Pa.

CATALOGUE ON APPLICATION.

CALIFORNIA VINTAGE CO.

21 PARK PLACE N.Y.

Geo Hamlin *Pres* Chas Roome Parmele *Treas.*

GENTLEMEN:

The Case of your wines sent to me for analysis by Dr. A. L. Hummel, of the "Annals of Hygiene," containing specimens of your La Rosa Zinfandel, Mataro, Riesling, Royal Tokay and Royal Grape Brandy, has been duly received.

I have examined them for the common contaminants of wine; to wit: Sulphurous acid and sulphites, salicylic acid, fuchsin, lead salts, etc., none of which I found present therein.

I have also determined their alcoholic strength, extractives, and ashes, and found them to correspond strictly in this respect with the standard of pure and natural wines, which cannot be said of many of the imported wines.

As a native of a wine-producing country, I consider myself somewhat of a judge of wines, and regard your products as comparing more than favorably with most of the wines from abroad which are sold at higher prices, so much so that I enclose within my order for fifty bottles of La Rosa Zinfandel, which I expect to use hereafter exclusively at my table.

Very Respectfully,

L. WOLFF, M. D.,

Demonstrator of Chemistry, Jefferson Medical College.

Philadelphia Depot, Showell & Fryer, Juniper and Market Sts.
Boston Depot, Theo. F. Metcalf & Co., 39 Tremont St.
New Haven Depot, E. A. Gessner, 821 Chapel St.
Hartford Depot, Chas. A. Rayselye, 325 Main St.
New London, Conn., Rogers & Rogers, 64 State St.
Bridgeport, Conn., H. A. Dupee, 59 Fairfield Ave.

THE MEDICAL INSTITUTE OF THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.

VOLUME III.

NOVEMBER, 1888.

NUMBER 5.

CONTRIBUTIONS.

THE TREATMENT OF WOUNDS OF THE INTESTINES.*

BY CHARLES M. THOMAS, M. D.,
Professor of Practical Surgery, Hah. Med. College,
Philadelphia, Pa.

When one considers the number of cases of wounds of the abdominal viscera which are constantly coming under the notice of surgeons, it becomes a matter of surprise that the management of these accidents, except perhaps in cases of protrusion of viscera, should have remained until recently in a state of such great uncertainty.

In the statistical reports of our civil war, there are recorded more than 1000 cases of gunshot wounds of the abdomen, and although the mortality rate of more than 90 per cent. clearly indicates the inefficiency of the then existing method of treatment, the subject, singularly enough, received but little serious consideration; so little, indeed, that when the late Marion Sims, shortly before his death, urged that these wounds be treated as any others by free exposure and suture, his proposition was looked upon by most surgeons as entirely impracticable, if

not preposterous. Not long after this, however, in 1884, appeared the valuable experimental works of the elder Gross, of Philadelphia, and Parkes, of Chicago, in which the operative treatment is not only strongly advocated, but placed upon a scientific and practical basis. These papers were promptly followed by equally important ones, and reports of cases by Mikulicz, Lloyd, Kocher, Bull and others.

Although up to the present time the list of published cases of laparotomy for perforating abdominal wounds is scarcely more than a half a hundred, the total result shows already a reduction of the mortality rate to less than 70 per cent. Indeed, the voice of a large proportion of the profession is now strongly in favor of treating these cases on essentially the same principles as those laid down for wounds of other parts, and it would seem we are rapidly approaching a time when the surgeon will be held answerable in the courts, if he refrain from exposing and inspecting the abdominal viscera, when, in a shot or stab wound, he is unable to positively assure himself that visceral penetration has not occurred.

*Reprint from *Hahnemannian Monthly*.

homœopathist does not believe in is *palliation*. As I believe that much dispute arises on this point, and much unnecessary amplification of words, permit me to illustrate my meaning by two imaginary cases.

A woman presents herself before her physician with symptoms of bearing down and pressure as though everything was coming out of the vulva and other symptoms calling for *Ferrum Iod.* If now an examination be made of the perineum and it be found torn through and the support gained from it, and from the vagina is taken away, you know that to be a cause and reason why the uterus must become prolapsed and produces such sensations. There are however a sufficient number of cases on record to show that even in such extreme cases *sometimes* *Ferrum Iod.*, when indicated will relieve these symptoms, and the extreme homœopathist considers that he has been fulfilling the law when he prescribes this remedy. But the question must come up, does this remedy really cure the patient? Has the cause been removed, or is she not liable to a recurrence so long as the perineum and vagina are left torn. Is it not fair to look upon the case from its mechanical side, and to find a mechanical cause for her symptoms which call for no medicine by the mouth at all. And is not the *Ferrum Iod.*, a palliative and not a curative medicine.

Now just such cases of cures (!) are related by physicians as cures by the homœopathic law, and yet if I or another who believe as I do were to relate a case palliated for the time being by mechanical device, by an opiate, or by an antipyretic our opponents would attack us for using pallia-

tives and means that are not homœopathic, and if I reply you are not logical my friend, your case is not cured, you have only removed, and possibly for the time being only, some of her symptoms, then arises a question as to my belief in homœopathy.

If I have stated my case as I wish to, you will see then how one set of men believe that a cure consists not only in the removal of some of the symptoms, but also a removal of the cause and a restoration of parts to their original condition, while others call a cure that which removes and palliates symptoms without the removal of the cause. Of course I have given you an extreme example, but do so the better to illustrate.

I could take advantage of this example also to impress upon you from my stand-point the great importance of examining into physical or objective symptoms as well as subjective.

I knew a lady once who went from one physician to another. She was suffering from a chronic diarrhoea, involuntary at times. She was prescribed for, and doubtless received many times the most carefully selected remedy, which at times seemed to relieve her. After some years she was examined carefully, and it was discovered that she had been lacerated through the sphincter ani in one of her labours, which explained her inability to control her movements.

I relate this case not as a criticism on any school, but rather to show the advantage of looking into causes and the importance of making physical examinations.

Nux vomica has the symptoms, a sensation of pressure in the rectum, with frequent ineffectual efforts. Now in the first stage of labor when the

head is not low enough in the pelvis to press upon the rectum. I have frequently relieved my patient of this symptom by giving this remedy. But suppose the rectum was full of hard masses, or the head had advanced low enough in the pelvis to produce this common enough symptom at this time, it would be folly to expect relief from Nux. V.

I present this thought to you to bring your minds then to the point of recognizing that symptoms of the same kind may be produced by morbid causes, and also by mechanical causes, because I wish to show you that in some cases which are less evident than in the above, two men may prescribe for and treat the patient from different standpoints, but before I present you such an example I wish to speak of another issue between different minds. There are as you know many symptoms in our *Materia Medica* which are clinical symptoms, but which have been verified so often by the bed side of the sick that they are accepted as undoubted and veritable symptoms. Many however doubt the advisability of allowing such to stand, preferring to depend rather upon these which have been produced when the drug was proven. There is however comparatively little opposition to symptoms of morbid states, for while this kind of practice is empirical, yet it is allowable where fully verified, but when the condition is mechanical then there is greater opposition. Take for example, the use of *Pulsatilla* in correcting shoulder presentations, A case was reported where a shoulder presentation had been cured by this drug. Other cases were reported and at last it was admitted as a symptom, a clinical symptom. It has been

attacked however by those who from their studies of shoulder presentation find them to be due to mechanical causes and not morbid ones, and such doubtless are looked upon as poor homœopathist. Now as a further exposition of my thoughts I would state that there are certain conditions where it is impossible to imagine a drug to have been given to produce similar symptoms. And it is in these conditions that there is the greatest amount of difference of opinion.

Imagine a pregnant woman advanced to within a few weeks of term. Imagine that you will find a condition of general œdema, with very scanty urination, say only 6 ounces in the twenty-four hours; when you test the urine you find it loaded with albumen and deficient in solids. The woman is suffering from a severe headache which crazes her, and is partially blind, from what you recognize now to be the uremic condition. Her nervous system is so disordered that she has while you look at her a nervous tremor which shakes the bed, and you know that unless speedily relieved she will have convulsions.

Such a case permits of the most diverse opinions. One man looking at her will say if I can find the homœopathic remedy which covers her symptoms I can cure this state as I can cure any other morbid state. While another man will say, this condition is in part mechanical, the pressure of the enlarged uterus is interfering with the proper circulation through the kidneys, or is pressing upon the ureters, or if it is a neurosis of pregnancy as some claim why the pregnant condition is the cause, and furthermore, the woman has a poison in her system, urea, and that must be eliminated in some way.

The pregnancy is the cause of the uremia, and the urea is the cause of the danger to the woman, hence both must be removed. Furthermore, such a man will argue that no remedy has been proven in pregnancy so as to produce similar symptoms, and therefore all prescriptions are empirical.

In such a case you will see then how different would be the treatment, and how I, who believe firmly and truly in the homœopathic law and its application to all morbid states, can in such a condition advise the induction of premature labor. And how believing that the circulation is impeded by the pressure of so much watery matter in the tissues can make use of drugs like *Elaterium*, and others which produce watery discharges through the bowels so as to remove rapidly this excess of fluid, and at the same time knowing that a certain amount of urea will be eliminated relieving the brain, so that my operation to induce labor will not so excite the woman's already overtaxed nervous system to such an extent as to produce convulsions. From this same line of thought you will understand how prescriptions of medicine known to quiet the sensibilities are made use of for their mechanical effect, and that I treat a case in such a way not because I do not believe in homœopathy, but because believing the cause of such conditions are largely mechanical and homœopathy has nothing to do with them. * * * An extreme homœopathist may answer this line of thought by saying "I have had such cases, and I have cured them without using such energetic means as you advise. My reply is, I do not doubt your word, but since I can see no law for the application of the remedy, I feel justified in thinking that your treatment is as em-

pirical in this kind of case as that I have advocated, and I therefore consider myself in the right to examine into statistics as to which method has had the best results.

Did time permit I might illustrate with many cases the peculiar line of thought I wish to direct your minds into, but I shall rest satisfied if I have succeeded in showing to you the importance in the first place of examining into a case from all its side, and recognizing a cause of disease at times in things which can be removed by mechanical and chemical means. And also, in the second place, in explaining how differences of opinion may arise between two men, both of whom are honest and earnest.

* * * Of course it will be understood that after the labor has been accomplished and the cause of the disturbance removed, that I would treat any of the resulting mercurial symptoms according to the homœopathic law.

SULPHUR AND CURPUM.

BY S. L.

The late Dr. Hirsch in Prague was in his days one of the old guard, and in a late number of the *Populære Zeitschrift*, we find some of his practical annotations:—

Tinctura Sulphuris is often prescribed in chronic affections, but we ought to give it also in many acute diseases, of which I would especially mention the lung fevers of old people and of infants. A child of three years, suffering from pneumonia, was given up by his physicians. A few drops of *Tinctura Sulphuris*, in half a glass of water, two teaspoonsful every hour,

changed the whole aspect in twenty-four hours, fever diminished, breathing easier and convalescence followed. Another child was down with pleuropneumonia, after the failure of other drugs *Tinctura Sulphuris* again showed its magic power. An old man of eighty years had a chill, frequent pulse and a dry cough. *Aconite* failed to relieve, he could only lie on his back, every other position increased the cough and auscultation revealed dulness of the right lower lobe, and as there was no relief from sweating, *Aconite* was given in alteration with *Mercury*, but in the evening the fever was still increasing, breathing more obstructed and pulse 120. *Tinctura Sulphuris* in water two teaspoonsful every two hours. Next morning showed some improvement; he had slept off and on after midnight, cough was not as laborious and there was some blood-stria in the expectoration. Amelioration continued and in two weeks the old General could be discharged cured. Another case in a senior yielded equally prompt to it.

So much for *Hirsch*, and it may be a comfort to the Juniors that even old men make mistakes and give sthenic remedies to asthenic patients. I often found that just an inflammation of the right lower lobe, and exclusively sometimes of that spot, is more often found in patients, whose vital power is rather minus than plus; and remedies like *Rhus*, *Phosphorus* or *Sulphur* are more frequently useful. It need not necessarily be a typhoid tendency to hurt to their use. We can, therefore, perfectly agree with our eminent friend, *Prof Kane*, when he teaches that *Sulphur* may be indicated in any stage, when we meet; hot palms and soles, hot vertex; faint, weak spells, especially in the forenoon; diarrhoea, par-

ticularly early in the morning; suffocating spells; wants doors and windows open; restless and sleepless nights, etc.

We cannot agree with our friend, *Dr. Kaptha* in Prague, who in his classical *Work on Homœopathic therapeutics* finds *Sulphur* especially indicated in psoric diathesis, for this confines the action of *Sulphur* in too narrow limits, while we agree with him that in many cases of purulent pneumonia *Cinchona* may be preferable. We thank *Dr. Hirsch* to have led our attention to *Sulphur* in pneumonia during the time of evolution and of involution when life's power is either not yet fully established or already waning, while in our text books we hardly find any mention of sulphur under such conditions. That morbid disposition, of which nowadays is so much made of and without which the renowned bacillus remains a harmless creature, is a valuable hint to a local or general weakness, which prevents, more or less, all reactionary attempts on the part of the patient. Thus only we have a clear insight of what *Hahnemann* meant with his misunderstood and derided *Psora* theory, which now, under the name of morbid disposition, is accepted by all schools. We agree with *Wurmb* not to wait too long with the prescription of sulphur, and where we fail on account of deficient reaction with our usual remedies, it ought to be given about the fifth or sixth day of pneumonia. We might be asked furthermore, if this failure of reaction is so characteristic of *Hahnemann's Psora*, what then is the difference between sulphur and psorium; it is perhaps that the former suits better florid constitutions with their fine taint and nervous susceptibility, while in psorium torpor with

its greasiness and foul emanations prevails? Just on the account of the similarity of the symptoms between the two remedies there must be points of difference, and a comprison between the two might perhaps illumine this very point.

CUPRUM.

Cuprum met. 12th, mornings and evenings six pellets, cured epilepsy thoroughly in several cases, so that after several years no fit occurred. Hirsch gives us as spmptoms only unconsciousness; spasms, foam at the mouth, heavy and sonorous breathing, followed by heaviness and lassitude, lasting for several days afterwards.

We consider this a very unsatisfactory statement for a record of Cuprum, as these are the symptoms of epilepsy, but not the peculiar symptoms which would lead us to prefer Cuprum to any other remedy. It is so characteristic of the copper-salts that the spasms, or in epilepsy already the aura, travels from the periphery to the centre; convulsions begin in the fingers and toes or in the knees, and ascend until they reach the hypogastric region, when unconsciousness sets in with foam at the mouth; the extreme violence of the convulsions is also characteristic of the drug. The attack may be after preceding irritability by a violent shriek and usually followed by deep sleep. Nocturnal epilepsy (Silicea, Calearea ostrearum) or fits at regular periods, or before menses.

Hirsch was certainly a good and close prescriber, and knew his Materia Medica, which is not the case with us poor sinners, and we blame him, as well as many other writers, for just such records of cases. We want the why and wherefore of every prescrip-

tion made. We want to know the peculiar, individualizing symptom, whatever the name of the disease might be, which overruled the selection of any other remedy. Only thus we get valuable verifications of the symptoms, collected pell-mell in our Materia Medica, only thus we will finally have a Materia Medica pura, and the physician will be made happy when he can say *post hoc, ergo propter hoc*.

TWO INTERESTING OBSTETRICAL CASES.

BY A. LOVETTE, M. D.,
Eaton, Ohio.

In reading the article of my old-time friend G. W. Smith, in the October MEDICAL INSTITUTE, I was much impressed with a recent case in my own practice in some respects quite similar. During August I attended a lady in confinement, and had the pleasure of a happy termination in a few hours—much briefer than in any former labor, and far more satisfactory to her. I left everything in first-class condition. She anticipated severe after-pains as they followed every previous confinement. A short time after I took my departure they appeared and continued with increasing severity until about 10 o'clock on the following day, when I was hastily summoned. The severity of the pains was so great that she would faint from the suffering. My arrival was considerably delayed, but just before I reached the place there was a rather profuse gush of water, followed for a time by complete relief of pains which afterwards returned though much less severely. The question immediately arose from whence came this gush of

water? The water was in every respect similar to amniotic fluid, and left little or no stain on the cloths which were shown me. I had left the womb well contracted, and there was nothing abnormal, to excite my solicitude, about either its size or shape. The discharge beyond doubt, came from the womb, and the only explanation I can offer for this case is that it was a rupture of a "hydatid mole or cyst" of the second variety, according to Dubois and Desormeaux (*Cyclopedia of Obstetrics and Gynecology*, page 246.) It possibly was the remains of a twin ovum, which perished at an early date of the present pregnancy. I was afterward unable to find any membranes among the discharges, but these might have dissolved and passed unnoticed. There was however, an unusual fetus in the lochia for several days. The greatest surprise to me was that I should have failed to have noted the presence of the cyst in the womb after labor, as I made my usual careful examination.

Another case while on this subject. On responding to a summons the lady told me she was in labor for the "waters had broke" and gave evidence of profuse discharge. I found, however, no pains present nor had she complained of any. As some appeared I left her, and was not called for three weeks, when she had an easy confinement, and gave birth to a large healthy living boy. This was, according to Guernsey, spurious liquor amnii, or liquor allantoidis. He says, "its escape at an early period of labor gives rise to the opinion sometimes, that the membranes have ruptured." I have on several occasions witnessed this discharge at the beginning and

during an early period of labor, but never so long previous to labor as in the case above named.

CALCAREA CARB. AGAIN.

[The following letter by a prominent homœopathic physician was written to Dr. O. S. Haines, concerning his article on Calcarea Carb. We would say that neither that article nor the note prefacing it was intended to convey the meaning that the writer seems to have taken from them. Our editorial on HASTY INDUCTIONS, in the November INSTITUTE would show what we meant to express, however misleading the above mentioned note may have been.—Ed.]

DEAR DOCTOR.—I do not agree with you in your belief that "Calc. Carb. will relieve *Renal Colic*," always, as I believe you desire to imply in your article in the MEDICAL INSTITUTE. I do not wish to controvert your statement that in the case you quote Calc. Carb. did cure or relieve the colic. But a single case so relieved, or seemingly so, cannot be accepted as conclusive evidence of the statement of the editor in his prefatory notice, that "pain when produced by a mechanical obstruction, may be relieved as effectively by the indicated homœopathic remedy, as by morphia and other dangerous palliatives." I know that this is maintained by a large number of our school, but I am inclined to the belief that there must be some mistake in the matter. Occasionally, I have seemed to get good result from our remedies in renal or hepatic colic, but so I have by the administration of a placebo. But in most cases, failure has been my portion, and the hypodermic had at least

to come into play. I lay no claim to skill, and my failures may be due to lack of knowledge, which must be the case if it can be set down as an absolute fact that Calc. Carb. 30 or any other potency, *will cure renal colic*.

I would like to see a tabulated list of cases of Renal Colic, say for three years, in the practice of one physician who resorted to homœopathic remedies alone (particularly so high in potency as the 30th) in their treatment. An isolated case is simply suggestive, and rarely proves anything. If it were otherwise, some of my cases in which a placebo was administered, and which in a short while terminated satisfactorily, would demonstrate that our practice should be to let the forces of nature be the remedy.

I am not prepared to relinquish my hypodermic in renal and hepatic colic, though I would not resort to it until other measures had been adopted for the obtaining of relief. It is a good servant, a bad master. Under some use, it kills more than it cures. But homœopaths are taught to exercise care, to rely upon small doses and mild measures until proven ineffective, after which heroism may succeed conservatism, as it should, when the latter has lost its value.

Not because my medical training has been old-school, and my homœopathic belief and practice have not been equal to the casting out of all my University teachings, is it that I cannot place full reliance in all cases and under every circumstance, upon homœopathic remedies—particularly in high potency—but because I cannot regard homœopathy as the sole law of cure. The occasional use of palliatives and of large doses of medicines allopathically administered, ap-

pear to me to be necessary. Homœopathy is a great law, but it has its limitations, that is, to my mind. Evidently the truth of this is fast dawning upon our school, for in our colleges, the tendency is toward this liberal view. When Lippe died, it is said there was no one in Philadelphia able to fill his place, so they imported one. For my part, I am glad of the statement, for with Lippe went that spiritualistic homœopathy that I think will soon have its day.

If you can and will, won't you disabuse my mind of the unreliability of Calc. Carb. etc., *in all cases* of Renal Colic? Yours truly,

G. M. C.

Nov. 19, '88.

EXTENSIVE SLOUGHING OF BLADDER AND RECTAL WALLS, AFTER LABOR, WITH REPAIR OF THE SAME.

IN THE SERVICE OF I. J. SMEDLEY, M. D.,
AS VISITING GYNÆCOLOGIST TO
HAHNEMANN HOSPITAL.

(Reported by T. L. Macdonald, M. D.)

Mrs. D., of Charlestown, Md., æt. 24 years; admitted April 15th.

History.—Patient is married and has one child. Was never sick in her life till seven months ago when her first confinement occurred. Was in labor for *five* days; on the fifth day a doctor was called and child delivered; the head being found well down in the vagina. Soon after this the patient noticed that the contents of the bladder and bowel began to pass out through the "front opening." When she became strong enough to walk she found that control of bladder and bowel was lost, and for the relief of this condition she entered the hospital.

Condition on admission.—She was the personification of wretchedness; the feces and urine were constantly running from the vagina; and sleep, for more than a few minutes at a time, was impossible. No urine had passed through the urethra for months. Examination of genitals revealed masses of urinary concretions deposited in the hair surrounding the vulva. The vagina and peri-tissues—even from the pubis to the anus—were terribly excoriated by the discharges. On this account anæsthesia was necessary before she could endure a thorough examination. It was observed that when the finger passed the vaginal orifice it entered the bladder—or what was left of it. Nearly everything the fingers came in contact with was cicatricial tissue. The uterus was very much atrophied, the os being very much obliterated. The finger readily detected a large opening into the rectum. Inspection showed the anterior bladder wall bulging into the vagina; the base of the bladder having sloughed away from a point about one-half inch above the pubis to within a quarter of an inch of the uterus; which could be seen, very conveniently, dripping their contents into the vagina. The urine was markedly alkaline in reaction.

Treatment.—Bell. internally, also vichy salts three times a day. Locally, sitz baths and iodine douches. For the sake of cleanliness, the pudendum was carefully sheared. After two weeks the patient was sufficiently improved to be operated upon. Competent observers examined the case with Dr. Smedley, and it was doubted if much relief could be afforded. It was suggested that the uterus might be advanced and better allow for denudation and coaptation of the upper and lower remnants of the

bladder. It was also said that the recto-vaginal opening might be repaired after which the vaginal orifice could be closed, thus forcing the urine to pass out through the urethra.

On May 21st, the operation for repairing the bladder was resorted to. The upper and lower remnants of the bladder were denuded, ("and beveled at the expense of the vaginal tissue") the posterior edge was brought down, together with a portion of the anterior uterine wall, and it was found that coaptation could thus be accomplished to a considerable extent, the line of coaptation running transversely, left angles that had to be filled in by tissue taken from the lateral muscular walls of the pelvis. All these parts were brought together by silk sutures and dressed with iodoform. To avoid any greater tension on the sutures, a catheter was left in the urethra and the patient placed in bed.

Progress.—No bad symptoms followed the operation. The urine soon began to flow out through the catheter and also beside, showing that the sphincter had lost its tone. Both the vagina and bladder were carefully injected with a boric acid solution twice daily. On the 8th day the sutures were removed, and to the surprise of all interested, the union was complete and the base of the bladder impervious. The catheter was no longer used in the urethra, and the sphincter began to regain its tone, as was shown by the stillicidium giving place to enuresis activa. The bladder was gradually distended by daily injections in order to increase its capacity. In the meantime the sphincter was stretched every-day with a view to furthering the proposed operation upon the posterior vaginal wall, which was performed on May 28th.

The edges of the opening were denuded and beveled similar to the previous operation. The denuded edges were coapted from above and below, and retained with silk sutures, care being exercised in preventing them from passing through the rectal mucous membrane.

The after treatment was merely to avoid tension on the rectal wall. The feces were kept softened, either by purgatives or enemata, or both; the vaginal donches and vesical distention by boric acid being still continued. On June 7th the sutures were removed and across the entire vaginal wall the healing was perfect. Further progress was eventless and the patient was dismissed on June 19th; overjoyed with her comparative comfort; her only complaint being that when the bladder became filled she could not entirely control it.

HAHNEMANNIAN INSTITUTE.

The December meeting of the Institute was held on the evening of the 5th. President Ballard in the chair.

Following the roll call a quartette composed of Messrs. Crock, Northrop, and Van Gunten, '89, and Rinehart, '91, sang "To all you students here to-night," which was received with applause.

The minutes of the preceding meeting were read and approved. The quaesitors of the various branches were then re-elected to serve another month.

Mr. A. D. Krewson read a practical paper upon "The Use and Abuse of the Digestive Organs," and received the thanks of the society.

Propositions for membership resulted in the election of five gentlemen. The President then called upon E. R. Bryant to assume the duties of treas-

urer pro tem, in the absence of Mr. Myers, who is sick with typhoid fever. The newly elected members were then given an opportunity to pay the initiation fee.

Strong, chairman of the committee on rosters, reported that the rosters were published and paid for. Committee discharged.

After a recess of five minutes the President called the Institute to order and introduced Prof. T. J. O'Connor, of New York, who gave a stereoscopic lecture on the "The Localization of Brain Function." At the close of the lecture Prof. O'Connor was tendered the thanks of the Institute.

The President made the following appointments for the January meeting: critic, Constans; essayist, Bashore.

The critic for the evening, Mr. Crock, then read his report.

A motion was made and seconded that the second roll call be omitted on account of the lateness of the hour, and that the Institute adjourn until January 9th, 1889. Motion carried.

H. L. NORTHROP,
Secretary.

MERRY CHRISTMAS.

A PURSE of almost fifty dollars has been given to the hospital by the students as a Christmas gift. The following committee accomplished the work of collecting the money: Bryant '89, Edmondson '90, Sherwood '91.

DR. LILIENTHAL, of San Francisco favors our columns with an article on Sulphur and Cuprum. His reputation as a man thoroughly conversant with the laws of homœopathic therapeutics will recommend a thoughtful reading of this article.

THE
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EDITORIALS.

CROWDED PROFESSION.

WHAT becomes of the thousands annually graduates from our Medical Institutions?

This is a frequent question from the laity, who seem to entertain a standing belief that the profession of medicine is crowded.

If the source of such a question should be ferreted out, nine times out of ten it would be found to emanate from some unsuccessful practitioner, who, not finding the practice of medicine as lucrative, as "air castles" during college days predicted, complains to his friends, that there are too many physicians. Such a man either fears competition, shirks his duties or else considered that the day his sheep skin was secured he knew it all. Possibly school has not much to do with the question, but constant demand for homœopathic physicians

both north, south, east and west, lead us to the conclusion that the majority of such complaints can not be laid at the feet of homœopathy.

The followers of Hahnemann must be a student. He has no well defined laws to govern the treatment of disease. By provings and observations of the effect of drugs he must be constantly on the alert, or his neighbor who subscribes for popular journals and keeps abreast with the times will have little difficulty in crowding him out whether he be homœopath or allopath.

The people of to-day want educated physicians whose manners do credit to the profession and to the world. From such, complaints of competition and lack of patronage is never heard.

WE are glad to learn that our business manager is convalescent from his recent attack of typhoid fever.

He has had a hard fight; but the best of medicinal treatment with good care has won the day.

It is with pleasure we take this opportunity of announcing to numerous inquiring friends, that with the beginning of the new year he will resume his College and Journal duties.

UNFAIR CRITICISM.

The December number of *The Homœopathic Physician* contains an article entitled "The 'Homœopathic' Medical Society of Pennsylvania." This article tells some truth, it does not however tell the *whole* truth, and to cap the climax, no one can say that it contains *nothing but the truth*.

The above mentioned journal claims to have been "started to support true Homœopathy," and, says moreover that "it is the only journal which has

this object for its sole purpose." If any science—to which the term *true* may be applied—has to be represented by a journal that indulges in a "pick-and-choose" criticism on the doings of an honored society, that science will do better without any representation. Can a journal really have the *good* of Homœopathy at heart when it suppresses all that it considers good, and magnifies much that it deems bad in the proceedings of the State Homœopathic Society? Has not such a journal as this forgotten its "sole purpose."

The *article* mentioned does not tell its readers that the papers referred to were not wholly accepted as expressing the sentiments of the Society as a body, and that one was vigorously opposed; these facts do not seem to suit its "sole" purpose; it does say, however, the following concerning Dr. Mohr's paper, entitled "Carcinoma *vs.* Erysipelas and Arsenic:" "This accidental cure Dr. Mohr *declared**, has possibly opened up a way by which cancer can be cured with the virus of Erysipelas."

We read Dr. Mohr's paper in the November number of the *North American Journal of Homœopathy*, and we must say that it takes a sublime ignorance of English, and of the use of interrogation marks to twist a *declaration*—such as is quoted—out of what is there written. The doctor simply puts to the society a question for its discussion and consideration, and doubtless he does this because he hesitates to *declare*. Yet his report is cited as illustrating the haste with which physicians form theories. A theory usually rests upon a dictum, and Dr. Mohr's paper contains no sentence that meets this requirement; so if the doctor is really desirous of form-

ing a theory he will do well to let it rest upon the following sentence from the article of his would-be critic: "The patient, a woman, was being treated, [Shade of Richard Grant White, be calm!] with arsenic, erysipelas broke out and cured the cancer."

Finally the same journal says in its leading editorial, "The so-called 'Hahnemann College,' of this city, has classes which are certainly fed on very light diet in these branches," [meaning Homœopathic Materia Medica and Hahnemann's Organon.]

While we defer to any facilities that the "so-called" Homœopathic Physician may have for judging light diet, we are nevertheless sure that the diet furnished by Dr. Mohr in his lectures on Materia Medica and Therapeutics, and Dr. Morgan in his lectures on the Organon, is sufficiently strong to tax to the utmost the digestive functions of *all* who listen to those persons and *many* who ought to listen to them.

In Hahnemann College, which is not only "*so-called*," but so *characterized*, every lecturer on the principles of Homœopathy makes a direct effort to implant those principles in the minds of his pupils, and to imbue them with the truth of the science they are studying.

WE are obliged to disclaim all responsibility for the opinions of our contributors; as there are so many widely differing opinions prevailing among Homœopathic physicians on some subjects relating to Medical Science, and as these views have—in the past—given rise to a great deal of fruitless controversy, we must moreover, refuse space for any lengthy discussion of these time-honored and time-killing questions.

* Italics ours.

MERRY CHRISTMAS.

The brightest day of all the year,
 The day of pleasure joy and mirth,
 Is Christmas day with all its cheer
 Good will to men and peace on earth.
 Though grand old Milton sang its praise,
 And Dickens caroled forth its worth;
 Yet we presume our voice to raise,
 Regardless of a humbler birth.
 Do not the flowers spurn the snow,
 And smiling greet the natal day:
 Chrysanthemums are never slow
 To lift their heads in bright array.
 For, "it is told in stories old,"
 That this fair flower first,
 On the blest morn when Christ was born,
 Into white beauty burst.
 Then lowly though our tribute be,
 'Tis in accord with Nature's call;
 Accept it for its honesty
 A MERRY CHRISTMAS ONE AND ALL!

H. E. R.

WE ARE indebted to Dr. Pemberton Dudley for the receipt of the "Transactions of the American Institute of Homœopathy." The volume contains the minutes of the proceedings of the Institute for June, 1888. We are pleased to note the prominence the members of our faculty have attained in all the workings of this body. Drs. Mohr, Thomas, Betts, Dudley, Janes and Goodno, all hold prominent positions on important committee. Dr. Goodno's paper entitled "Considerations, relating to the treatment of Enteric Fever," certainly demonstrates the superior efficiency of homœopathic treatment over the old school methods. During his practice of almost eighteen years he has had two hundred cases of typhoid fever. He has lost but two-and-a-half per cent. of all these. No other published statistics can produce an equal showing. His results, which he attributed to homœopathic treatment are certainly remarkable. The paper of Dr. Thomas was printed in

our last issue. Dr. Betts also read a paper of much interest.

IN answer to a petition presented by the students to the faculty the holiday recess has been extended to Monday January 7th.

THE MEDICAL STUDENT of Boston is a paper that bears the marks of good management and good workmanship, and is undoubtedly one of the best of our Medical College Journals.

DONATION DAY AT THE HAHNEMANN HOSPITAL.*

November 27th was donation day for the Hahnemann Hospital. The lady managers, who have always shown themselves loyal and energetic in the interests of Homœopathy, spent the entire day at the hospital receiving gifts of every description. Four hundred dollars worth of provisions and dry-goods were received, and two thousand dollars in cash. Mr. J. Lewis Crozer, with the characteristic generosity of his family again showed his liberality by giving five thousand dollars for the endowment of a free bed for the accommodation of poor patients. Dr. R. B. Weaver's Gettysburg friends sent a large box filled with all kinds of the best farm products. Turkeys and chickens were received in large numbers, presumably the nearness to Thanksgiving influenced liberality in this direction. Mr. Harry Buck of Philadelphia, and Mrs. Elizabeth Oartly, of Toms' River, N. J., two former patients in the hospital showed their appreciation and good will by each sending a very liberal purse of money. Mr. Parrat kindly remembered the hospital by adding to its surgical supplies.

* Reported by Caley, '89.

MISCELLANY.

DISEASES OF THE NOSE AND PHARYNX, AND THEIR TREATMENT.*

BY W. CHEATHAM, M. D.
Louisville, Ky.

It is to the more common forms of diseases of the nose and pharynx requiring surgical interference, to which I wish to refer. For permanent relief to most of the more common forms of nasal catarrh, surgery is indicated.

Take, for instance, first, probably the most common of nasal troubles, the so-called *chronic nasal catarrh*. Let me cite a case, examples of which I see ten or a dozen daily. They come with this history: "Doctor, I catch cold easily; how, I do not know. My head stops up; I get my breath with difficulty; my head aches; my ears feel full or stopped up. Even between my colds, one or the other side of my nose is obstructed; which ever side I lie on closes." Some of the patients complain of loss of voice with each cold, which is the result of laryngitis, which can never be cured until the nasal affection is relieved. Some of them have to use their handkerchiefs a great deal. Many of them complain of the mucus dropping back in their throats. This must be a familiar picture to most practitioners.

Now as to the pathology of this condition. The submucous tissue of the nose is made up of a mass of blood vessels, the walls of which either by some dyscrasia or by frequently-recurring colds, become very much relaxed. These vessels are said to empty and

fill as those of the penis. Some have said that excessive venery will produce this form of catarrh. On the least exposure of draughts of air, the blood is driven to the internal organs; the vessels of the nasal sub-mucous tissue fill; the nose, as a consequence, is obstructed. Of course the condition of the skin, and of the general health, have much to do with this, but this is not surgery; so I merely mention it. Again, when the patient is lying on one side or the other, gravity fills the vessels of the lower side.

Seeing this in the acute stage, local applications, in the form of sprays, etc., we can well understand, with general treatment, will be of much service; but it is usually many months before the patient realizes there is local trouble, and many, many more before he will acknowledge to his doctor that he has nasal catarrh; and many, many more before the rhinologists have an opportunity of seeing him. So it will be observed that the chances of seeing the patient in his first attacks are but few.

Admitting what has been said as true, what effect can astringents, stimulants, or in fact any local medications have? The true cause is deep-seated in the sub-mucous tissue, and the disease is what I call *nasal engorgement*, or engorgement of the nasal sub-mucous tissue, to distinguish it from true nasal-tissue hypertrophy.

With a weak solution of muriate of cocaine, the two affections can be differentiated. Cocaine will shrink the engorged tissue, but will not affect the hypertrophied. In the management of this engorged tissue I use to depend

* Reprint from *Virginia Medical Monthly*, December, 1888.

upon, and extol highly chromic acid, or some of the combinations of acetic acid. To get any service from either, a large slough must result, which leaves a correspondingly large cicatrix, on which the secretions will collect, dry and decompose, forever afterwards causing much discomfort. Chromic acid has the effect of shrinking the blood vessels, but it is not permanent. We must tie them down or destroy some of them; and the indication is to do so with as little superficial cicatricial tissue as possible. It can be done by electrolysis. This is difficult, though, because it is very painful. You may ask, why not prevent the pain by cocaine? Because cocaine shrinks the tissue so as to render it very difficult to get the needle under it. I have tried the electrolysis, but had to give it up. A small electro-cautery has the same objection. I had made, as I show you here, a long slender knife for the thermo-cautery. This is very painful, the reaction following very great, the cicatrix large, and it has to be introduced heated. The heat cannot be confined, either; all the metal is heated, and the radiated heat does much harm. It ties down the vessels, but does more damage than necessary.

The galvano-cautery, which I shall consider now, is, I believe, taking everything into consideration, the best. I had so much trouble with chemical galvano-cauterics that I had to give them up long ago. I have invested hundreds of dollars in them, and just when I wanted them for use was when they were not in order. After some years of discouragement, I believe we have at last, in the incandescent current, found something that will do the work. I have had led from the "Louisville Electric Light Co.," a wire giving

me such a current. By this rheostat made by the "Gaynor Electric Supply Company," of this city, I have complete control of the current. You will observe that I can bring this platinum knife to any degree of heat that I may wish. This can be introduced in the nose cold, heated then as wished, the application made (by cocainizing the tissue), without pain, and the knife withdrawn nearly cold.

Take a case of engorgement of the tissue covering the inferior turbinated bone; it is this bone that is most frequently involved. I spray the nose with an eight per cent. solution of cocaine, and in a few moments insert a piece of cotton, saturated with the same solution, which will reach the full length of the bone, leaving it ten or fifteen minutes. I then insert my cautery-knife back to the posterior end of the bone, turn on my current slowly, press firmly on my knife, and, bringing it slowly forward, make a deep horizontal incision the full length of the bone. If the tissue is very much engorged, I may make two parallel incisions, then insert the same cotton with the cocaine on it, and leave it in several hours. No pain results, and but little reaction follows. There is usually no hemorrhage. I get as a result one or two deep linear cicatrices, which tie the the relaxed vessels down, and as a result no more nasal stenosis, no more dropping of mucus into the throat, free respiration, recovery of hearing, no more laryngeal catarrh; or if these little symptoms do not disappear, a short treatment directed especially to them, relieve them, with but few chances of a relapse if the skin and general condition be properly attended to. Hypertrophies of the nasal mucous membrane and nasal polyp can be re-

lieved by electrolysis, or the galvano-cautery; but I think the best method is the cold wire snare, of which there are numbers. I have tried the Jarvis, the Douglas, the Sajous, and almost all that are in use, but I prefer Mac-kensie's, with a slight modification I have made. Tafel Brothers, of this city, made them. I hope soon to make a further modification which will still increase its utility. The main beauty of this snare is that it can be manipulated with one hand. I have yet to see a polyp, or a hypertrophy of the mucous membrane of the nose, or of the turbinated bone themselves, that I could not remove with this snare. Only a few days ago, I removed quite a large hypertrophy from the anterior end of the middle turbinated bone.

For the removal of bony ridges springing from the septum, when I think it is necessary to remove them, (I modify it in this manner, as I believe they are often removed when it is not necessary), we have chisels, gouges, plows, etc. I have a dental engine, with burrs made with extra long shanks, with which I propose to tunnel these ridges and crush them in, thus again getting a great desideratum, a small cicatrix.

Deviated Septa are, I think, frequently given the credit of causing much trouble without facts to support such. There are but few people in the world who have straight nasal septa—some the result of trauma, but many the result of nasal engorgement, polyp and hypertrophies. Remove the cause, and many of them will straighten without other treatment. Of course some of such cases, (one of which I had some months ago, in which I fractured the septum, and splinted by plugs, getting an excellent result), I say, some few of them need surgical measures to

correct them. In the case of the septum that I fractured, I also took from one side quite a large slice of cartilage.

As a cause in some cases, and in some as a result of nasal engorgement, we have hypertrophy of the pharyngeal tonsil, or the vault of the pharynx filled with adenoid tissue.

According to Lacauchie, as confirmed by Kölliker and Luschka, the adenoid tissue at the vault of the pharynx is a conglobate glandular mass, having the same structure as the tonsils; and hence it has been termed the pharyngeal tonsil. It is soft and spongy, and so closely incorporated with the cartilaginous tissue uniting the pharynx to the base of the cranium that it is exceedingly difficult to separate them. The follicles are identical with the solitary follicles of the intestine, and when in great numbers give a glandular aspect to the vault of the pharynx.

Hypertrophy of this gland is more common in childhood than in adult life, and is probably oftener present in males than in females. Cases I have seen this summer were persons under twenty years of age, the majority being under ten years; the youngest is four years old. The symptoms are those of a severe cold in the head, with very much less secretion from the nose than commonly marks a simple cold. The secretion drops down from behind the soft palate, in sometimes very excessive, occasionally very tough and difficult to remove, and sometimes the efforts to get rid of it produce nausea and vomiting. As stated before, one or the other or both nostrils are closed posteriorly, so the breathing, especially during sleep, is distressing. The child usually sleeps with the head

thrown back, lying flat on the back, and often with the arms over the head. The mouth is wide open; the tongue, becoming very dry, drops back into the throat, producing a distressing strangulation; whereupon the child cries out and jumps up badly frightened. A short period of rest ensues, to be followed by another paroxysm. In this way the little one passes the night; and on waking in the morning is as tired as when it went to bed. As a consequence, such children are usually anæmic, have little appetite, are stunted in growth, have narrow-pointed chests, and often the arch to the hard palate is much narrowed. The child coughs, catches cold easily, is deaf, and shows a deficiency in the articulation of such nasal sounds as *m* and *n*, or has what Dr. Meyer, of Copenhagen, calls "dead pronunciation."

Such patients have no use of their noses; have never realized the importance of the organ; can neither breathe through them, nor blow them. They never have a good night's rest.

The diagnosis is usually easy. With the rhinoscope no mistake can be made; or in small children the finger can be used. If the vault is filled with number of enlarged glands it presents to the finger, as Cohen says, the sensation of a bunch of earth-worms. If seen, it looks much like a bunch of cauliflower. Again, it will look as in the patient whose history I reported some time ago.

A young man, aged nineteen years, told me he had never known any use for his nose. He had never been able to breathe through it, nor blow it. He had Meyer's "dead pronunciation" to perfection. He said he had never had a good night's rest; was just as tired on getting up in the

morning as when he retired at night. He slept with his mouth wide open, and breathed through it both night and day—had horrible dreams and nightmares. His mother said that at night his breathing could be heard in every part of the house, and sometimes, after a severe paroxysm or an extra effort to get more air, he stopped breathing so long that she had frequently hurried to his bed, fearing that he was dead.

I found his nose quite free, but posteriorly the naso-pharynx was filled with a red, glistening mass, convex forward, and perforated with many openings like the faucial tonsils. There was absolutely no space on either side or in front; it was adherent to the pharyngeal wall. I endeavored to snare it, or get hold of it with Mackenzie's laryngeal forceps, but failed. I introduced my finger behind the soft palate, hugging the wall of the pharynx closely, and found that I could tear it loose from the pharynx easily; it yielding like liver tissue. After getting my finger well up in the vault of the pharynx I discovered two horns extending into either post-nasal space. These I also tore out with my finger. Relief was almost instantaneous. He was now able to blow his nose and breathe through it, which to him seemed very strange. A weak carbolic wash was given. Some slight reaction followed, and for a few days some small pieces of tissue were discharged. Several days later he returned home, having been entirely relieved. Several months have now passed since the operation and there is no return of disagreeable symptoms.

It is indeed a triumph for rhinology when a disease that has caused nineteen years of distress should be

relieved in a few minutes by an operation so simple. Of course in younger patients relief is not so prompt or easy, many days of patient treatment being often required. Children do not bear cocaine well, and because of hemorrhage, which always attends the operation, general anæsthesia can not be restored to. All we can do in these cases is to remove the tissue by piece-meal by an operation once every two or three days. I sometimes scrape the pieces out with my finger, or the curette, or pull them away with the forceps. In some cases I use chromic acid. I have seen no benefit from washes or powders. Not infrequently this trouble exists with engorgement of nasal tissue, and sometimes with true hypertrophy. Some physicians claim that by removal of the hypertrophied and engorged nasal tissue the adenoma in the vault of the pharynx will disappear. This has not been my experience. If the physician will but note the number of children presenting the symptoms described at the beginning of this year, he will be convinced that the affection is by no means uncommon; if he could see these children after they have been put to bed, and witness the distress occasioned by this form of nasal obstruction, he would wonder that it should have received so little attention at the hands of medical writers. Since the affection is quite common in children (few of whom receive treatment), and not common in adult life, it is clear that many of the cases are cured by puberty. Great and irreparable damage, however, may and often does result before puberty is reached, and in view of this fact the importance of early and efficient treatment is manifest.

CLIPPINGS.

REUNITING SEVERED NERVES.

A great deal has been done in the last few years—especially in Europe—in the direction of uniting the separated ends of divided nerves, and a number of methods have been devised by which the ends might be brought together when the gap between them was considerable. Various processes of grafting, by flaps and by the interposition of materials intended to serve as a sort of scaffolding for the budding prolongations of the cut ends have been devised, and have been employed with considerable success. But only recently Prof. Max Schüller, of Berlin, has put into practice a plan which promises better results than any which we have yet seen proposed. This plan consists in making use of the well-known elasticity of the nerves by laying bare a portion of the central, and, if convenient, of the peripheral end, and then stretching them over the gap until they meet and may be directly united by sutures of catgut. In the *Wiener Med. Presse*, January 29th, 1888, Schüller reports a most interesting case in which he employed this method with signal success. The patient was a worker in a chemical establishment, who, in November, 1884, wounded himself in the palm of the right hand with a piece of glass broken from a bottle which he was corking. The symptoms pointed to a division of the median nerve; and when Schüller operated in May, 1885, soon after first seeing the patient, this was found to have occurred, and, also, that a piece of glass was imbedded in the imperfect scar at the seat of the wound. The operation consisted of laying bare the nerve from the lower

part of the forearm to the middle of the palm, excising the scar tissue, removing of the glass, and uniting the several parts and branches of the nerve with fine catgut sutures. After this the wound in the skin was closed and dressed antiseptically, and the hand and arm were fixed upon a suitably curved dorsal splint.

The issue of this operation was most satisfactory and furnishes strong evidence of the value of the method. In carrying it out it would be well to follow the example of Schüller in sparing the nerve-fibrils as much as possible when applying the sutures, and in passing these very carefully, with delicate curved needles, such as are used in stitching a wounded bowel, through the sheaths of the nerve only. So far as the extent to which a nerve may be safely stretched is concerned, Schüller believes, from the result of his experience, and of certain experiments which he has made, that a gap of an inch and a half in the main nerves of the extremities can be bridged in this way. Violent and too extensive stretching would not commend itself to any prudent surgeon; but within the bounds suggested by Schüller, we think that nerve stretching will prove a very valuable preliminary to nerve suture.—*Med. and Surg. Reporter*.

VIPERA 8.—Cured two cases of phlebitis, one acute and the other chronic, where the symptoms of "bursting feeling in the veins" was very marked. The symptom of *Vipera* that called attention to the drug was observed in cases of poisoning, and reads; The veins would swell in the extremities and the recumbent position was painful.—Prof. Allen in *Chironian*.

MARRIAGES BY SYPHILITICS.

Dr. Morrow in a paper on the duration of the syphilogenic capacity in relation to marriage, presents the following conclusions:

1. The facts of every-day observation show that there is nothing constant in contagion, nothing certain in heredity. Many men marry with a syphilis in full activity of secondary manifestations, and never infect their wives or transmit the disease to their children.

2. The modern division of syphilis into secondary and tertiary period, upon anatomical forms and processes, does not furnish a safe criterion for determining the contagious character of the lesion.

3. The completion of the second stage does not always mark the definite disappearance of the virulent principle; clinical experience shows the late lesions are exceptionally, but none the less certainly, the source of contagion.

4. The contagious activity of syphilis and its susceptibility of hereditary contagion cease after the third or fourth year as a rule, yet observations show that the qualities sometimes continue in force much longer, and may be manifest in the fifth and sixth year and even later.

5. The aptitude of syphilitic parents to procreate diseased children may persist after the cessation of all specific manifestations.

6. The precise date when the syphilitic organism reaches the limit of its contagious or transmissive power does not admit of mathematical expression.

7. This limit probably varies in different cases, and many circumstances contribute to advance or defer it.

8. The type of the syphilis, the constitutional peculiarities of the patient, the character of the treatment, the presence or absence of certain conditions which are recognized as factors of gravity in syphilis, all exert a modifying influence.

9. All these elements should be considered in deciding upon the advisability of a syphilitic man to marriage. Each case must be studied upon its individual merits.

10. The direct paternal transmission of syphilis without preliminary infection of the mother, may be classed among the most conclusively established facts of medical science.

11. It is, therefore, a dangerous doctrine to teach that the sole risks a syphilitic man introduces in marriage consist in the contagious accidents he may bear upon his own person.

12. The arbitrary designation of a limit of three or at the most four years as perfectly safe for a syphilitic man to marry, with or without treatment, and irrespective of the actual existence of specific lesions, is unwarranted by science or the teachings of experience.—*Hom. News.*

"LITTLE PILLS" ON TOP.

The homœopathists of Wilmington, Delaware, seem to be in luck with their enterprise in establishing a hospital in that city. The Association formed for that purpose some time ago will take formal possession of their elegant property on the first of January. It was purchased for the Association by Mr. J. Taylor Gause, with the understanding that at the time of the transfer he should be paid \$5,500. The difference between this sum and the value of the property represents a very liberal donation on the part of Mr.

Gause. We learn from the *Wilmington Journal* that during the next month Mrs. Gause will build an addition to the hospital building, which will be used for a laundry, and put an elevator in the main building to run between the first and third stories, all of which will be a free gift. During the past year the Association has raised \$15,000. Of that sum Mrs. Mendenhall and daughters have given \$5,000 for the endowment of a memorial bed in memory of Henry Mendenhall. This is in addition to other liberal donations and an annual subscription by this family. Since the opening of the medical department in February there have been forty-three patients and over four hundred prescriptions have been filled at the dispensary. There have been two cases in the maternity department.

The history of the origin and success of this institution is somewhat interesting. A movement was started to establish a general hospital and the enterprise progressed favorably until the time came for organization of the management and medical faculty. This precipitated an issue between "big pills" and "little pills." The old school wouldn't fraternize with the high potency fellows, and as the little pills are bigger in Wilmington than any other town of its size they concluded to set up on their own account, and such public-spirited citizens as the Gauses, Mendenhalls and others gave them a good start. The ladies took hold, and their help has been a great factor in the success of the enterprise. We congratulate the Wilmingtonians in having a much-needed and well-managed institution and such generous-hearted and open-handed men and women who prefer to enjoy the fruits of their public beneficence while they

yet live, rather than have heirs and lawyers wrangling over their testamentary bequests.—*Lancaster New Era*, Nov. 21, 1888.

OBITUARY.

At a special meeting of the Phila. Med. Club, held Dec. 13, 1888, the following resolutions were unanimously adopted :

WHEREAS, We have learned with sorrow of the death of Dr. Henry T. Wilcox, at Youngstown, Ohio, on November 26th, 1888, therefore

Resolved, That by the death of Dr. Wilcox we have lost a valued member, the profession an earnest, conscientious worker,—his patients a loyal, faithful and competent adviser.

Resolved, That we desire to express to the bereaved widow our sincere sympathy in her hour of trial.

Resolved, That a copy of these resolutions be forwarded to Mrs. Wilcox, and published in the *Hahnemannian Monthly* and MEDICAL INSTITUTE.

(Signed)

I. G. SMEDLEY, M. D.,

W. W. VAN BAUEN, M. D.,

E. W. MERCER, M. D.,

Committee.

HIPPOCRATES' PICTURE OF A PHYSICIAN.

A physician should be clean in his dress, grave in his manner, moderate in his actions, chaste and reserved. He should neither be envious nor unjust, nor fond of dishonorable gain, affable, but not a great talker, modest, sober, patient, pious, without [superstitions, prudent, diligent; and not ashamed to solicit the assistance of other physicians. He ought never to positively assert that such or such a remedy will cure. He ought to visit his patients with sufficient frequency, and pay strict attention to all their complaints.

INDICATIONS AND CONTRA-INDICATIONS FOR ETHER AND CHLOROFORM—(as designated by Prof. C. M. Thomas, M. D.)

ETHER.

1. Used by all adults unless contra-indicated.

2. When the primary effect is sufficient there are no contra-indications.

CONTRA-INDICATIONS.

1. Excessive irritation of respiratory passages.

2. Inflammation of respiratory passages, lungs or kidneys.

3. Insusceptibility to its effects except in over dose.

4. Violent excitement.

5. Presence of fire or when cautery is used.

CHLOROFORM.

1. To be preferred in inflammation or excessive irritation of air passage.

2. Prolonged operations in Bright's Disease.

3. In cases insusceptible to ether, in children, in presence of fire.

CONTRA-INDICATIONS.

1. Extreme anæmia.

2. Shock or fright or extreme nervous depression.

3. Feeble or irregular circulation from cardiac disease or exhaustion.

1519 ARCH ST., PHILADELPHIA,
Dec. 16, 1881—I have tested Platt's Chlorides in a bad case of confluent small-pox with the most gratifying results. Not only was the room kept sweet, but by washing the patient with a solution *the stage of maturation was shortened and pitting prevented.*

O. B. GAUSE, M. D.,

*Professor Emeritus,
Hahnemann Medical College.*

COMBINED CHLOROFORM AND COCAINE ANÆSTHESIA.

In the *Lancet* of August 4th there is an "annotation" under the above heading, giving the experience of Professor Obalinski of Cracow, as to its use, and his method of employing it.

"In the London Homœopathic Hospital, and the Buchanan Cottage Hospital, St. Leonard's, I have for the last year or two increasingly used *cocaine* as a local anæsthetic in minor operations, such as the removal of sebaceous tumors, adenomata of the breast, and in amputation of the fingers and toes, etc., and have been very satisfied with the result. In only two cases have I seen any unpleasant effect result from it. There are, however, some patients upon whom the anæsthesia is not sufficiently profound to insure a painless operation. But up to the present I have not been able to discover any peculiarity which would enable me to say beforehand whether the *cocaine* will produce a total or only a partial anæsthesia. There is a difficulty in performing operations upon children, such as circumcision, under *cocaine* anæsthesia alone, inasmuch as they are not old enough to understand what is going to take place, and their fear renders it impossible to keep them quiet. We have therefore for some time now proceeded in these and other operations very much in the same manner as that suggested by Professor Obalinski. *Chloroform* is administered on a Skinner's inhaler till the patient becomes drowsy and habitually unconscious; then ten to twenty minims of a four per cent. solution of *cocaine* are injected, in quantities of four to five minims, around the part to be operated upon. No more *chloroform*, as a rule, is need-

ed after the injection. There is no sickness, consciousness is rarely entirely lost, and recovery from the effect of the combined anæsthesia is rapid."

Prof. Obalinski's experience leads him to recommend the combined method for extensive operations.—*Dr. C. K. Shaw, in Homœopathic Review.*

SIX BABIES AT A BIRTH.

Mrs. George Hirsch, of Dallas, Navarro county, Texas, gave birth to six children on the afternoon of Saturday, November 3. The mother and children are doing well, and the father is reasonably happy. A reporter who visited the homestead found about one hundred people present, all examining the brood of babies. There are four boys and two girls. The father, George Hirsch, is 31 and his wife 27. They have been married five years and have three children besides the recent accession. Hirsch is of German descent, and has named the quartette of boys Frederick, R. Q. Mills, Cleveland and Thurman Hirsch. The girls are Victoria and Louis. All are perfectly proportioned, but very small and seemingly healthy. The Hirsch family is poor but prolific, and the mother is a large healthy woman. The babies are tagged to preserve their identity.

IMPORTANT DATES IN MEDICINE.

- A. D.
 1628. Harvey's Discovery of Blood Circulation.
 1640. Von Helment.
 1755. Birth of Hahnemann, Jr.
 1762. Morgagni, Pathological Anatomy.
 1786. Vaccination of Jenner.
 1809. McDowell, First Ovariectomy.
 1812. Hahnemann, Jr.'s. Essay on Hellebore.
 1846. Anæsthesia of Ether—Morton, Jackson & Wells.

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VOL. IV.

JANUARY, 1889.

No. 1.

THE

Medical Institute

OF

The Hahnemann Medical College,

PHILADELPHIA, PA.

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SPECIFY "GARDNER'S."

INDICATIONS.—Hay Fever; Rose Cold; Poisoning by Lead, Mercury, or Arsenic; Acute and Chronic Rheumatism; Asthma; Chronic Bronchitis; Catarrh; Congestion of Lungs in children; Adenitis; Eczema; Lupus; Chronic Malarial Poisoning; Lumbago; Acute Pneumonia; Psoriasis; Scrofulous Diseases; Goitre; Enlarged Glands; Cold Abscesses; Indolent Sores; Excessive Fat; Fatty Degeneration of the Heart, to absorb non-malignant Tumors; in the later stages of Syphilis; and Syphilitic Phthisis.

THE MEDICAL INSTITUTE OF THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.

VOLUME IV.

JANUARY, 1889.

NUMBER I.

CONTRIBUTIONS.

ESSENTIALS TO SUCCESS IN PRESCRIBING.

G. W. HARMAN, M. D.,
NEWARK, N. J.

Read before the New Jersey State Homœopathic
Medical Society, May 1, 1888.

The apparently premature and easy manner in which the man of "twenty years' experience in the practice of medicine" goes through the gymnastic process of dextrously writing a prescription or filling several vials with tinctures or tablets, and directs that they be taken alternately every hour, five drops of the tincture or a tablet being the dose, before the patient is fairly seated and has breathed out, "Dr., I have a headache," or "Dr., I have a cold," has raised the question in my mind whether such men as Hahnemann, Boenninghausen, Hering, Dunham; Grauvogl and others who often required hours for the examination of a patient before being able to prescribe *one* remedy, much less *two*, were really qualified to practice medicine.

Upon its face it would seem that they were monstrously ignorant quacks

and in the interest of history as well as of humanity, I have endeavored in a feeble way, to ascertain and expose what they deemed to be essentials to a successful prescription, when, I hope it will be apparent why these men were so slow in comparison with "the man of twenty years experience" who has his "private formalæ and prescriptions" whose application requires it only to be known that the patient has "a headache" or a "cold."

From what I can gather, it appears, first of all, that the physician who would make a successful prescription must know "*how to take the case.*" This is a much more difficult matter than at first appears, and requires much adroitness and knowledge of human nature to elicit all the subjective symptoms, and a complete knowledge of pathology and physical diagnosis to elicit all the objective symptoms. Except that general survey which every physician ought to make at first glance at the patient, it seems, as a rule, best to take the subjective symptoms first. The physician should let the patient tell his own story and should not put words into his mouth or ask leading

questions, nor should he try to have the patient give symptoms parallel with those of some drug, for, by so doing he may lead the patient astray in the description of his case and thus deceive himself. In taking the case, age, sex, occupation, habits as to mode of life, excesses, etc., family history, previous history of present illness and present condition, together with the physical examination should be had and considered, particularly in chronic diseases, before a prescription can be successfully made. When the case is taken the relative importance of the symptoms must be considered, and this requires a knowledge of pathology. There will be what are known as pathognomonic symptoms, yet these are as a rule the *least* important in making a successful prescription. So says Hahnemann, so says Dunham.

No matter how adept the physician may be in taking the case, unless he has a knowledge of the pathogenetic action of drugs on the healthy human organism, he cannot possibly make a successful prescription.

This knowledge was considered a *sine qua non* by Hahnemann and all the physicians above-named, and the necessity for such knowledge was even felt by Alexander of Scotland, Haller of Switzerland and Samuel Crumpe of Ireland, each of whom affirmed, before Hahnemann did, the necessity of testing drugs on the healthy human being before experimenting with them in disease. Hahnemann saw that the use of drugs in disease can never determine their effects on the organism, for, whatever they may be, no human intelligence can separate drug symptoms from disease symptoms, and further, whatever their effects, no human intelligence could formulate therefrom a

staple rule or guide for the use of such drugs in disease. The truth of this observation is testified to abundantly by the vacillating conditions of old-school therapeutics. It is only within the last several decades that the old-school began testing drugs to any extent and even now experiment more largely on the lower animals, creatures whose nervous systems and susceptibilities to drugs are different from those of human beings, and therefore the experiment is of small insignificance and utility. It is a well known fact that the lower animals feed and thrive on substances which are poisonous to man. For instance, partridges and pheasants feed on the berries of the mountain laurel, and deer eat the leaves with impunity, bees make honey from the blossoms and yet human beings have been poisoned even by eating of this game and honey. The effect of the same drug on different animals is shown by Colchicum which, "in very small doses, is fatal to dogs, producing violent emeto-cathartic action * * *. In cows it produces scanty urine, distention of the abdomen but no profuse diarrhoea. In rabbits it produces enuresis, but hardly any serious symptoms. A frog will take with impunity a dose that would speedily kill a large dog." Again, Conium, which the Greeks used to kill political offenders, the sheep, goat and horse can take without harm. These facts prove the unreliability of a working *Materia Medica* founded upon such experiments on the lower animal. To learn the complete pathogenesis of a drug requires an intimate knowledge of physiology and pathology. It is owing to the imperfect knowledge of these branches possessed by Hahnemann and his *conferes* that our *Materia Medica*

is so heavily laden with rubbish and symptoms inexplicable and useless. Since their day the study of physiology and pathology has made marvelous strides and were our drugs reproven in the light of our present knowledge of these sciences we could interpret the meaning and relative importance of each symptom to the whole and to the pathological condition which the drug produces—whether that be simply altered function or change of tissue.

It is necessary, then, in order to prescribe successfully to either learn the pathogenesis of drugs as Hahnemann and his co-laborers did, by experimentation on healthy human beings, or, being afraid of that, to sit down and methodically study their works. How many do either?

The relation of drugs to each other is a matter regarded by Hahnemann and his immediate disciples as of more importance than I am inclined to think the majority of physicians of our school now regard it. My lamented teacher, Farrington, has shown clearly strong points of resemblance of drugs of the same botanical family, and the similarity and dissimilarity of those minerals having the same or different electrical relations, and again of the similarity of some vegetable drug to some mineral found in the soil in which the plant grew—as Bell. to Calcareo. He has also shown that as a rule those holding opposite electrical relations act oppositely and are usually inimical or antidotal. For instance, “the electro-negatives act on the bowels in the morning and on the chest in the afternoon; that is, they act upward on the body during the day. Exactly the opposite holds true with the electro-positive.” He mentions Sulphur with its morning diarrhoea and afternoon

asthma, and Kali with its forenoon aggravation of chest symptoms and afternoon of bowel symptoms. He also points out the complementary relations of certain drugs, as Sepia and the Sodium salts, especially Natr. mur. The antidotal relatives of drugs are important and especially to him who alternates. Indeed, as Dunham points out, the man who alternates must be very much smarter and better acquainted with the action of drugs than the one who prescribes the single remedy. I have known “the man of twenty years’ experience” prescribe Caust. and Phos. for a cold with hoarseness notwithstanding these medicines are incompatible. It may be that twenty years of wrong practice makes it right, at any rate the law of the State bows to it.

The study of histology reveals to us the fact that our bodies are aggregations of cells, and physiology shows us that each of these cells has “an inherent attractive and selective action which is both functional and nutritive.

The *functional* action consists in the special manifestation of the life of the past as distinct from its growth and the maintenance of its structure. In the secreting cell, consisting in the alteration of substances abstracted from the blood to fulfil some special purpose in the economy; in the nerve cell, in the transmission of impulses of motion and sensation.

The *nutritive* action of cells consists in the continuous supply of new material, the separation of this from the blood and its appropriation by the tissues, together with the removal of the products of their waste; in short, in assimilation, constructive and destructive. We thus see that the ultimate seat of life is in these cells, hence also the ultimate seat of disease or

perverted life. Disease may consist in some error either in the functional or nutritive action of cells. The functional action of cells is dependent on the nutritive action, as, for instance, in the osseous development of a child a retardation of or interference with the attractive power of the cells is met by exudation of serum and expansion of the skull and consequent error in functioning—strabismus, spasms, diarrhoea, retention of urine, etc. If the physician be not familiar with pathology and is a mere symptomist, he will probably prescribe one of the following: Apis, Agaricus, Helleb., or Zinc, possibly Gels., because it produces strabismus; but if he be familiar with pathology he reasons that all these symptoms are due to a failure of the nutritive cells of the bony system to perform their work, and that the remedy must be nutritive in its action, that is, it must reach these cells and restore their action. He therefore gives Calcarea and in due time all the symptoms subside. From the beginning of homœopathy the most successful prescribers have been those who held uppermost in mind the idea of a pathological basis or cause for certain symptoms. Hahnemann regarded the psoric and sycotic condition as of great importance as a guide to the selection of a curative agent. Von Grauvogl held the theory of constitutions as of much importance in selecting the remedy. In our own country the two most learned and successful prescribers, Hering and Dunham, always appreciated and applied the teachings of pathology. The pathology of to-day is not the pathology of Hahnemann's time which he so unsparingly denounced, but it is a positive science elaborated by experiment and deduc-

tive verifications. While Hahnemann gave to the world a pure *Materia Medica* our brethren of the old school have given us an approximately perfect pathology, and if Homœopathy is a science, and I firmly believe the evidence is conclusive that it is, then no correlative truth should militate against it. I firmly believe that no man who is ignorant of pathology is qualified to make a successful scientific prescription and that he who is the best pathologist and therefore best able to acquire the totality of the symptoms and estimate their relative importance, is, other things being equal, the best and most successful prescriber.

A man may be ever so well informed in the pathology of diseases so that he can interpret every symptom, and he may also be well versed in the pathogenesis of drugs, and yet unless he knows *the relationship between drug symptoms* and disease symptoms he cannot be a successful prescriber. That there is a relationship is admitted entirely only by the homœopathic school which, of course, claims that the relationship is not that of *similars*.

Many of the investigators and advanced men in the old school seek a relationship, but, as experience brings them to that of *similars*, they are slow to accept it as universal. Piffard says, "the connection and relationship between the so-called physiological action of drugs and their therapeutic employment, is a question that of late years (to the old school) has assumed considerable importance, and one that in the near future will probably invite still more thorough investigation.

At present the well ascertained facts bearing on these points are too few in number to warrant any general induction that can be extensively utilized in

practice. We know, for instance, that Arsenic, which during the last fifty years has been more extensively used in the treatment of skin diseases than almost any other drug, is credited by many competent observers with the power of also *causing* cutaneous eruptions. Iodide of potassium likewise an exanthematogenic drug is found useful in certain cutaneous lesions and especially in those of a syphilitic nature." Bartholow gives a drug whose physiological action is similar to the condition which he wishes to remove, but claims that is not homœopathy, but that the drug acts according to "the law of substitution," that is, he substitutes the drug effect for the disease effect, which is exactly what Hahnemann explained homœopathy to be, but, perhaps the old man did not know what homœopathy is, he was in "his dotage," poor fellow!

In Dr. Symond's Encyclopædia of Practical Medicine, Vol. IV, page 375, we have these words: "Upon this ground we are disposed to suggest the use of Strychnine in tetanus; not that we have become followers of Hahnemann but that it is a simple and undeniable fact that disorders are occasionally removed by remedies which have the power of removing similar affections."

H. C. Wood, in preface to his Treatise on Therapeutics, says: "The old and tried method in therapeutics is that of empiricism, or, if the term sounds harsh, of clinical experience;" further on he says, "Therapeutics developed in this manner, cannot, however, rest upon a secure foundation."

Dr. Oliver Wendell Holmes, a brilliant satellite of the old school, says, "with the exception of Morphine and Sulphuric ether, I firmly believe that

if the whole Materia Medica could be sunk to the bottom of the sea, it would be all the better for mankind and all the worse for the fishes."

From Dr. J. Mason Good, who is generally conceded to have been one of the most celebrated physicians, accomplished linguists and noteworthy authors of his day, we have the following: "The science of medicine is a miserable jargon and the effects of our medicines upon the human system in the highest degree uncertain, except that they have already destroyed more lives than war, pestilence and famine combined."

Bichat, speaking of medicine, says, "It is not a science for a methodical mind, it is a shapeless assemblage of inaccurate ideas, of observations often puerile, of deceptive remedies and formulas as fantastically conceived as they are tediously arranged."

Nothing of this kind has ever been heard from a homœopathist, because he has *a law of relationship between drug symptoms and disease symptoms*. I might have quoted many more similar expressions from honest allopathists who have vainly endeavored in their own way, to find something certain, something fixed, some sure guide to the selection of a curative agent, but I deem these sufficient to show that allopathy has no such guide.

The old school does contain and has contained many brilliant men, to whom the world owes much, but therapeutically, their great thoughts have been directed in a wrong line, and like any power wrongly applied, have, as above confessions prove, done more harm than good.

In sections 36, 38-44 of the Organon, Hahnemann makes some clinical obser-

vations, and quotes others to sustain them, that certainly should have been suggestive of the law of cure according to nature. They are, that two *dissimilar* diseases coexisting in the human body may be of equal intensity, or the *new* dissimilar disease may be of greater intensity, but diseases *similar* in character *cannot exist* in the system at the *same* time. They always extinguish each other. Besides the many cures made by drugs whose physiological action is similar to the disease to be cured, vaccination and Pasteurization seem to sustain these observations.

Hahnemann arrived at the relationship of drug symptoms and disease symptoms by the inductive process of reasoning, the same process by which all natural sciences are established. It was known to him that Cinchona cured intermittent fever. By experiment he found that Cinchona produced, in the healthy, symptoms similar to intermittent. Here the relationship was apparent, and it only demanded to extend the experiment to other drugs to prove its universality. This was done and the *law of similars* stood forth as the law of cure for all dynamic diseases.

It seems, then, that the essentials to success in prescribing are : 1. A knowledge of how to take the case, which requires a knowledge of pathology and symptomatology. 2. A knowledge of the pathogenetic action of drugs on the healthy human organism, including the relation of drugs to each other. 3. A knowledge of the relationship of drug symptoms to disease symptoms. Without a knowledge of these subjects no man can be anything but an empiric in medicine.

ABSTRACT FROM A LECTURE ON "LOCALIZATION OF BRAIN FUNCTIONS."

BY PROF. J. T. O'CONNOR.

(Delivered before Hahnemann Institute.)

Your attention is called to the wonderful results, discoveries in recent years in medicine, among them the localization of cortical functions being perhaps the most astonishing. The idea of separate loci in the brain for different mental processes is not new, phrenology being an instance of this. As a reaction against the doctrine of phrenology, which never found extended acceptance in the medical profession, the opposing doctrine of the unity of brain action was more emphatically taught and during the present century dominated medicine until 1851, when Broca reported his celebrated cases in which, during life, there had been what is now known as aphasia, and at the autopsies there was discovered in each a lesion in the same part of the brain. Upon these observations Broca theorized that the faculty of articulate speech had a separate location in the brain, viz. : in the region found diseased in his cases. Other supporting observations followed, and by 1864, this much of the doctrine of localization of brain function was admitted as true.

The observations of Hughlings Jackson upon cases of a peculiar epilepsy were next discussed. In these the spasms began in one definite part of the body, and thence extended to the rest of the limb, then to the whole of the same side, and finally to the other side of the body. Here there was found after death a diseased state of the brain hemisphere of the side oppo-

site to that in which the spasms began.

The work of anatomical investigators was rapidly reviewed and Meynert's results were unreservedly praised.

The wonderful experiments of Fritsch and Hitzig next received attention, as well as the work of Goltz, Munk and later of Victor Horsley, the general statement of their results being the following: Whenever an irritant is applied to a part of the cortex the cells in that area are thrown into activity, while if the area be destroyed, there is a loss of the special function residing in the cells of the area referred to. Thus, if the motor area of the right hemisphere is subjected to irritation, the muscles in connection with the locus of irritation by the projection system of fibres are thrown into action or spasm, while if the area be destroyed, those muscles are no longer capable of being affected by the will of the subject, the nervous mechanisms for the production and emission of voluntary impulse to the related muscles no longer existed.

Great as are the results of experiments upon the lower animals, it is doubtful in the lecturer's opinion, whether without the revelations of human pathology we would ever know with positiveness what we now know upon the subject.

The work of exploring the record of post-mortem observations in cases whose symptoms were accurately noted during life and shown by the autopsy to be due to a lesion in the cortex, was taken up by enthusiastic students, and thus we have the well-known works of Nothnagel, Exner, Charcot and Wernicke. In our own country admirable service has been done in this field by Prof. M. A. Starr, of New York.

The lecturer now demonstrated the

great landmarks of the surface of the hemisphere, first from a model of the brain and then from photographic reproductions, from the actual brain, thrown upon the screen. In this way the surface of the hemisphere was divided into four great lobes, the frontal, parietal, temporal and occipital, the subdivisions of each into convolutions being demonstrated. The boundaries topographically, although not strictly so, of the motor area were laid off and further subdivisions into areas for leg, arm and face of the opposite side, were indicated. The reports of Ferrier to still further subdivide these areas into smaller ones for separate muscles were considered but not accepted. The experiments of Mr. Victor Horsley were dwelt upon at some length.

The sensory areas were next presented, Nothnagel's views receiving most consideration. The theory that memory is a function of all the cortical cells, had already received attention, but the lecturer thought this not strictly true, but that in each area some cells act as registering mechanisms for the other, executive, cells of the same area.

The occipital lobe was next demonstrated, the cuneus being the site for the reception and conscious appreciation of simple visual perceptions while the memories of objects seen are stored up in the angular gyrus. Destruction of the former produces hemianopsia of the opposite halves in the two fields of vision, destruction of the latter causing what is known as psychical blindness, in which the patient sees well enough, but has no notion of the meaning of things seen. Munk's experiments in this area were quoted at length, and also a case of psychical blindness in a man reported by MacEwen.

Motor memories are necessary for reproducing accurately motor activities and the location of these memories for different purposes was pointed out. The muscular actions involved in articulate speech are perhaps the most delicate we possess, and are only acquired after years of effort. If the memories are lost, the individual no longer knows how to fix his muscles for the production of articulate sounds and has, so to say, forgotten how to speak. This is a simple motor aphasia, and is due to a lesion in the posterior part of the third frontal convolution of the left hemisphere. So, too, there are auditory memories. Those for words heard being located in the auditory area or first temporal convolution of the left hemisphere. Disease of this area causes loss of the auditory memories of words heard, and is known as sensory aphasia. An individual suffering from it does not understand the words of his mother tongue when spoken to him. Then the loss of the delicate muscular action in writing depends upon cortical disease at the foot of the anterior central convolution, and the individual is no longer able to write, although there is no paralysis of the muscles, of fingers, or hand.

Disease of the Island of Reil causes a peculiar modification of aphasia, in which the patient intending to say a certain word finds to his annoyance that he is using some entirely different one.

Visual memories of printed or written words are stored up in the supramarginal gyrus, and disease here renders the subject of it unable to read although he may be able to understand what is before him by tracing with his finger the outlines of the letters, and so getting a knowledge by the use of the

writing faculty. The faculties connected with language seem all to reside in the left hemisphere, but when one is destroyed it is held that the analogous area of the right hemisphere speedily learns to take up the work. If such area in the right hemisphere is now destroyed, the faculty cannot be regained, there being now no place for it in the cortex.

After considering the supposed functions of the frontal lobes, the speaker referred to the value of localization in practice, and maintained that the many successful operations undertaken by its aid amply justified the warm encomiums with which it is now received.

UTERINE POLYPUS.

BY DR. HARRIET JUD SARTAIN.

[Read before Philadelphia County Medical Society.]

I do not propose to present an exhaustive paper made up from books on polypoid growths ; but to make a few suggestions that may give rise to some discussion of the subject. All gynecologists know how frequently they are called upon to treat such cases. The symptoms that lead one to suspect a polypus, are a discharge of glairy mucus, sometimes streaked with blood, a profuse menstrual flow lasting longer than usual, and a feeling of exhaustion with dragging. The patient complains of *dragging*, not of pain.

Considering that polypi are non malignant and comparatively easily managed, still they often, by the loss of blood attending the menses and the constant albuminous discharge between the periods, bring about a most debilitated condition.

They may be found from the size of a pea to that of a child's head at

full term, filling the vagina in the same manner. They may develop at an early age and do not always cease with the climateric.

We are all familiar with the different varieties, and also that any portion of the uterus or vagina may be their point of growth; but they are more often found attached to the os cervix or fundus uteri, than to the vaginal walls.

Their recurrence after removal has been confined almost entirely in my experience to the vascular variety, the fibrous rarely returning.

The length of time before their re-appearance is usually about two years. The pedunculated seldom return; the sessile more often do. I have known them to return at intervals of two years, for four or five times.

In some patients they appear with pregnancy and at no other time, and in such cases it is necessary to effect their early removal; as their growth is very rapid owing to the greater supply of blood than in the non-pregnant state.

Some families have what I call a polypoid tendency. For example—I removed a polypus for a lady, for her daughter, for three of her nieces, children of her brother and sister, and the brother had a nasal polypus. In a family of four sisters, for each I have removed a polypus. Another family, a gentleman had a polypus—his sister a uterine and his little girl ten years old a nasal—I removed the two latter.

My youngest patient with cervical polypus was sixteen years old. She had been treated for hemorrhage, recurring at irregular intervals since she was fourteen. The other extreme was an old lady who had passed her nintieth birthday; who supposed herself to be again menstruating. She

recovered entirely, dying with pneumonia in her ninty-third year. In 1868 I removed the largest fibrous polypus I have ever seen. The lady had been having profuse flow and considerable pain at her menstrual periods for four years. Two years before I saw her, during one of her attacks, the flow was so great and the pain so terrible, they sent for her physician who spent the night with her. The next morning the flow diminished and the pain ceased, and although the flow continued, hemorrhagic at intervals, up to the time I saw her she had no more pain. No doubt the growth was expelled in that night of suffering. It filled the vagina as a child's head does, in labor, presenting at the ostium vagina a large, hard and unelastic tumour. By introducing my entire hand around it; I could just reach the os uteri encircling a pedicle fully four inches in circumference, which I ligated, tightening it each day for four days, when I cut away four and a half pounds, leaving sufficient to hold the ligature three days longer when I cut off the remaining portion, leaving a smooth surface which soon retracted within the os. Several evacuations of retained and hardened fæces followed the operation, and the ability to retain a pint of urine after voiding it by the tablespoonful, every few minutes for months, was a great relief to the patient. At the time I last saw her, two years ago, she was still in good health.

One of the most peculiar cases I have met with was that of an elderly lady who had ceased menstruating about seven years. She had borne a large family of children and had always been strong and well. For six months before consulting me she had had a continous flow and was unable to do anything.

She could not walk at all on account of a dragging sensation in the pelvic region.

The vagina seemed filled with cords about the size of a small pencil, which proved to be four polypi attached to the os and cervix uteri, with pedicles from three to five inches in length; twisted around each other in a way that gave the sensation of cords to the touch. In six weeks after their removal she felt as well as she had ever been and remained so over two years, since which time I have not heard from her.

Another case of interest was a lady fifty-four years old, whom I had treated some four years before for uterine congestion and inflammation, who returned with symptoms of polypus.

An examination showed one protruding through the os uteri, ~~about~~ half an inch. I grasped it with the forceps, withdrew the speculum and holding it firmly with the left hand, with the right index finger followed up the forceps, to determine the size of the growth and its attachments if within my reach. While making traction on the growth against the pressure of my finger, it simply slipped out. There was considerable soreness and a slight discharge of blood for a few days; but no further trouble. The menses gradually ceased. I had hoped to show you this growth to-night as a specimen of a perfect polypus, knowing that the patient had preserved it in alcohol; but on Monday last I learned she had thrown it away two years ago. It was pear shaped, two and a half inches long, and unbroken. I have had one other case of a smaller growth removed in a similar way.

The manner of removal of polypi has changed materially in the last

thirty-five years. Small growths at that time were ligated; whereas, now they are taken off with the ecrasure or crushed. Growths, that at one time I would not have attempted without ligation, I now remove in my office by crushing and parting the vagina with cotton saturated with "Fluid Extract of *Hammamelis*."

By repeating this operation every other day for a week, moderate sized growths are usually destroyed. When pedicles are large I ligate for two or three days and then excise, leaving sufficient to hold the ligature for a few days longer, but I take away the dead material as soon as possible, that the patient may not be poisoned by its absorption.

Having found difficulty with Gooch canula on account of its being straight and too short; in 1869 I had an instrument made of a male catheter and a portion of a window shade fixture. It had the advantage of being curved; thus preventing pressure on the external parts, which often made the catheter necessary, and no need of an assistant in tightening the ligature. It was of domestic manufacture, and my intention was to have one made by a surgical instrument maker; but it has served me and my friends so well, that it is still in use. Instead of wire I use cloak cord for the ligature. It is safer for a vascular growth; as it clutches without cutting, and there is no fear of its breaking in a dense fibrous pedicle, as wire sometimes will.

It is always best to keep a patient, if one can, for some months taking indicated remedies after the removal of a polypus. Such remedies as Sulphur, Silicia, Calc, Carb, Staphisagria, Sepia and Helonias, I have found most useful

CRITICAL ANALYSIS OF DRUG-PROVINGS.

BY C. WESSELHOEFT, M. D., AND J. P. SUTHERLAND, M. D., FOR THE COMMITTEE ON MATERIA MEDICA.

[Read before the Massachusetts Homœopathic Medical Society.]

INTRODUCTION. BY C. W.

In the following report your committee hope to present to this Society not only a principle of revision and analytical criticism of the *materia medica*—but also a practical method by which the value of a proving can be determined.

Long and vain has been the demand for the separation of the wheat from the chaff, but hitherto we have never reached beyond a poetical metaphor on the one hand, and a spirit of indifference on the other.

Your committee see with apprehension the issue of new repertories or text-books, in which the unquestioned *materia medica* is arranged for practical purposes, as if each "symptom" it contained were an absolute truth. All we know is that a part of it is true, another fallacious; but to separate the true from the false, we have never sought any means, but that most uncertain and deceptive one, the "clinical test." We do not know in a new proving, nor in most of the old ones, how to distinguish the useful from the useless. For a hundred years we have applied the clinical test, with no other result than the fallacious deductive generalization that in the end all symptoms in a proving might be true results, because sooner or later a cure resulted after the applica-

tion of each "proven" symptom.

A priori no proving can be relied upon as a true result to be applied, under the maxim of similars, unless it was first demonstrated that the substance proved was a proper subject, and properly prepared; that it contained the subject alleged to have been proved; that the proving was the result of the drug, and that it was due to no other causes; that the proper checks and safeguards (counter or control tests) were employed in obtaining the results. If these safeguards ever were employed to ensure a reliable result, we seek in vain to find when, and by whom they were used. We cast no reproach upon any author of provings, new or old, but ascribe the want of authoritative evidence to the time-honored custom of placing overweening faith in the personal authority of individuals. The time for this method of vouching for truth has gone by. No lover of nature, and no seeker for truthful evidence of the causes of natural phenomena, would give a copper for such tests as have hitherto been applied for the discovery of the truthfulness of our rule of similars, or the truthfulness of the *materia medica* as applied under that rule, or for the methods of the old school of determining the usefulness of drugs.

In order to advance a step, hoping that it might lead us in the right direction, your chairman, several years ago, endeavored to draw attention to the fallacious methods in use, and did so, especially in an article entitled, "Our Methods of Drug-Proving,"* wherein the principles underlying scientific research, its methods and

* *New England Medical Gazette*, Vol. XXI., No. 6. (June, 1886.)

rules, were discussed at length and in full detail. It was with these principles that the members of your committee on materia medica have made themselves familiar, and to which they have given their approval. In the conferences held by your committee, it was well understood that while the analytical test of provings should in future be conducted according to certain rules and principles, none should be too closely bound by these rules, but each should have perfect freedom in applying the principles, according to his own methods, and in drawing his conclusions.

Based upon these principles, your committee have issued a circular setting forth, in brief, the principles and rules to be followed by them in the critical analysis of provings, new and old. These rules are here appended :

In order to accomplish our object, we should aim at the introduction of a method which shall make no invidious distinctions between, or admit of any *a priori* assumption as to the validity of provings. The method proposed shall be alike fair in its judgment of high or low potency provings ; it has not to determine whether the drugs used were properly prepared, or what their nature was ; it has little to do with the health or the temperament of provers, for if the leading principles of the method as stated below are followed, the result of the examination of a proving will undoubtedly determine its practical value.

What we want to discover in a proving is whether the symptoms recorded are due to the drug. The future general acceptance for which we hope for the principle S. S. C. depends entirely on correct methods of proving. The

following principles should guide the proving of drugs :—

Certain causes acting under like conditions always produce the same effect ; and hence, conversely, if we are seeking for causes, the rule will be that widely varying effects are not to be attributed to the same cause.

A proving properly made—that is, a carefully conducted test under methods which avoid error by varying the experiment—will invariably exhibit the same result upon repetition ; if with each experiment by different provers the result *varies*, it cannot be attributed to the drug taken,—(if “like causes produce like effects”).

Although provings upon the human organism may vary slightly in different persons, and although a certain latitude may be allowed them, it is far safer to apply the rule in its literal meaning than to endanger the sick by ambiguous interpretation of provings or their doubtful results.

Cause experimental tests (provings) to be as numerous as possible. The number cannot be arbitrarily determined. But in order to accept the results as valid, insist that the observations and records of experimenters individually and collectively shall manifest distinct congruity in sense and meaning ; if they do not manifest such congruity, they shall be excluded as useless.

Next to the above rule concerning the value of congruent symptoms, the definition of *value* is embodied in the following rule :

Each drug, when tested upon the healthy organism, is capable of producing a distinct and peculiar series of effects which serve to distinguish each drug from others ; but these effects shall not be considered as resulting from and peculiar to the drug unless they are recognizable

as distinct signs of disease (pathological) and unless they indicate some recognizable class of pathological states (disease).

A considerable number of extensive experiments show that a normal human individual is usually capable of manifesting a large array of deviations which are not of a morbid or pathological nature; these must be distinguished from the spurious deviations, if provings are to be of value.

The critical examination of provings, whether made by the prover in person, or others, should be conducted according to the above principles, and we now propose to *apply them for the first time. The object will be to compare the records of each prover with those of the others, and then to accept those effects only which are corroborated by numerous tests, of which there should be no less than three.*

(A.) These three provings should be by different provers, as the same prover is apt to have the same symptoms whatever he is proving.

(B.) We should, in making these comparisons, unhesitatingly omit as useless everything which does not agree in sense and meaning between different provers, as it is *uncertain* and misleading.

(C.) We should not keep anything in the way of symptoms which is doubtful; it is far better to omit a few paltry effects which might have been due to the drug, than to admit thousands of a doubtful nature. Why account for them at all? Let us keep only that which, according to our best knowledge, is correct.

In the special method of critically examining a proving, it should be left to each to find his own technical method. But the following is proposed as a guide:—

Suppose we were to examine a proving, take those of *Gamboge* in the *Cyclopædia of Drug Pathogeny*.

1. Read the whole through carefully.

2. Copy on narrow strips of paper, less than three inches wide, the record of each prover there given.

4. In such a manner as to arrange the symptoms in order, according to the parts of the body: head, throat, stomach, etc. This is for comparison.

4. Having done so, place the strips side by side so as to bring the parts to be compared in a line, and then pass judgment as to whether they agree in the different provings or not.

The conclusions to be drawn regarding the value of a proving, rest upon the pathological knowledge and experience of the critic, who is to bring unbiased judgment to bear upon the work of others. The critic should not yield to a fear of eliminating too much; great volumes of dross are often to be thrown away to secure a single grain of gold, and this had better go with the dross if inseparably alloyed with it.

5. If we find, *e. g.*, the head symptoms of provers A, B, C, D, to agree, we should consider them valid, though E might vary slightly.

6. If they should all be different, vague and uncertain as to pathological meaning and expression; for instance, if those who record head-symptoms all differ, while others record no such symptoms, the whole should be excluded, *i. e.*, designated as valueless, because uncertain.

7. All parts of the body should be compared in this way, if possible. If the proving, however, is very voluminous, consisting of the records of many provers, ten or twenty, or more, the writing out of all parts would take much time. Although this should

form no excuse, the time of the committee is limited, and therefore labor can be abbreviated by comparing only two or three of the chief parts of the body, say head, chest, abdomen.

8. Or, if on the first careful reading it should strike the reader that there are certain parts repeatedly and obviously being referred to by the provers, let these be the subject of comparison.

These suggestions can be modified, abbreviated or extended, by each critic of provings. But the chief object of doing such work is to test carefully what we already have got, before we go on increasing in bulk. It is proposed, furthermore, that this committee prepare a number of such critically examined provings as examples of what can be accomplished in this way. Other societies will appoint committees to do the same, and with comparatively little work we shall be able to place in the hands of our students and practitioners a rationally verified *materia medica*.

9. Use only original provings, giving name of power, drug, and dose given, and dates accurately stated. Allen's *Encyclopædia*, and Hughes' *Cyclopædia of Drug Pathogenesis* are recommended.—*New Eng. Med. Gazette*.

A RARE AUTOPSY,

Dauscher relates in the *Wiener Medizinische Presse* the result of an autopsy on a laborer who had been buried by the caving in of a large mass of earth, which fell on him from a height of four or five metres. The unfortunate man had been knocked over backward by the first mass that fell, and remained in such a position that the succeeding masses covered him gradually from the feet upwards. Every effort was made by his fellow workmen

to help him, and though they quickly had him uncovered, he was found to be dead. Dauscher was called to make the autopsy, and was surprised to find a mass, about the size of the head, under the neck and extending toward the right shoulder. This was found upon incision to consist of both lungs and the heart, which, under the enormous pressure brought to bear from below upwards, had been forced into this position. Externally the body did not show a wound of any description. The abdomen was sunken in or collapsed completely, and on opening the cavity it was found empty. The diaphragm had ruptured, and the contents of the abdominal cavity was found filling the space made vacant by the hernia of the heart and lungs. In spite of this there was no break in the walls of either the stomach or entrails, though the spleen and liver were torn and broken in several places. The heart was small, but neither it nor the great vessels were torn or wounded. The lungs were completely collapsed. Such an autopsy is almost without a parallel.—*St. Louis Medical and Surgical Journal*.

The Hahnemann Publishing House, of Philadelphia, have issued a circular announcing to the Homœopathic profession that Dr. L. F. Allen's *Hand-Book of Materia Medica and Homœopathic Therapeutics*, is now in the hands of the printers, and will be ready for delivery next spring. As yet the price is not mentioned; but, the publishers guarantee that the work shall not cost over fifteen dollars.

Here is a luxury that would well repay the denial of temporary pleasures to acquire. Theatres, operas, etc., come and go; but the same amount of time and money would not only secure a valuable work: but knowledge would be acquired that could not be removed.

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EDITORIALS.

HAHNEMANN HOSPITAL.

On invitation of the Trustees of the Hahnemann College and Hospital, members of the State Legislature from Philadelphia and vicinity, inspected the college and the portion of the new hospital thus far completed, the object being to furnish the legislators with information as to the conditions and needs of the institutions. At the last session of the Legislature the sum of \$25,000 was appropriated, of which, the Trustees state, one-fourth has been received. The new hospital is expected to cost about \$175,000, and about \$15,000, it is said, has thus far been expended on the work. The Board of Public Charities has recommended an appropriation of \$100,000. The members of the Legislature present were: Frank M. Riter, Augustus Roberts, William M. Kidd, John H. Reibel, William H. Brooks, Nathan Jones, James Hasset, Jas. D. Lee and Benja-

min Jones. The trustees of the institutions present were: Judge Hanna, President; Chas. H. Harrah, Sr., Charles J. Harrah, Jr., William G. Foulk, Lemuel Coffin, J. W. McAllister, E. Burgess Warren, Dr. H. N. Martin, Dr. J. C. Guernsey, Dr. R. C. Smith and Dr. C. S. Middleton. The following members of the faculty were also in attendance: Dr. A. R. Thomas, Dr. C. Mohr, Dr. J. E. James, Dr. B. F. Betts, Dr. W. B. Trites, Dr. Pemberton Dudley, Dr. W. H. Kiem, Dr. W. B. Van Lennep, Dr. J. C. Morgan, Dr. C. S. Gaunt, Dr. W. C. Goodno and Dr. R. D. Weaver.

A thorough inspection of the college and incomplete hospital was made, after which an adjournment was had to the Board room, where Judge Hanna, on behalf of the Trustees, spoke of the needs of the institution, asking the attention of the legislators "to one of the great charities of the city and State." He expressed the hope that, when the distribution of State funds came up, the Hahnemann College would be included.

Dr. Trites said that it was not the desire of the Trustees that the institution be selected for special favors: all they wished was fair play. They wished to be done by as had been done unto other institutions.

Remarks favoring the matter of an appropriation were also made by Dr. Thomas, Mr. Brooks and Mr. Hasset.

Dr. Mohr read a financial statement showing the receipts and expenditures for five years past.

[Three years ago the students were eager for the completion of the new College. Those who graduated at that time, had a pleasant memory to carry away with them, for they knew that

on their return, either to pursue a post-graduate course or for pleasure, a new garb would surround their *Alma Mater*. No more can an alumnus say he is ashamed to have so good a mother in so bad a house.

Our College is the finest and most thoroughly equipped homœopathic structure in the United States to-day.

Our dispensary is crowded daily and it is seldom there is a vacant bed in the hospital (dispensary proper). The charity work performed by the dispensary staff together with the mortuary record of our hospital, places our institution on par with any other college and hospital in Philadelphia, in proportion to accommodation.

To-day, in theory only, the students stand in the same position as did our predecessors of three years ago. The class of '89 is the first class that has pursued a full course in the new College. In that time the dispensary has been erected and serves as our hospital pro tem. The hospital proper is in course of erection. Some fifteen thousand dollars having been expended on the foundation and walls to the second story. To such an institution, where all that is humane predominates, the request of the Trustees and friends is but just, and we trust every dollar that is asked for will be given in the same spirit as medicinal treatment and care is accorded to those, who seek the skilled attention our institution affords. It is the cramped condition, and utter inability to accommodate the increased number of applications for treatments, that makes it essential the new hospital should be completed.

As we were congratulated upon our entrance into the new *Alma Mater*, we feel like taking time in advance, and extend our congratulations to those

who shall witness the completion of that link which will make Hahnemann College, of Philadelphia, in toto, the Mecca of Homœopathic learning.]

A NEW VOLUME.

With this number the JOURNAL begins a new volume. The past is on record. The aid of every Alumnus and reader is earnestly solicited. As it is a pleasure to hear from your *Alma Mater*, so likewise, it is encouragement to us to have your name upon our subscription list. Make the INSTITUTE your Journal.

ERRATA.—In the December issue, Page III, under "Conditions of Admission" the phrase "above the pubis to within a quarter of an inch of the uterus" should read, to within a quarter of an inch of the ureters. Likewise under "Treatment" uterus should read ureters, in the phrase it was suggested the uterus might be advanced, etc.

THE Charity Lying-in Hospital of this city refused diplomas to the Hahnemann students, who had completed a course on obstetrics in that institution, because they would not promise to treat cases in after life according to the methods taught there. We had supposed heretofore that the acquisition of a diploma simply indicated the *successful completion* of a course and an *ability* to practice accordingly, not the *promise* to be a bigot and a cessation of independent thought forever after.

We are indebted to Dr. C. E. Walton for a copy of the proceedings of the Homœopathic Medical Society of the State of Ohio.

COMMUNICATIONS.

AMERICAN INSTITUTE OF HOMŒOPATHY. — FORTY-SECOND ANNUAL SESSION.

EDITOR MEDICAL INSTITUTE.—The forty-second annual session of the American Institute of Homœopathy will be held at Hotel Lafayette, Lake Minnetonka, a few miles from the "Twin Cities," St. Paul and Minneapolis, Minnesota, beginning Monday evening June 24th, and continuing "until Friday night," June 28th, 1889. Details of the arrangements will, from time to time be furnished to the homœopathy journals for publication. The proper committees are actively engaged in securing such arrangements as will assure the success of the convention and the enjoyment and advantage of those who attend it. The local committee of arrangements and other resident physicians of Minnesota are planning to secure the attendance of as large a number of lady friends of the Institute members as possible.

The object of this notice is to direct the attention of the Institute and especially of bureau members and committeemen to the fact that one-half of the year allowed for preparation has already expired. While some of the bureaus and committees have fully matured their plans, and many of their members have their work well under way, the preparatory labors of others are not yet begun. Thus far the Secretary has received reports of progress from bureaus and committees in effect as follows :

The Bureau of Materia Medica reports that some of the members have held conference meetings and are engaged in preparing materials for

illustrating the pathogenesis of Iodine and its Salts. Others have promised important literary contributions to the same subject.

The Bureau of Gynæcology, is preparing four papers on Urethritis and Cystitis (in the Female,) and has selected a member to open the discussion on each paper. The Chairman requests a general discussion based on professional experience, and says, "everything justifies the hope of a full and good report."

The Bureau of Psychological Medicine will report on "Agents for the Creation and Development of Will-power;" and expects to present at least nine papers on various sub-divisions of this topic. Some of these papers are now in preparation.

The Bureau of Obstetrics is engaged upon the general subject of Puerperal Complications. Several members of the bureau are already at work upon their assigned sub-divisions.

The Directors of Provings have adopted as their work for the year, Critical Analyses of the Provings presented at the last session; and for this purpose a set of rules has been elaborated under which the members of the committee will determine the value of such provings, each member applying the rules according to his own convenience.

Certain other bureaus are also engaged in the preparation of their essays. Though formal reports of progress have not yet been received; and the same is true of some of the more important committees. Still other bureaus it is known have not yet completed the preliminary portion of their annual labors. As information is

received from them it will be sent to the journals for publication.

The Secretary may be pardoned for suggesting that papers be completed early and copies made and submitted for examination to those likely to participate in the discussion thereon, thus adding to the interest and profit of the Sectional Meetings. These copies could then be sent to such journals as their authors might select, thus securing their wider publicity, yet without interfering with the prompt publication of the transactions.

PEMBERTON DUDLEY,

General Secretary.

S. W. Cor. 15th and Master Sts., Phila.

HEIDELBURG AND VIENNA.

EDITOR MEDICAL INSTITUTE:—In response to your request, to give you an idea of the work and the plan on which it is run in Heidelberg and Vienna, I will begin by giving you a brief resume of the work to be done, so that, if any of your students anticipate a trip to Europe they will be somewhat better posted than I was. The University at Heidelberg is run on the same general principle as all German Universities, with perhaps the exception of Berlin. That is, they are all didactic courses lasting the entire Simestre, and that is about four months.

One having time at his disposal can certainly *see* and learn a great deal. The material being very abundant considering the sized town, and for teachers it can't be surpassed, Czerny being the chief surgeon and Erb, the head of the Medical Department. Czerny holds his clinics from nine until eleven, A. M., daily. Here one can see a great many Laparotomies, both for tumors and other troubles.

He being a celebrated Laparotomist,

cases are sent to him from all over Europe. Next to Abdominal Surgery you see joint diseases, consequently numerous resections and amputations. Outside of these one sees comparatively little.

His operations are all carried out under the strictest antiseptic precautions. So I can say, it will pay anyone to go alone to Heidelberg to see Czerny if for no other reason. Erb also gives a clinic daily, showing a greater or less number of cases. His course is also an excellent one. Heidelberg is renowned for its Pathological courses. It having one of the best teachers. Arnold gives a very exhaustive course of lectures, illustrated with both wet and dry specimens.

The Histological course cannot be too highly recommended for beginners in Pathology, whereas, for those who have already made themselves acquainted with the fundamental principles of this branch it is not to be recommended as highly as the Laboratories at Strassburg or Vienna. Heidelberg, being perhaps the most popular of German Universities is consequently patronized by the better class of students. The residents being aware of this fact, do not hesitate to charge exorbitantly for almost every thing. Therefore living is more expensive than one is usually led to believe. I doubt if one could pass a more profitable and pleasant spring and summer anywhere, than at Heidelberg.

Now, in regard to Vienna; the advantages offered here, with the exception of one branch, are certainly not to be surpassed anywhere. The exception I refer to is the eye, which I learn from many who have taken more or less, or all of the course on this subject is not what it is said to be, or what it

formerly was. The chief of this department, apparently has great antipathy for all foreigners. The others, with the exception of operative eye work by Dr. Bergmeister, are not to be recommended, as the subject can be studied to a far greater advantage in Berlin, London or Paris. The other branches are all taught in a thorough and practical manner. I would, however, warn everyone coming here from taking each and every advertised course. As can be expected, there are some who are only after money, and they are usually newly appointed assistants. It has been the fate of several of my friends to fall prey to some of the above mentioned fiends. Again, I would advise all who anticipate to finish their medical education abroad not to come here immediately after leaving college; but, if possible, first serve at least a year in some good hospital, or as assistant to some one, or preferably both, and why? So that one can see general practice and make up their mind what specialty they want to pursue—otherwise a *student* can remain here, and especially in Vienna, for a number of years and then not feel satisfied. As there are courses on special diseases, for instance, diseases of stomach, heart, etc. Therefore it is to ones advantage to have a definite idea what he intends to follow. Having this, one can come to Europe and accomplish a great deal in a year or so. Further, one having some knowledge of the language possesses an immense advantage, consequently I deem it advisable to begin the study of German at the earliest date. The last, but by no means least of importance is the question of expense. Of course that depends a great deal on the individual, so let it suffice, when I say the

expense is usually underestimated.

In conclusion I would say that anyone imagining he can obtain an assistantship, as many are led to believe, is a delusion; as, it is positively impossible to do anything of the kind. The assistants obtaining their position through the Government, and naturally a native is first-choice, and here the Germans come next in order, according to law. A short time since a friend of mine offered any reasonable amount of money to be allowed to assist an *assistant* during the summer course; but he was informed of the above being the law. This rule was told me by one of the first Professors.

Trusting I have made things plain and with a—"Here's to old Hahne-mann, etc., etc."

I remain yours very truly,

CARL V. VISHER,
Vienna.

VIII Langegosse 32,
Josephstadt,
H. Partenne. Thür. 3.

PROLONGED VITALITY.—A case in one respect unique is reported from Jamaica. A suicide cut his throat from ear to ear, severing both carotids and juglars, trachea and œsophagus, the wound reaching back to the anterior portions of the bodies of the cervical vertebrae. After this the man went sixteen feet, crept through a hole in the partition, and crawled on all-fours a further distance of sixteen feet, under the house, the floor of which was about two feet from the ground. Such retention of power after these injuries seems almost a physiological impossibility, and yet the report appears wholly trustworthy, and presents a medico-legal aspect of great interest.—*The Polyclinic*.

CLIPPINGS.

MATERNAL IMPRESSIONS.

Wm. R. Lowman, M. D., of Orangeburg, S. C., contributes the following history :

Mary, wife of Furman A., a colored tenant of Mr. R. F. W., living four miles distant from Orangeburg, across the Edisto, was *enceinte*. When about two months advanced, she was severely frightened while passing through a corpse of woods by a buzzard, which she suddenly came upon behind a cluster of underbrush. The scavenger had caught a pig, and had devoured a major portion of the head. The woman was greatly shocked mentally and bodily by the fright, and was soon attacked with uneasy sensations in the hypogastric region. Two weeks after this occurrence, these symptoms assumed the magnitude of threatened parturient throes. Dr. J. W. Lowman was called, and having ascertained the above history; diagnosed a case of pregnancy with abortive tendency. He advised absolute rest in a darkened room, and prescribed *opium* to be exhibited till the "pains" completely ceased, and then the use of *viburnum pruni folium*, $\frac{3}{4}$ i, Fld. Ext. *ter in die*. The treatment was not carried out, for, as soon as the patient partially recovered, it was abandoned. Exactly one month (28 days) after this severe psychological impression—doubtless influenced somewhat by the menstrual period, severe "pains" set in, expelling the contents of the uterus. Dr. J. W. Lowman having again been called, examined the discharges, which had, fortunately, been preserved, and found that the woman had expelled a perfectly formed bird with exception of the head, which, like that of the pig

on which the buzzard was feasting, was absent. The monstrosity was about three and one-half inches from tip of toe to end of neck. It was about the size of a robin, and resembling that bird very much in contour—even to the skin—which was of that "fine goose-skin" variety, so characteristic of the winged family of animals. The umbilical cord was normally attached to the body, and the placenta, which was somewhat larger than a half-dollar silver coin. The feet had the three main anterior digits, and the subsidiary digit posterior with its long claw. The membranes were almost perfect. The freak was examined also by Drs. W. C. Wannamaker, O. R. Lowman and myself. It certainly surpasses anything ever seen by me. The woman was colored and had had, last year, a miscarriage when four months *enceinte*. The monstrosity will be presented for your examination by Dr. W. C. Wannamaker, of this city.—*Proc. Med. Sec. South Carolina*, 1888.

CAUSES OF COAGULATION.

Louise G. Rabinovitch in the *New York Medical Journal*, in reviewing the paper of Mr. W. D. Halliburton, (*Proceedings of the Royal Society*) thus formulates the results of the author's experiments :

1. Lymph-cells (leucocytes) yield as one of the products of disintegration a globulin which may be called cell globulin, and has the properties ascribed to the fibrin ferment.
2. Fibrin ferment, as extracted from the dried alcohol precipitate of blood serum, is found on concentration to be

a globulin with the properties of cell globulin.

3. The fibrin ferment as extracted by saline solutions from "washed blood clots" is a globulin which is also identical with cell globulin.

4. Serum globulin, as prepared from hydrocele fluid, has no fibrinoplastic properties. It may better be termed plasma globulin.

5. Serum globulin, as prepared from serum, has marked fibrinoplastic properties. This is because it consists of plasma globulin and cell globulin derived from the disintegration of the white blood-corpuscles, which are in origin lymph-cells.

6. The cause of coagulation is primarily the disintegration of the leucocytes. They liberate cell globulin, which acts as a ferment converting fibrinogen into fibrin. It does not apparently become a constituent part of the fibrin ferment.

TREATMENT OF MEN OVERCOME BY GAS.

"What is the best way to treat men, who, while working in the trench, are overcome by gas?"

The above was one of the questions asked at the recent meeting of the American Gas Light Association at Toronto, as was answered as follows:

MR. CLARK.—I have a recipe which was given us by a prominent physician, and which seems to be a very good one. The rules are as follows:

Rules to be followed when men are overcome with gas:

1. Take the man at once into fresh air. *Don't* crowd around him.

2. Keep him on his back. *Don't* raise his head, nor turn him on his side.

3. Loosen his clothing at his neck and waist.

4. Give a little brandy and water—not more than four tablespoonfuls of brandy in all. Give the ammonia mixture (one part aromatic ammonia to sixteen parts water) in small quantities, at short intervals—a teaspoonful every two or three minutes.

5. Slap the face and chest with the wet end of a towel.

6. Apply warmth and friction if the body and limbs are cold.

7. If the breathing is feeble or irregular, artificial respiration should be used, and kept up until there is no doubt that it can no longer be of use.

8. Administer oxygen.

Some of these rules I have myself used, and I think very successfully.—*Scientific American*.

FLEXIONS OF THE UTERUS.—Dr. T. Gaillard Thomas, at the American Gynæcological Society in Washington, September 19th, as reported in the *South-Western Medical Gazette*, makes the following varieties of antelexions:

1. Antelexion of the body, the cervix in the normal position.

2. Antelexion of the cervix, body in the normal position.

3. Antelexion simultaneous of both the body and the cervix.

4. Antelexion irreducible.

5. Antelexion reducible.

He maintains that at the age of ten, faulty dressing or lax attention to the rectum may bring on this condition; that a decided antelexion between fourteen and fifteen is a grave affair; that the notion that an antelexion is normal or harmless is fruitful of much mischief; and that antelexion sometimes occurs so high up that it is overlooked. So far as his preference for pessaries is concerned, he likes none

so well as the glass, with the uterine stem.

In operating he anaesthetizes his patient, fills the vagina with antiseptic fluid, pulls the cervix into this fluid and holds it there and then makes a posterior section. When this is insufficient he advises the removal of the cervix especially if it is not possible to reduce the anteflexion. Even this method occasionally failed to relieve the condition.

ANNOUNCEMENT.

E. B. Treat, Publisher, 771 Broadway, New York, will publish, early in 1889, the Seventh Annual Issue of the English "Medical Annual," a *resumé* in dictionary form, of New Remedies and New Treatment that have come to the knowledge of the Medical Profession throughout the world during 1888. The editorial staff of the forthcoming volume, will include articles or departments edited by Sir Morrell Mackenzie, M. D., (Laryngology), London, Jonathan Hutchinson, Jr., M. D., (Genito-Urinary Diseases), London, J. W. Taylor, M. D., (Gynæcology), Birmingham, William Lang, M. D., (Ophthalmologist), of London, James R. Leaming, M. D., (Heart and Lung), New York, Charles L. Dana, M. D., (Neurologist), New York, H. D. Chapin, M. D., (Pediatrics), of New York, and others, comprising a list of twenty-three collaborators, widely known in Europe and America. In its enlarged and widened sphere it will take the name of "The International Medical Annual," and will be published in one octavo volume of about 600 pages at \$2.75, under copyright protection, and issued simultaneously in London and New York.

MIZPAH—See advertisement. Page 1.

WHOLESALE DISSEMINATION OF SYPHILIS.—Prof. Tarnowski, of St. Petersburg, says, that a syphilitic woman, who had come under the observation of the professor, had succeeded in contaminating with syphilis no less than 300 men within ten months. This represents merely the primary transmission of the disease; it naturally takes no account of the syphilitic taint which would reach the offspring of the men who suffered. Thus from a single source, that of an infected woman, an amount of syphilis was disseminated and injury done to healthy persons, which is scarcely possible to contemplate without horror. In commenting upon this case a French contemporary asks the pertinent question, "What is a mad dog in comparison with a *fille de brasserie*?"—*Medical Press*.

TREATMENT OF SPRAINS.—Every doctor has been perplexed with the treatment of sprained ankles or wrists or knees. The treatment must often be prolonged, and the pain and swelling often remain for a long time, until the patient, who is apt to be an active, restless, healthy business man, becomes no longer patient, or your patient, as he consults some other medical man, who may inform him that his great mistake was in not consulting him at first, as all valuable (?) measures have been neglected.

Liniments in these cases are of but little use. Relief from pain is the first essential, to be procured in a way which will further the process of cure. This may be done by stimulating the circulation of the part, thus preventing blood stasis and engorgement about the part. Immerse the injured joint in *hot* water, or in hot salt and water,

for from twelve to eighteen hours if necessary. As soon as the major portion of the swelling and the pain has abated, apply to the afflicted part a light plaster-of-paris or starch dressing, to insure immobility, and be assured that the cure in most cases will be very speedy and remarkably satisfactory. The writer has tried this in several cases, and he has yet to have a single unsatisfactory result. The only remedy necessary, if any is used, is *arnica*, diluted with five parts of water or sweet milk, applied for a few hours before the permanent dressing.—*Chicago Med. Times.*

THAT there are few dermatologists who do not admit the identity of lupus and tuberculosis.

THAT "cat-gut" ligatures are not made of the gut of the cat at all, but from sheep's intestines.

THAT a man at the college wants to know if raising the tariff on wool will affect the price of flannel cakes.

THAT when you are burned out, you generally get the insurance, but when you are fired out—good bye!

THAT a book on the diseases of convalescence would be one of the most valuable that a physician could write.

THAT in China physicians receive about six cents a visit. The Chinese know pretty well what a thing is worth.

THAT in sixty-three per cent of cases in which pregnant women are attacked with typhoid fever, abortion follows.

THAT mares matched with zebras will subsequently, when mated with horses, produce colts which are striped.

THAT two rival undertakers got into a row at a funeral the other day, but finally decided to bury their differences.—*Era.*

IN the human species one great fact is lost sight of too frequently. It is, *that the teeth once built up, are built up FOREVER!* Therefore, it follows that it is wise to attend to the original building.—*Dr. Thayer, in Medical Counselor.*

ERYTHRASMA.—This name is applied to reddish-brown scaly patches found on the inner surface of the thigh, where the scrotum comes in contact with it, and on the corresponding surface of the scrotum. This affection seems allied to intertrigo, but differs from it in that inflammation is no part of the disease, and also in the constant presence of parasitic fungi or bacteria.

AT the onset of a papular eruption it is often difficult to decide whether the case is one of measles or of small-pox. The following method is a certain means of determining by which of these diseases the eruption is produced: If, upon stretching a portion of the skin, the papulæ become impalpable to the touch, the eruption is caused by measles; if, on the contrary, the papulæ are still felt when the skin is drawn out, the eruption is the result of small-pox.—*Med. Era.*

GENUINE AND FALSE NEURASTHENIA.—Dr. A. S. Myrtle's paper on this subject, at the meeting of the British Medical Association in August last, appears in an abstract in the *Wien. Med. Wochensch.*, No. 38, 1888. He gives the differences between the two conditions, as follows: Real neurasthenia rarely results from a single nervous shock. It develops slowly, and is manifested by complete and continuous prostration. From the

history it can be made out that a long series of depressing influences and of mental and physical over-exertion have been at work. The patients are correct, sincere, truth-loving, honorable, self-sacrificing and sympathetic toward the misfortunes or sufferings of others, and have, frequently, marked religious feelings. They are neither hysterical nor sensual. They aid when possible the physician in the treatment, and on the other hand exhibit great thankfulness for the interest taken in them and for the efforts made on their behalf. In false neurasthenia, on the other hand, the patient is egotistic, untruthful, boastful, opinionated, capricious and ungrateful. From the history no long acting depressing influence can be obtained, no mental and physical over-exertion. Hysterical symptoms appear on the slightest occasion. Myrtle has not yet seen a case of alcoholic neurasthenia. When alcoholism and neurasthenia appear to be combined, the first is the consequence, and not the cause of the latter. In the treatment of neurasthenia, Myrtle finds medicines to be of slight use. It is necessary, before all else, to win the confidence of the patient and to show him that all the conditions which harass him are well understood. Further, a suitable regimen should be prescribed, consisting chiefly in prolonged staying in the open air, the use of a well-ventilated sleeping chamber. Massage, electricity and hydrotherapy give unsatisfying results. Change of climate, and especially long sea-voyages are the best means for restoring patients to health. Isolation of the patient is useful in neurasthenia falsa, but in neurasthenia vera is of very doubtful benefit.—O'C. *In Home News.*

COLLEGE NOTES.

AN EARNEST PLEA FOR YE YOUNGE LEECHE.

(BY ONE OF 'EM.)

A newe and youthfulle doctore-man did come and sit him downe,
To purge and puke and phisike all diseases from ye towne.
No matter what their nature—be they hot, cold, moist or dry—
Be they paines inside ye stomick or a humor in ye eye.

The learnynge of this doctore-man, tho' most profound. 'tis sede,
Hath not from inward pressure, pushed the haire from off his hede;
Nor yet hath care or mournynge driven all his youthe awaie;
Nor filled his face wyth wrinkled lines; nor turned his haire to gray.

* * * * *

Thys doctore-manne he sat him downe, and sat for XL yeares;
Hys haire ys off the top of his hede, and gray behind his ears;
His face is lined wyth furrowed care, no laughter in his eyes,
And because of these appearances folke think him learned and wise.

O sister woman, brother manne when wyl ye learn ye truth!
That there's just as many aged fooles as there are fooles yn youthe;
And the feeble step, the lines of care, the hede all bald and gray,
Don't make this doctore wiser than the younge one o'er the way.

HAPPY NEW YEAR!—The hard work of the term commences at once.

**

CONSTANS seems to have literally "done up Keim" when he struck him with his bowie-knife.

**

DEAN A. R. THOMAS will deliver the last lecture before Medical Institute, February 6, 1889. All are welcome.

**

'90 was certainly very generous to furnish balloons to carry '89's standard aloft.

'90 will be on top—when '89 graduates.

Don't waste money going to the opera, be not impatient ; but just wait until you hear Van's new solo in the '89 quartette.

Since Professor Mohr has discovered a male Pulsatilla patient our friend Crock has been taking Nux. Probably an Ignatia patient will result.

Mr. Chase has spared neither trouble or time in rearranging the books and pamphlets in the library. The students can now avail themselves of its superior advantages with greater facility and comfort than heretofore.

Professor Goodnos' last quiz seemed to enthuse the students to study nervous diseases ; therefore his last year's notes are in great demand. A certain wise Senior has finally found a definition for Acute Anterior Polio-Myelitis.

The students have almost unanimously subscribed to the Hospital Fund. It is a pity, though, that the amount designated by the originator was not larger.

There was a grand display of choice beards in Professor Bett's clinic the other day. All ye Seniors with smooth faces and hospital aspirations, must make the most of the next three months to cultivate that which age will not always gratify.

A Green street barber-shop exhibits the following on its shingle: "Tonsorial Artist, Physiognomical Hair Dresser, Facial Operator, Cranium Manipulator and Capillary Abridger. Hair-cutting and shaving with ambidextrous facility." Freshmen, learn from this your anatomy.

THE lesion of exophthalmic goitre Benedikt places in the medulla oblongata, Eichorst in the grand sympathetic and Filehne in the restiform body, while Charcot considers it as a general neurosis allied to hysteria, and others believe it to be specially related to chlorosis or anæmia. Its whereabouts is uncertain.

The Seniors are wondering how they will occupy the long Winter evenings after Christmas, Time will certainly hang heavily on their hands.

It would be a good idea to require the Seniors to dissect and work in the Histological and Chemical laboratories, and thus review these important branches and keep the boys out of mischief.

Twenty years ago Professor O'Connor, of New York, was engaged in a book store in this city, and was subject to severe attacks of asthma. Professor A. R. Thomas found him one morning on his front steps almost asphyxiated in a paroxysm ; and it was the opinion of the Doctor that Mr. O'Connor could not survive the season. But through his tenacity of purpose and strong will power, we see him to-day one of the shining lights of Homœopathy. He stands foremost among the specialists in Neurology.

The last day of lectures before vacation, was a jolly one for the faithful few who remained—except the unfortunates who occupied the front row. It was amusing to see one distinguished Senior attempt to sit indifferent to all merriment and gaze interestingly at the lecturer. But pennies, apples and other weapons of warfare were too much for him ; he made a savage bow to his tormenters and vacated his seat in favor of the missiles. He couldn't afford to get that New York hat smashed.

BOOK REVIEWS.

MEDICAL DIAGNOSIS. *A Manual of Clinical Methods*, by J. Graham Brown, M.D., Fellow of the Royal College of Physicians of Edinburgh, late Senior President of the Royal Medical Society of Edinburgh. Second Edition, pp. 285. E. B. Treat, 771 Broadway, New York.

This work comprises the eleventh volume of "Treats' Medical Classics." The author has pursued a course somewhat different from that usually found in works on Medical Diagnosis. His method is anatomical. A leading symptom is taken up and traced to the various diseases in which it may occur.

Dr. Brown's book is clear and complete, and is a valuable aid to every practitioner and student. Its contents is divided into :—

I. The General Aspect, conditions and circumstances of a patient. Preliminary inquiries. II. Alimentary system, objective, subjective, excretory phenomena. III. Examination of abdomen—its palpitation and percussion. IV. Hæmopoietic system—Lymphatic vessels and glands, examination of the blood. V. Circulatory system—Subjective phenomena, palpation, percussion, auscultation of the heart, examination of the arteries, capillaries and veins. VI. Respiratory system—Subjective phenomena, examination of nares and larynx, palpation, percussion of the chest, auscultation, respiration. VII. Integumentary system—Subjective and objective symptoms, eruptions. VIII. Urinary system—Subjective systems, normal constituents of urine, abnormal constituents of urine, urinary sediments. IX. Reproductive system—The female reproductive organs and functions, physical examination. X. Nervous system—Sensory, motor, trophic, cerebral and mental functions, conditions of

cranium and spine. XI. Locomotory system—Bones, joints and muscles.

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The disease is mentioned, followed by the prescription. For ready reference and accuracy of formula, it is a valuable work to the busy practitioner who does not deal in potentized drugs. \$2.75, Indexed.

918 N. 10TH ST., PHILADELPHIA, Dec. 23, 1881—Having had some experience in the use of Platt's Chlorides I cheerfully endorse all the good things said of it by Profs. Thomas, Betts, James, Korndoerfer and others.

R. J. McCLATCHEY, M. D.
Prof. Path. and Prac. Med.
Hahnemann Medical College.

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FEBRUARY, 1889.

No. 2.

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THE
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NUMBER 2.

CONTRIBUTIONS.

THE DANGER OF DELAY IN
MALPOSITIONS.

BY O. S. HAINES, M. D.

(Read before Philadelphia Medical Society.)

In order that the following remarks upon "the danger of delay in malpositions" may be brief, we shall consider only transverse presentations or presentations of the lateral plane of the child.

Our excuse for presenting to you conclusions drawn from such a limited obstetrical experience, as must appear when compared with the wide experience of some present to-night, is this: In fifty per cent. or one half of our cases of lateral presentation, calling for version, both mother and infant have been lost.

Three of these catastrophes occurred in succession, until we began to wonder if the story of the young doctor, who was in doubt as to whether the *father* could be saved in *his* cases of labor, had not a foundation of truth.

To describe each of these fatal cases in detail would be repetition, for in each

of them, the essential features were the same. We will, therefore, ask but a moment's attention to one, which we call case *Case No. 4.*

A multipara: Had been in labor possibly three to four days.

Two days under the care of an ignorant midwife; twenty-four hours under the care of a physician, we found her almost pulseless and cold, the baby lying in the right cephalo-iliac position of the left side—its arm prolapsed, the hand protruding from the vulva. The waters had drained away long before, of course. The baby was dead.

On inquiry we found that she had eaten little or nothing for forty-eight hours, and that she had been bleeding almost constantly during that time.

Restoratives were administered with but little effect.

Here was our patient, depleted into a state of profound anæmia. In such a condition that no surgeon would care to perform even a trivial operation.

Yet it seemed best to go ahead and do our version even under such unfavorable conditions. The baby was

turned and its hips brought down until the bleeding was checked.

Then we waited, first for some return of strength and second for some evidence of uterine activity, before proceeding further in the delivery.

After some hours both came. Her condition improved under food and stimulants, and best of all, the uterus began to contract regularly.

(The desire to acknowledge just here the benefit derived from *Caulophyllin*, three-grain doses every hour or oftener. It seems to restore tone to the uterus, and to provoke natural contractions in just such "straits" as this.)

The birth of the child completed, we left the woman in fair condition—pulse good—no bleeding—uterus firmly contracted. Improvement continued for some twelve hours, and then she simply died,

We signed the certificate "heart failure," after the operation of version we *ought* to have made it. DELAY?

In searching for the cause of this large mortality, we have not overlooked as a possible factor—lack of skill. Fortunately, however, we have had the opportunity of comparing these fatal cases with an equal number of successful ones, in which no untoward symptoms followed the operation, and in which both mothers and children did well.

These cases presented as many difficulties to the operator as did the fatal ones, but these were the cases that were recognized early, that had not been depleted by hemorrhage, in which version was performed as soon as possible after its *necessity* had been recognized. These were the cases in which there *had been no delay*—and these did well.

In one case seen at the beginning of labor, a shoulder presentation was recognized, the head brought down by external manipulation alone, and the "waters ruptured." We were obliged to leave this woman at this stage, intending to return to her in an hour or so. We were detained two hours, and the child was born before we arrived. Both mother and child did well.

In the other favorable cases, podalic version was the method chosen.

We have concluded from this limited experience:

1. That the deaths of mothers and children in these cases, resulted solely from *delay*.

2. That the time for recognizing these unfavorable positions was at the very beginning of labor, or better still *before* the onset of labor. At a time when they might have been corrected by procedures entailing less risk than podalic version. Or if the latter had been necessary, when it would have been easier of execution, and would have been less productive of harm to either mothers or children.

3. That, should we recognize an irregular position, we should correct it at once.

To wait for those obstetrical curiosities spontaneous version and spontaneous evolution, being about as sensible as to prescribe a homœopathic remedy for the malposition.

CALCAREA CARB. AGAIN.

I would not trouble the readers of the MEDICAL INSTITUTE, if this journal was not published to profit students and young practitioners. Let this be my excuse.

G. M. C. is wrong in his premises and therefore all his conclusions are wrong. No homœopathic physician

ever prescribed for Renal or Biliary Calculi, he attends to patients suffering from some functional disorders, a spasmodic affection caused by the presence of an irritatory substance.*

G. M. C. probably uses tinctures and low potencies, and we can assure him that a low potency of the carbonate of lime will never release the obstacle from the grasp which holds it, and we must differentiate in the same drug whether it acts as a nutritional remedy—low—or as a functional remedy—high and highest. I agree perfectly with the Doctor of the unreliability of *calcareo carb.*, etc., in *all cases* of Renal Colic, and to show him the wealth of our *Materia Medica*, I would advise the study of the following drugs in their relations to the symptoms caused by gravel or stone. In my repertory I find : *Arnica, Belladonna, Berberis, Calcareo, Cantharides, China, Lycopodium, Sepia. 2. Aluminum, Argentum nitre, Asparagus, Benzoic acid, Carbo anim, Eryngium, Ipomoea, Nitric acid, Nux Vom., Ocimum can., Opium, Parera, Sarsaparilla, Tabacum, Una uisi.*

Now morphine or opium (the totality of the drug), gives us : Pressing squeezing pains, as though something has to force its way through a narrow passage ; shooting pains from different places into the bladder and testicles ; vomiting of slime and bile ; dysuria with feeling of deathly sickness at stomach ; face bloated, dark red or sunken ; hematuria.

While under that great remedy *Berberis* we meet : Tearing, cutting pain in kidneys, down the waters to the bladder and urethra, or shooting all through pelvis and into the hips ; testicle of affected side is drawn up, urine hot (nitric acid, cold), dark or bright yellow or blood red, with granulated

sediment ; bruised, paretic sensation in renal region and small of back, worse while sitting or lying ; bubbling sensation in various parts.

Arnica. Agonizing pains in back and hips from passage of calculi : piercing pains as if knives were plunged into renal region ; violent tenesmus vesicular, chilly and inclined to vomit.

Calcareo carb. (I must confess that I used also *calcareo urinaria M* with benefit). Aching in kidneys and lumbar region when riding ; pressing on bladder with frequent urging, passing very little ; copious white, mealy sediment in urine ; burning desire to urinate with itching of glans ; aching in testicles, with spasmodic retraction.

And thus I might keep on to differentiate between the different drugs and find in each of them a striking symptom, stamping its own individuality on the drug. But, says the morphinist, when my patient is suffering, he wants immediate relief, and the hypodermic does it without wading through the intricacies of an overloaded *Materia Medica*.

Granted—but do not claim to be a follower of Hahnemann's teaching. Low potencies and palliatives go hand in hand, versus high potencies and strict application of the law of similarity. We do not infringe on your liberty, but please do not let it run to weeds in the form of license. Charity to all, but do not abuse those who pride themselves to be strict followers of the father of Homœopathy.

S. L. *versus* G. M. C.

PEPPERMINT is the latest antiseptic although it is quite expensive, yet it produces no poisonous effects as do other drugs.

A CASE OF CONJUNCTIVITIS, WITH SYSTEMIC SYMPTOMS AND A TENDENCY TO GLAUCOMA.

BY BUSHROD W. JAMES, A. M., M. D.,
PHILADELPHIA, PA.

(Read before the Philadelphia Co. Homœopathic
Medical Society, October 11th.)

During the past few months a number of cases has come under my observation, presenting an acute inflammation of the eye, in which the symptoms were somewhat unusual. The attack began suddenly in each case with congestion of the palpebral conjunctiva, some general irritation and discomfort in the eye, which, from the suddenness of the onset in several of the cases was supposed by the sufferer to be due to the presence of a foreign body, the patients coming to have the same removed. These symptoms would increase until a well-marked catarrhal conjunctivitis, palpebral and ocular, was present. This was accompanied also by a puffing of the orbital region, supra-orbital as well as sub-orbital, and sometimes the entire lower lid and often the cheek of the affected side or both sides were involved. A full swollen sensation in the eyes, ciliary neuralgia and increased tension were often present. In most cases the attack was binocular, one eye being first affected and shortly afterwards the inflammation in the other developing, seldom being more than twenty-four to forty-eight hours later.

Those who suffered from these attacks were of both sexes and of various ages. In most of the cases the tension of the eye became normal in a few days, but in several it became more persist-

ent and glaucoma symptoms developed, varying from T x 1 to x 2. In some a slight coryza was observed, but this was not a universal symptom. So numerous were the cases in the spring that I thought an epidemic of it was likely to occur in Philadelphia, but it did not become general. I have not seen any observations from others in regard to the extent of its prevalence. I have never in any season had so many cases of increased eye tension at my eye-clinics at the Children's Homœopathic Hospital or in my private office practice. By way of illustration I will briefly note the symptoms of one of the typical cases.

Miss M. F. H., aged 33, used her eyes constantly at clerical work, and three months ago came under my care for her eye symptoms by the advice of her medical attendant. She had these symptoms: Debility, variable aches and pains about the body and extremities, asthenopia, photopsia, throbbing, and sensation of fulness in the eyes, contracted fields of vision and T x 1.

Both eyes were affected, but the left eye had not had normal acuteness of vision for number of years. The tension increased in a week to x 2. Eserine. (a weak solution) two drops of a four per cent. solution to a drachm of water, was instilled once, twice or three times daily, according to the tense feeling, and this quickly relieved the full feeling she experienced. Gels. 6 x was the principal internal remedy, and under its action the visual field has steadily increased and the tension diminished until now normal. The acuteness of vision has been restored in the right eye to almost its original degree and the fields of vision have enlarged to their usual extent. Three months ago she returned to Washington and resumed her duties of writing all day, and, although she sometimes has some pain and distress in the eyes, the glaucoma symptoms have not returned.

Due to lack of space we are compelled to publish Mr. Bashore's article in the next issue.—[Ed.]

DIET.

BY GEO. W. SMITH, M. D.

The subject of diet is written, spoken and thought of entirely too little among physicians ; and this is to be regretted and wondered at ; more especially when we think of its vast importance as a health retaining and health producing agent. Knowing of but few authors on this subject, I will simply give my own ideas and thoughts together with some well-known facts of the relative nutrient properties of some articles of food, and hope that by so doing I may cause others to turn their attention to the subject, and assist us to a better understanding of it. In all the laws of health it is better for us to study carefully the laws of nature, and the nearer we approach this great law, the nearer will we be to the attainment of our object. Nature has given to us for our food and nourishment, three great kingdoms, animal, vegetable and mineral. Of these the most important are the animal and vegetable ; as the mineral is found greatly in both these, and when we use it separately, we merely do so to flavor our food and make it more palatable. By studying nature, in relation to the animal and vegetable kingdoms, we find that in the tropical countries, where the weather is always a continuous summer, as it were, there is an excess of vegetation. There we find an abundance of vegetables and fruits suitable for the food of man, while the majority of the animals are totally unfit for food ; the lion, tiger, etc., being unfit for food, whilst on the contrary, in the Polar regions, or where there is a continuous winter, this law is reversed. There we find but little vegetation but an excess of animals, most

of which are fit for food, such as birds, fish, deer, bear, etc. From this we should infer that we in the Temperate Zones should regulate our diet according to the seasons, during Winter using an excess of animal food and during Summer an excess of vegetable food. The so-called vegetarian refuses all forms of animal food, having, as it were, a prejudice against it, but this prejudice is entirely without foundation, as animal substances are all derived from the vegetable kingdom, and most of the proximate principles entering into the animal kingdom, are found already formed in the vegetable organism, hence animal food is only a more concentrated state and differently organized form of the same substances found in vegetables. Milk comes the nearest to supplying all the demands of a complete nutrition than any other substance, but as it fails to furnish a proper proportion of heat and force producing elements, it is not sufficient for adults engaged in active or laborious employments, but is better adapted to young and growing persons, as well as those who have been wasted by disease and require a reformation of tissue, or whose digestive organs are in such a condition as to require only liquid, or easily digested food. Milk varies considerably in different animals, and also in the same animal under different circumstances, such as food, rest, excitement, etc. This is sometimes perceptible to the senses ; as certain odors are plainly detected in fresh milk, such as garlic, clover bloom, etc., hence we can readily infer that milk is unfit for delicate children when taken from cows fed on slops or putrescent and decaying food. This may also be extended to the human mother, and she should be cautioned concerning

her diet, also having her to avoid all strong emotions, especially those of a depressing nature. I remember particularly being called in consultation to see a child very sick with cholera infantum, whose low condition was traceable, to a certain extent, to the anxiety of the mother, she nursing the child whilst crying and fretting all the time herself. Cheese and butter as the direct products of milk, contain a very high degree of nutrition, but as it is in such a concentrated form they do not expand the stomach properly, and should never be eaten except in conjunction with other food of a less concentrated nature, and which will furnish sufficient wash material to properly distend the stomach. Eggs are very nutritious, but are also concentrated, and should be mixed or taken with starchy substances for the same reason as before stated. Animal flesh furnishes a concentrated and highly nutritious food, and in most of its forms is easily digested and readily assimilated. There is quite a wide margin, however, between different kinds of meat. Beef, pork and mutton are our most common meats, and of these mutton is the most digestible, but beef contains the highest per cent. of nutrition. Pork is of value chiefly from the large amount of oil it contains and its subsequent high heat producing quality ; for this reason pork is best adapted for cold climates and during the winter season. The flesh of young animals is more easily digested than old with one important exception. Beef is more digestible than veal, although I frequently notice that very young flesh is like unripe fruit, rather of a laxative nature. Of the vegetable kingdom wheat approaches the nearest to a perfect diet.

Rye furnishes a wholesome bread, but it contains more sugar and oil than wheat, has a heavier bran and a smaller proportion of starch. In delicate stomachs it is not so easily digested. Indian corn contains a larger proportion of oil than any grain known, but this differs in different kinds of corn. It is very rich in starch, but in flesh producing elements it is poorer than any grain used except buck-wheat. Barley and oats are but little used in this country, and they contain but little starch as compared with wheat. Rice is very digestible, consisting of nearly pure starch with the smallest quantity of gluten and oil. Beans and peas are highly nutritious but hard to digest, and if not easily digested they produce flatulency; taken in the unripe state they are less objectionable in this respect. They are, however, beneficial to laboring men, and will almost supply the place of meat for them, even in winter. Potatoes have but comparatively a small proportion of flesh producing material, and should properly be associated with animal matter to supply this defect. When they are properly cooked, however, they are easily digested, and being a bulky form of food, are well adapted to accompany the more concentrated articles of diet, not only to give distention to the stomach, but also to promote the digestion of those highly nutritious articles. Turnips, beets, carrots and parsnips contain more water than potatoes, and the solid parts consists largely of sugar instead of starch, they are rather hard to digest and should be used sparingly by persons whose habits of life are not active, or whose digestive powers are weak. Asparagus, onions and cabbage are well supplied with flesh form-

ing elements and are quite nutritious when properly prepared. Onions contain an essential oil which gives to them their peculiar odor; this oil is indigestible but being volatile is absorbed from the stomach and passing into the lungs is exhaled, giving a disagreeable odor to the breath. Many kinds of fruit are highly nutritious, but their chief value, as a diet, is in the various forms of vegetable acids which they contain. Most of these acids are laxative, and are, therefore, well adapted to persons predisposed to constipation. Beer, ale, wine and other drinks produced by fermentation, contain a large proportion of alcohol which prevents or arrests chemical change in organic substances, hence they retard or arrest digestion. The absorbents of the stomach, however, soon remove the alcohol into the circulation, but its specific action on the nerves of the stomach remains; diminishing the sensibility of that organ so that the food is only partly digested and hurried into the intestines, causing much of the nutrition to be lost. The glass of wine at dinner is merely a bribe to deaden the sensibility of the stomach, permitting gluttonous indulgence without apparent inconvenience.

This is but a brief summary of some of the most common articles of food, and is thrown out merely as a hint as to their relative importance as articles of diet, and can be used by physicians when consulted as to the proper diet to be used; but when directing the diet for our sick patients, we should study carefully not only the articles of food but our patients themselves, and adapt the diet to the particular conditions which we wish to meet, bearing in mind, however, the fact that some stomachs assimilate certain articles of

food better than others; this is particularly the case with dyspepsia, and I have found it to be so much the case, that in directing the diet of my dyspeptic patients, I merely tell them the articles of food that is generally most easily digested, and then advise them to eat that which they find agrees with them best. But in certain specific diseases we greatly assist our medicines by prescribing a proper course of diet as well as in the administration of the remedies themselves. Take, for instance, typhoid fever, which most physicians have been called upon to treat considerably within the past few months, and in which I ascribe the general success of my treatment is owing, to a great extent, to the diet which I order.

Of course, it is the physician's duty first to thoroughly understand the nature of the disease which he is called upon to treat, then direct his remedies; diet and general directions to combat this disease and restore health. In the case of typhoid fever we should understand, that the conditions of the bowels and whole intestinal tract is such as to require only such food as is of a soft, soothing nature, easily digested, and containing no hard or solid substances. On this account I always put my patients at the beginning of the attack on exclusively a milk diet, giving it at regular intervals and quantities, perfectly pure, and unboiled during the period of constipation, and as soon as diarrhoea sets in directing that it be boiled and used whilst warm, adding sufficient salt to make it palatable, and thus continuing the same diet till convalescence manifests itself. As convalescence progresses beef tea helps considerably to strengthen the patient; then rice or barley, thoroughly cooked

so as not to have any hard kernels which would be very dangerous to have pass into the intestines, as they might lodge in some of the ulcers and start an inflammation that would soon prove fatal.

As improvement continues vegetable soup with all the solid portions strained out, seems to meet the requirements of nature very thoroughly. This soup absorbs from the various vegetables their nutrient substances, and as there are no hard particles left in the soup after the straining process, so as to produce any irritation, I find it very nutritious and strengthening. Next comes roasted white potatoes, which I direct to be roasted with the skins on at least for two hours, and then only the best portions of them to be used; then mutton broth, chicken broth, and so on gradually back to an ordinary diet. But in all cases let the partaking of the diet be at regular intervals and not in too large quantities, and do not try to hasten convalescence by permitting the patient to get up too soon. In this disease I think that convalescence is hastened and strength gained in the recumbent position, and if we can prevail on them to keep to their beds, even after health is manifesting itself thoroughly, the stronger they will be when they begin to move around.

This is but a brief outline of directing the diet in a particular case, and, as I stated before, the physician should thoroughly understand his patient, the disease, and the condition which he wishes to meet; then, next to his properly selected Homœopathic remedy, he should understand the relative properties of the different articles of diet, so as to know which will meet the particular condition which he

wishes to overcome. Next understand thoroughly how this diet should be cooked or prepared to do their work most effectually, and lastly, direct the times and quantities in which the nourishment should be given, and have these times observed as carefully in administering the food as in giving the medicines. By observing these directions, together with the sanitary measures, we will find that we will greatly facilitate our cures, and by thus assisting the action of our remedies, prove to the world that Homœopathists are the true physicians by securing the general relief and welfare of those entrusted to our care.

HOMŒOPATHIC LITERATURE.

BY T. L. BRADFORD, M. D.

There are few people outside the guild who have any idea of the great number of books, magazines, pamphlets, society transactions, &c., that have been published on the subject of Homœopathy in the United States, since Dr. Gram issued his little pamphlet in 1825.

The last page of Dr. Hering's address at the opening of the Allentown Academy in 1835, contains eight titles in German, and four in English.

In *Miscellanies on Homœopathy*, Phila., 1839, there is an article entitled "American Hom. Literature," which contains fifteen titles.

The *North American Hom. Journal*, Vol. 1, 1851, contains an article—"Bibliographical History of Homœopathy in the United States of America, with a few critical remarks by J. W. Metcalf, M. D., New York. This contains 109 titles with descriptions of the books.

In 1876 a list of Homœopathic publications was prepared by Dr. H. M. Smith, which was published in Vol. 2, of the World's Convention Transactions. This list consists of 779 titles.

I have a list of about 1500 titles of books and pamphlets. Without doubt the college announcements, society transactions, reports of various homœopathic institutions, &c., will make as many more titles. There have been 130 medical journals published in the United States, in the interests of our school. Every state almost, issues books and pamphlets on Homœopathy. And with our vast influence of mind and institution, as yet no corporate effort has been made to form a *complete* collection of homœopathic literature. While every year is rendering the grand old books of our medical fathers and masters more scarce.

Dear brother in the faith, you, who will soon be glad of heart in possessing the omnipotent sheepskin; dear brother, take it kindly when I say; buy books—the books of our school. Now is your time to lay the foundations of a Homœopathic library. And do not slight the old books; remember that no one at present is wearing the mantle of Hahnemann, or Boenninghausen, or Hering, or Dunham, or Jahr, or Hempel; that to none is given to write as our dear departed pioneers wrote. But, brother, remember that what they wrote you can yet have; the spirit of their great, aggressive minds is in their books. In these degenerate days of eclectic homœopathy when we are straying afar from the teachings of the Master, I would that you, my brother, younger in this faith, who will be dealing with disease when I am gone, I would that you might well and fully understand that in the

old and out of print books, dingy in binding and time and water-stained in leaf; books that you may find at rare times on the dusty shelves of the old stores; I would that you remember that in them, you will surely find the wisdom that enabled our medical forefathers to conquer the enmity and venom of a bigoted half century. You will find truths that neither the man of the Abracadabra, the witty poet of the breakfast table, the Western professor, nor all their ilk have in any way disproved. There are rare bargains to be found in the old book stores and junk shops; a little time to hunt, a little patience, a little money, for, thank God, our old book philosophers are tender hearted to book-lovers, and the reward is great.

Sometime in the busy future when you are fighting with disease, you may find in that old, worn book by Hahnemann, or Hering, or Lippe, or Joslin, or Okie, or Jeanes, or Guernsey, the one thing needful to cure the patient, dear little sick baby, and make glad the care worn heart of the baby's mother.

And, hush, let me whisper this, my brother; bye and bye, when the vastness of the graduating wisdom becomes lessened; after you have learned a better wisdom at the bedside than ever can be learned in books, it may be that *you* will "write a book."

Then in the old books, gathered here and there, mayhap you will find just that little something needful to perfect and finish the histories you have found in the sick-room. Dear brother, you can not afford to buy books? What? Then smoke less, eat less, pinch somewhere, somehow. Be sure that in the time to come you will be glad to see on your shelves the dear old names on the backs of the

well worn volumes; glad that you have the "Chronic Diseases," "The Therapeutic Pocket Book," "The Symptomen Codex," "The Organon;" that you see there books by Baehr, Teste, Laurie, Williamson, Guernsey, Lippe, Hale, Hughes, Hempel, Dunham. For of all the joys that the world gives a thoughtful physician, the chiefest is the possession of a fine library.

CRITICISM.

DEAR EDITORS:—Somewhere and by some one it is said that "whom the Gods wish to destroy they first make mad." I do not wish to destroy your journal, and I therefore enclose one dollar for one year's subscription as a prophylactic against your getting provoked at just a little criticism I propose to make respecting the publication of a letter written by me to Dr. Haynes on the matter of the cure of Hepatic Colic by Calc. Carb. Yet, I ought to modify this sentence, for fear you will misunderstand me. Your journal is a good one, and I want it to be a visitor to my office as long as I can be permitted to have it come. Every medical college should have such a journal, and it should receive the support not alone of every student, but, as well of every practitioner. THE MEDICAL INSTITUTE is not, I take it, in the field as a competitor to other and more pretentious journals. It is primarily for the student of medicine, and as such should, and allow me to say, does subserve that purpose. The physician, however, well-booked and experienced, will find in every number some nut worth cracking, some kernel worth the eating. For this reason, and to encourage you in your well-con-

ducted duties, I enclose my dollar,—and not as I jocularly intimated, to keep in your good graces.

But to return. I wrote a very hurried note to my good brother Haynes, asking him for information. How this note came into your possession and was published by you, I suppose can only be explained on the score of the "progressive journalism" of the editors of the MEDICAL INSTITUTE.

I certainly have given no permission for its publication. No man ought to put on paper that of which he would be ashamed if it were in public print. But, he always likes to have an opportunity to alter or amend so as to make it look presentable. So with the letter in point. It needed a little furbishing.

I suppose that now I can have the privilege of turning the tables on my good brother Haynes, and send you his reply to my letter, but I won't do it.

Now that my pen is moving and the paper supply is not exhausted, permit me to suggest to the students that, they each endeavor to place on paper in a concise and clear manner, such thoughts as would seem to them interesting or valuable, and give them to you for publication. I have read frequently very creditable articles from the pen of students, and almost, if not altogether invariably, I have found the latter in after years, well advanced toward the front among their fellows. Sometimes, the discriminating editor will consign the articles sent him to the waste basket; but, nothing daunted, let the authors thereof try it again. I have known a certain medical editor who rejected his own manuscript on a certain occasion. This, on the part of editors, is sometimes commendable, I know, but of course it is rare. Let it

however, give the students some consolation if their own attempts are at first considered unworthy. The habit of contributing to the columns of a medical journal, is commendable. It gives one a tendency to investigate and record, an all-important, though a too rarely observed practice. Every day innumerable facts are allowed to pass into the shades of the past, that if recorded would be as gems. I remember in the study of medical science in my school day's having to quote something of the same import as this: "A yellow cowslip by the river's bank, a yellow cowslip was to him and nothing more."

So cases, to some, are but cases, and have no more charm for study and investigation, than were the lumps of coal before their discovery and the knowledge of their value became known, to the mountain traveler as he kicked them out of his way and passed them by.

Open, then, Dear Editors, your columns to the student. Do not hold him down too closely to the rules of the editorial judgment; but give him full play, and you will be the means of not only aiding him to a career of usefulness, but of assisting in the progress of that art which has for its purpose the cure of the sick and the propagation of human life. Fraternally,

G. M. C.

PHILADELPHIA, Jan. 4, 1879.

THE Junior's are agitating a class banquet.

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WANTED.—Some one who can answer a question in Prof. Gordno's quiz:

.*.*

DR. OATLEY will deliver a course of lectures on "Urinary Analysis" to the Senior Class.

ABSINTHE, the favorite intoxicant of the French, is almost always manufactured with alcohols of industry, ill-rectified, rendered green by the addition of the sulphate of copper, and saturated with resin, so as to give it the beautiful greenish-white precipitate produced by pouring water on it, and which drinkers so much admire.

.*.*

PROFESSOR RANKE, of Munich, said that when he first went to that city, thirty years ago, typhoid fever was of frequent occurrence, but with the sanitary improvements which had since been carried out, this disease had almost entirely disappeared. On the other hand, diphtheria had not been appreciably lessened, so that drainage seemed to have no influence on this disease.

.*.*

"TEXAS" with the most profoundly professional air walks in to see a poor, ignorant negro patient. After a little superficial examination for the purpose of effect, he gives with a deep, sonorous tone the following lucid instructions: "Madam, obtain for yourself a cuspidore in order to expectorate therein, thereby I may subject your sputa to my more scrutinizing inspection." The patient wilted and was buried by the authorities on the following day.

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PHILADELPHIA, Nov. 24, 1881.—I have had a case of persistent Leucorrhœa (I suppose of specific taint) under treatment for four weeks, in which all the remedies given and washes used failed to do any perceptible good. Seeing Prof. Thomas' article in the "Homœopath" for November, on disinfectants, I concluded to try Platt's Chlorides. I had the lady use it each night after the injection of hot water in the strength of one to ten of water. After the first application there was a marked decrease in the discharge, and after four applications it ceased entirely. James Kemble, M. D., 1627 N. 18th St.

~~THE~~
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 OF
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EDITORIALS.

SUB-PRINCIPLES FOR PRE- SCRIBING.

While the foundation principle of Homœopathic prescribing is that of the similars, there are at least three sub-principles, upon one or more of which our physicians base their prescriptions. These are: first, symptoms; second, idiosyncrasies; third, pathology.

Now, it should be understood, especially by the young physician, that symptoms are nothing more nor less than the outward expressions of body changes, *i. e.*, the microscope through which we view the pathology. Therefore, he who prescribes for symptoms treats also the pathological condition, and, if the latter is removed, the symptoms must necessarily disappear, and *vice versa*. Physicians, apparently, too often forget this simple point, not only in practice, but in arguments with old-school practitioners and followers.

More than one Homœopathist has been driven to the wall, or an entire family convinced of the worthlessness of our "little pills," through ignorance of this very matter.

Again, cures are wrought daily by basing prescriptions solely upon some idiosyncrasy. This, however, is probably most frequently the case when there are few, if any, well-defined symptoms (as often occurs), or where the apparently carefully selected remedy fails to establish a cure. Then, some idiosyncrasy, or modality, being discovered, the Homœopathic prescriber is enabled to effect a cure, whereas, otherwise, no such result could be obtained.

Very few physicians, of any school, prescribe solely for a pathological state, ignoring subjective and objective symptoms. Yet, prescriptions so made may be, and are, just as Homœopathic as those based exclusively upon symptoms. In fact, the physician who recognizes a pathological change, by the aid of one or more characteristic symptoms, knows, without further investigation, that a certain train of minor symptoms *must* be present and considers it unnecessary to enquire into every insignificant pain and strange feeling. If improvement does not follow he investigates more carefully, perhaps discovers some underlying dyscrasia, modality, or idiosyncrasy, and is then led to the proper curative means. Therefore, it must be apparent that the Homœopathist treats the pathological condition and has an advantage over the Allopathist, curing, perhaps, where the latter could not, in making finer distinctions between drugs, thus suiting a remedy to the peculiarities of each individual case as indicated by the modality.

"THE FIRE IN THE REAR."

In discussing a question of a partisan nature, which has at stake the lives of human beings, bigotry on either side is to be condemned. We of the homœopathic belief justly accuse the members of the prevailing school of bigotry. We claim that they even criminally neglect to investigate our science and rely with the utmost prejudice upon their own art and drugs. While we accuse them, however, we fear that many among our own number forget that we are in danger of trespassing in the same direction by totally disregarding the teachings of centuries of experience.

In order to introduce our subject properly, let us ask the following question: What is the true end of a physician's life? Without answering the question in its entirety, we will submit two propositions which will comprise at least a part of this end toward which every physician should tend. It is his duty to seek to prolong life, and it is equally his duty to allay suffering. Under the first head must come the *cure* of disease. Under the second must come the easing of pain at all times as quickly as circumstances will allow.

The December number of *The Medical Advance* has an editorial entitled, "The Fire in the Rear," in which Dr. A. R. Thomas, of our college, has been accused of the terrible crime of admitting virtually (among other things) that perhaps other drugs than those homœopathically administered, may in some cases cure, that palliatives may in some cases be used when failure to relieve scientifically has been proved, and that students should be taught the therapeutics of the old school as well as that of our own.

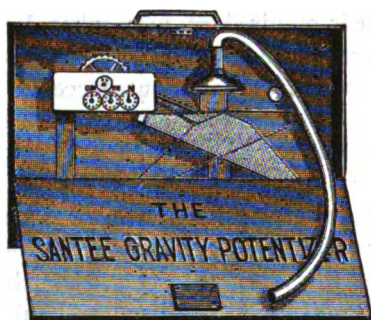
We believe most heartily that the

law laid down by Hahnemann is a law of cure. With the progress made by investigation we believe that all the diseases known to mankind may ultimately be cured by this principle of nature. We believe it to be the only *formulated* law of cure; and yet we would not dare to say that certain drugs, administered without reference to any known law, will never cure, and should never be resorted to. Experience has taught men differently. Old school treatment is not all a farce. It contains many things of value. They are not the outcome of a scientific law, yet they are the teachings of experience. Has a physician, then, without regard to partisan prejudices, done all that is required of him, when he has selected and administered the best indicated drugs without success? He does not acknowledge his science at fault, when in emergency he at last resorts to the methods of experience. He simply tries all known means to save the life of a mortal. Unless he does this his *title of physician* should be ignored. Partisan spirit should not cover our eyes to any good there may be in the world, never mind how much its source may be despised. Life is more valuable than a quibble over the method of cure.

The use of palliatives may be defended in the same way. Of course they should not be abused as they are frequently by the old school, yet they are a God-send when used with caution to allay pain, and in cases where no other methods will relieve a suffering man from anguish.

Students *should be taught all methods* so that he may know how to use them, if necessary, and may be better fitted to cope in discussion with those of the opposing school.

Show statistics which are convincing that homœopathic treatment is best in ordinary practice. Publish our methods with all their proofs of superiority, and yet, as long as the old school can present statistics which can prove but one per cent. of cures we are justified and duty bound, *when science fails*, to test their less successful methods before we despair of life and hope. We are proud to perceive that our Dean, Dr. Thomas, is not a bigot. We are sorry to see an editorial, which, in trying to mend a supposed injury to the school, really produces an injury far more dangerous, in that it publicly proclaims an internal dissention.



The above cut represents a very ingenious potentizer, invented by a member of the class of '91, Mr. E. M. Santee. The machine is run by the weight of the water, which is used as a menstruum. A cone-shaped box, partitioned off into two parts, acts as a receptacle. This box rests upon a pivot. Both scales of dilution may be run up either in unison or separately. On the centesimal side *one part* of the tincture or dilution is placed in the box. The water which is emptied through a spray (having passed through the rubber tube seen in the plate) thoroughly mixes with the drug. When *ninety-nine parts* of water have been emptied, its own weight tips

the receptacle. The mixture is then all thrown out with the exception of one one-hundredth, which, due to the construction of the machine, remains. Before the box is lifted to receive another ninety-nine parts of water, the same process is going on on the decimal side of the machine.

Each time the box tips, a dial indicates the number of dilutions. Mr. Santee informs us that in two days it will run up to the one-hundred-thousandth dilution, during which time each of the intervening potencies may be obtained if desired. By the possession of such an apparatus every physician using high dilutions may be able with little cost to attend to his own medical preparations.

MUSCLE BEATING.

Massage has come to be a recognized procedure in curative medicine and we believe that it would prove immensely serviceable were it universally available, in establishing and maintaining that vigorous, robust state of health so essential to a successful warfare against disease. But the expense of, and conditions incident to, the practice of massage make it a procedure practically available only in cases of sickness. But a most excellent substitute for it may be found in the "Muscle Beaters," which Mr. John E. Ruebsam, of Washington, D. C., has invented and offers for sale. They consist essentially of india-rubber tubes or balls, so arranged on elastic sticks as to simulate more or less closely the hand as employed in the beating movements of massage. They undoubtedly have the power of distinctly affecting the local circulation in the part beaten with them, and produce no pain or bruising. For the maintenance of nutrition in paralyzed limbs, for the warming of cold feet and other portions of the body which suffer from lack of circulation, for the stimulation of muscles affected with chronic rheumatism, as in chronic lumbagos, they are serviceable. We really take pleasure in recommending these "Muscle Beaters" to our readers, for we believe they will derive much benefit from their use.

IN MEMORIAM.

HAHNEMANN COLLEGE, *Philadelphia, Jan. 24, 1889.*

WHEREAS, by the fatal termination of a short and severe illness the Class of 1890 of The Hahnemann Medical College has lost one of its most promising and companionable members, Mr. Walter Hart Smith, and

WHEREAS, all his relations toward his class-mates in particular and his school-mates in general were of a most agreeable and praiseworthy character, therefore be it

Resolved, on the part of the class of "'90," that in the death of Mr. Smith it has lost one of its most genial friends and a student of whose standing and efforts it had reason to be proud.

Resolved, moreover, that with expressions of deep regret at the loss of this friend there be linked a sincere condolence with the bereaved parents, and an assurance that his vacant chair in the college will induce the same sorrow and respect as does that now hallowed by the family circle; finally, be it

Resolved, that a copy of these resolutions be sent to the parents of the deceased and that they be published in THE MEDICAL INSTITUTE.

R. H. EDMONDSON, JR.,

GEO. M. DOANE,

R. S. MARSHALL.

HAHNEMANN COLLEGE, *Philadelphia, Jan. 28, 1889.*

WHEREAS, It has pleased God in His almighty providence to remove one of our members, Walter Hart Smith, from our midst on January 26th, and

WHEREAS, We the members of The Medical Institute of the Hahnemann College of Philadelphia desire to extend our feelings of sympathy and place on record our sense of the loss we sustain, the following resolutions have been adopted:

Resolved, That, while the death of our friend was untimely and hard indeed to bear, we bow in humble submission to the dispensation of the Ruler of the Universe.

Resolved, That during the year and a half that he passed with us in the ties of fraternal and school association, he had gained our respect, our admiration, our love.

Resolved, That in him we recognize the loss of one who, although young in years, had given promise of a future which would have been an honor to himself, his family, and his profession.

Resolved, That our heartfelt sympathies be extended to his bereaved parent in this hour of deepest gloom.

Resolved, That a copy of these resolutions be sent to the father of our lamented friend, that they be written in the minute-book of the Society, and that they be published in the next issue of THE MEDICAL INSTITUTE.

January 28, 1889.

COMMITTEE.

MISCELLANY.

COMMUNICATIONS.

A STUDENT'S JOTTINGS.

R. W. GILLIAM, A. M.

Physiological or pathogenetic action of drugs is their action in the *healthy* body.

Drugs have three kinds of action—mechanical, chemical, and dynamic.

Hahnemann's pathogenesis are arranged for the *a posteriori* practitioner, one who compares a disease with the symptom list to get a remedy. What is the *a priori* mode?

Answer: One in which a previous knowledge of pathogenesis at once determines the choice of a drug for a given morbid condition.

In the pathogenesis the drug seems to affect (more or less) every organ of the body—in the "*usus in morbis*" we see the primary seat of action, and distinguish these from what are only subordinate and sympathetic.

Three ways of studying the *Materia Medica*, (1) by comparing pathogeneses (comparison), (2) by learning keynotes for each drug (physiological analysis), (3) by associating each drug with certain diseases or disease (pathological relation).

It has been the *bad* custom not to triturate the *metals* after the 6th x.

Inert substances often become pathogenetic and curative by trituration.

Dr. Hughes objects to pilules, as a second-hand preparation, and augmenting "the uncertainty of an already perilously delicate attenuating process."

Our *Materia Medica* stands in symp-

tom lists or pathogeneses, which began to appear in 1805.

Drugs have greater effect upon *irritable, delicate* constitutions.

Pathogeneses may be obtained from the sick, if care be taken to exclude all symptoms connected with the disease—keen observation needed here.

Hahnemann thought all chronic diseases found their source in some psoric, syphilitic, or sycotic taint.

Hahnemann's later provings are from the 30th potency.

Hahnemann has done more for *Materia Medica* than all others combined; a master, indeed.

The "*Materia Medica Pura*" and "*Chronic Diseases*" (of Hahnemann) are the main source of our *Materia Medica*.

Hahnemann's works are best given in English by Dr. Dudgeon.

Be careful that the potency does not aggravate the disease.

Hahnemann's earlier provings were made with moderately substantial doses, generally given singly.

The Austrian provings were mostly from full doses.

Among the American contributors to *Materia Medica* Dr. C. Hering stands first. He has given us *Lachesis*, *Apis*, *Glonoin*, &c.

Dr. E. M. Hale is a distinguished American contributor. He has given us *Gelsemium*, *Hamamelis*, *Hydrastis*, *Iris*, *Sanguinaria*, &c.; fifth edition of his work the best.

The *Encyclopedia of Pure Materia Medica* (by Dr. Allen, of New York), embraces the whole field.

The body is not alive in every part—the extremes of life, or of a living body, are protoplasm and hair.

Protoplasm is that portion of the body which is *alive*. The rest is "formed material," cells, subject to mechanical and chemical laws. Protoplasm is not subject to these laws. Protoplasm is the vital part and vital agent in nutrition, secretion, and function, the vital processes. Mechanical and chemical work is going on in the body, but protoplasm does all the vital work. "It dies, according to its location, into nerve," etc.

Protoplasm takes up pabulum from the digestive canal, and elaborates it in the blood, and this food the protoplasm of the tissues takes up and transforms into itself.

Pure protoplasm is seen in the white blood corpuscle, is structureless, of a complex chemical constitution (with an oil, and a starch, and an albumin element), is void of cells, but passes, as it dies, *into* cells. It is the *seat of the dynamic action of drugs*.

Animals differ from plants in having a nervous system.

The nervous system influences the vegetative in two ways: (1) indirectly by controlling the lumen of the arteries through the vaso-motor system; (2) directly through (supposed) trophic nerves and nerves of secretion.

All diseases are referred to the vital processes. Protoplasm is, therefore, connected with them.

The seat of inflammation and of fever heat is in the tissues.

Inflammation may arise from two sources, that is, the initial morbid influence may be exerted either directly

upon the tissue or through the nervous system.

Fever (its heat), by the old notion, was thought to be in the blood.

The febrile chill is connected with internal congestion, and a sign that the blood is getting hotter, this hotter blood being caused by increased but abnormal nutrition.

A great majority of diseases is connected either with inflammation or with fever—fever being a general inflammation.

Almost always, if not in every instance, some nutritive or organic disturbance lies at the bottom of functional disease.

Dr. Hughes seems to think that in toxæmic fevers the initial lesion begins in the tissues or locally; in catarrhal fevers, in the nervous system.

Secretion stands midway between nutrition and function. In the exercise of function nothing is *produced*; that is, in the secreting process what is produced does not pass into the organ's substance.

Secretion may have plus or minus, and that independent of its blood supply or of inflammation or fever.

Living matter or protoplasm may be effected as to its nutrition or function, and the initial morbid movement may be in the tissue itself or in the nervous system.

As the protoplasm of a gland passes or dies into cells, secretion is formed.

The nervous protoplasm, too, may be the seat of trophic change, and its function affected secondarily by altered nutrition.

An error, to say that drugs primarily affect the nervous system only.

Homœopathy, as a distinctive method

has to do with *dynamic* action of drugs. It may, however, avail itself of their mechanical and chemical effects.

All protoplasm not the same, and hence the elective affinity of drugs.

We know a drug has a specific action on a part, when it affects the part, though introduced into the circulation through some other part; as when *arsenic*, hypodermically injected, will set up gastritis.

Drugs not only have a special seat, but a *special kind* of action, a qualitative action.

Most drugs primarily are stimuli to the tracts they influence; some, however, are primarily depressant, as *Gelsemium*.

Stimulants excite function, as *Strychnia*: Irritants inflame tissue, as *Arsenic*, *Iodine*, etc.

Drugs affect protoplasm either functionally, by exciting or depressing its operations; or organically, by morbidly exciting its tissue-making process into inflammation (local), or fever (general).

The function modifiers are called neurotics, because the phenomena very generally are nervous; the myotics also are function modifiers, as well as such direct excitants of secretion as *gaborandi*.

The nutrition modifiers make a larger class: They are the irritants, except as their effect is only chemical. Many irritants are unknown to toxicology. We learn their effects by provings.

Provings very often show only the drug's *tendency*, not the entire disease for which the drug is a remedy.

There are two great classes of drugs (in their dynamic effects), 1, those affecting function, and 2, those affecting

nutrition. Many belong to both classes, *e. g.*, the acro-narcotics.

In their effects drugs are either *absolute*, the effects being producible at will (*Belladonna* or *Atropia*, *e. g.*, will always dilate the pupil); or *contingent*. The former are function medicines; the latter, very generally, are nutrition medicines or modifiers.

The application of the law of similars has chiefly to do with the contingent effects of drugs; their absolute effects often fail, apparently, to agree with this law.

Contingenter, *Similiter*, and *Elective* define the Homœopathic law.

Contingent effects of drugs are produced *omni dosi*—absolute effects require a certain quantity for their production.

Where the disease resembles the contingent effects of the drug, *i. e.* where it is due to special susceptibility, or nutritive disorder, the drug is curative *omni dosi* (as in case of *China* on Quinine given for chills and fever.)

Some (as Dr. Sharp and Jousset) say that every medicine exerts on the healthy body a primary and a secondary effect, and that these are opposite, that the larger the dose the less the primary effect—that when the dose is excessive the secondary effect alone is manifested: that the smaller the dose the greater the primary effect—and that there is a point where the effects are produced in succession (as in case of *nux vomica*; for now it constipates, now it causes diarrhœa, and now it causes constipation and diarrhœa in succession). Thus they would explain homœopathy, or rather its therapeutics.

Dr. Hughes, *per contra*, says this may be true of certain function or vegetable remedies (neurotics and elimi-

nants) ; but is not true of many others, as the metals and bark, causing organic change, that is, inflammation and fever. Opposite effects can only be true, where there is a plus and minus, as in exercise of function.

According to Dr. Sharp, the influence of the small dose is directly opposite to the morbid state—the remedy is chosen homœopathically, but the curative process is antipathic.

Dr. Hughes answers that plus and minus or excess and defect of function are practically rarely seen in one disease, and when seen, are features of a complex condition caused by some *underlying nutritive disturbance*. In these disturbances, where susceptibility is contingent, there is no difference in the effect of different doses, no physiological dose for contingent effects—almost any dose of the drug will cause the disorder, and almost any cure it.

Very likely there are no *functional* diseases.

According to Dr. Sharp only the secondary effects of a drug can be used in getting a similimum ; yet Hahnemann used only the primary effects, from small doses, for this purpose.

The primary effects of many drugs include two opposite states, either or both of which may be caused or cured by it, as (*Veratrum*, causing diarrhœa and constipation by depression of intestinal nerve, now affecting the villi, and now the muscular coat of gut). Hahnemann called them "alternating effects."

When, again, opposite effects occur in succession, as part of primary action of a drug (as chill and heat induced by *Aconite*), they are to be reckoned as part of the order and sequence of such

action, and when they occur in disease indicate this drug.

However explanations of cure may vary, Homœopathy, "resting on an inductive basis, expresses a general fact, established by a sufficient number of experiments."

Either of two opposite effects (primary effects) of a drug may be used for therapeutic purposes.

Some think the opposite effects of a drug due to difference of dose, and that the potency of a remedy depends thereupon. Dr. Hering held that the primary symptoms appeared earlier in the provings from small dose), the secondary symptoms later (from large dose)—and that the more attenuated dose is for those symptoms of the disease that correspond with the secondary effects of the drug, and the low potencies for those that correspond with the primary symptoms of the drug.

Dr. Hempel's views : Fever is the reaction of the organism from the chill, the chill being the primary effect, fever the secondary—*Aconite*, in due quantity, will cause chill and fever. A small dose will not cause chill, but will cause the fever. Hence the importance of proving drugs by massive doses. Massive doses, (says Dr. Hempel), develop primary drug symptoms ; small doses do not develop them, because they are overborne by the organic reaction, or the reaction very quickly supersedes them. It is most important to judge between primary and secondary action of drugs—a group of symptoms agreeing with primary action requires a larger dose than a group corresponding with secondary action, or organic reaction. When, as Dr. Hempel says, *Ipecac* will cure atony and irritability of stomach ; *Opium*, diar-

rhœa and constipation, wakefulness and drowsiness; *Secale*, hemorrhage and spasmodic contraction of uterus; *mercurius*, secretion and non-secretion of pancreas, etc., these are to be regarded as features of a complex whole with an underlying nutritive organic disturbance.

According to Dr. Hale: If we are treating the primary symptoms of a disease with a drug whose primary effects agree therewith, we must take the smallest reasonable dose; if we are treating the secondary symptoms with a drug whose secondary effects agree therewith, we must give the largest dose we can with safety. The drug, in the latter case, is said to be *secondarily* Homœopathic, though in reality antipathic, the secondary effects here being opposite to the primary.

But, says Dr. Hughes: Let us first learn what is meant by primary effects, Commonly, (as Hahnemann and others have taught) they are considered the effects of attenuated doses, and secondary effects are regarded as *opposite reactions* of the organism (the true doctrine); while Dr. Hering looked upon these secondary effects as those of larger doses, and on the same side of normal line with primary effects. The primary action of a very small dose is, (as to many drugs) so slight that at first we fail to perceive it, and see only a "resentful push of the organism the other way." This explains why many paralyzing agents (as *Curare*) appear at first to excite. And hence Bernard was led to say that all agents which abolish function, begin with stimulating it, and to explain the subsequent paralysis as the exhaustion following excitation (the excitation was too slight for such a result).

By Dr. Hale's method the treatment

of secondary stage of disease is pure antipathy.

(To be Continued.)

THE WESTBORO INSANE HOSPITAL—A COMPARISON.

Among the annual reports of the establishments for the cure or confinement of the insane in New England, that of the Westboro homœopathic hospital is unique. This might be expected from the fact that it is the youngest of them all, and the only one in which homœopathy is the basis and standard of medical treatment; but there are other circumstances which single it out for special remark. During the two years of its existence (it was opened December 6, 1886,) it has reported a large and advancing rate of recovery from insanity among its patients, while other New England hospitals generally show a small and declining rate. What makes this the more noticeable at Westboro is the fact that among the 800 persons more or less who were admitted in the first two years not 400, or less than half, were for the first time admitted to a hospital; while nearly 300 were directly carried to Westboro from other asylums. It is a well-known fact that few recoveries occur among the chronic insane,—those who have been a long time in that state are much less likely to recover than those who are recently attacked. The chances were, therefore, that the new hospital would have fewer recoveries to report than several of the old ones, in proportion to the whole number under treatment. Yet among less than 750 different persons under treatment up to October 1, 1888. at Westboro, 133, or more than one-sixth, were put down as recovered; while at Danvers, among 1500, hardly

more than 140 recovered, and at Taunton out of 1150 only 109, and at Worcester among 1400 only 155 recovered. A part of this difference, but not a large part, is explained by the fact that Dr. Paine of the Westboro hospital reports the restoration of an inebriate to sobriety as a recovery, which the other superintendents do not. Thus among 628 different patients in the last year, Dr. Paine finds 78 recoveries, of whom 12 were inebriates restored, leaving 66 recoveries from insanity among about 600 patients,—or 11 per cent.

Now this would formerly have been reckoned a small percentage, and there are regions still where it is,—for at the North Texas hospital in the same year Dr. Wallace reports 81 recoveries among 372 patients—more than 20 per cent. But in Massachusetts and New England generally, for the past 10 years the rate of recovery has been much lower than formerly,—it being demonstrated by Dr. Earle that the old rate was kept up by reporting many recoveries of the same person, and by a low standard of mental soundness in the minds of hopeful or advertising superintendents. Nothing would be more acceptable than a return in good faith, and upon well-supported evidence, to the old ratio of recoveries, or to that which prevails in northern Texas; but few among the experts in mental disease now expect this, and we imagine that Dr. Paine, after five years experience and the sight of some hundreds of relapses among his own patients, will be less willing to report as he is now doing. He will probably accumulate in his hospital a great stock of incurable cases, and will see that the majority, even of new cases are incurable when admitted for the

first time. To show the practical results of hospital treatment upon old cases in Massachusetts, we will cite a few figures taken from authentic records.

Nine years ago last October there were 2598 patients in the state hospitals and asylums of Massachusetts. At the same date (October 1) this year 1091 of these same persons were living insane in the same establishments, or the new ones since opened at Bridgewater and Westboro; 80 were living in city and town almshouses, and 870 had died insane; making a total of 2041 whose insanity is thus known to have been permanent. Of the other 557, there is no reason to believe that more than 300 died sane, or are now living in that condition; so that the utmost that can be claimed for 2600 patients is that 300 of them permanently recovered in nine years, less than 12 per cent. At least 35 of these old cases were at the Westboro hospital last October, among the 406 patients then under treatment, or more than a twelfth part of the population. Of the whole 2598, 351 were living or had died at the Worcester hospital; 404 at the Worcester asylum; 338 at the Taunton hospital; 296 at Northampton; 240 at Danvers; 233 at Tewksbury, 38 at Bridgewater, and 35 as above mentioned at Westboro. Now as the whole population of these state establishments for the insane, October 1, 1888, was not far from 3900, of whom 50 were inebriates, it follows that the 1091 old cases (none less than nine years) were 28 per cent. of the whole insane population. These are very suggestive figures.

In another respect the Westboro report is peculiar,—the work in pathology which it details, and the oper-

ations, successful or otherwise, performed there. This new state hospital seems to be the only one in which pathological work is now made public, and that in which it is pursued with the most zeal. It maintains a special pathologist, and in connection with the instruction there given to a class of medical students from Boston university, it utilizes this pathological work to good advantage. This class has averaged about 30 and has made five visits to the Westboro hospital, beginning early in November and closing on the 21st of December. This fact does not appear in the annual report, which comes down only to October; but previous visits of a class from the same homœopathic medical school are mentioned; and it is intended to continue the practice. This is greatly to be desired; for, though there are objections to the clinical instruction of students at insane asylums, the advantages to the public far outweigh the evils; and the system pursued at Westboro seems to be a very careful and judicious one. It has the incidental effect of making the resident physicians more observant than they otherwise might be of all the phases in which disease manifests itself in an insane person. This, indeed, is required by the homœopathic system of treatment, and to this, and the diminished use of drugs for sedatives and stimulants, must be ascribed any real increase in the number of recoveries under this system. Its friends claim such an increase; but only time can determine how justly.

The opening of a new hospital is always costly, and the average weekly cost of each patient is large, until the wards are full and the service well organized. In this respect Westboro

compares favorably with the last new hospital previously opened, at Danvers. The weekly cost at Danvers for the first broken year was more than \$9; for the first full year more than \$5, and for its third year more than \$4. At Westboro the cost of the first broken year was \$5.60 a week, and for the first full year \$4.79. The annual appropriations made by the state, beyond the price of board, were at Danvers for several years \$20,000 or more; at Westboro this year only \$16,000, and apparently \$15,000 will be enough for 1889. The Westboro buildings prove to be convenient and rather attractive to private patients; and the management, considering all its difficulties, has been good. Experience will correct what is still defective in the methods there pursued; and it is the most available place for building a new chronic asylum, when that is needed.
—*The Springfield Daily Republican.*

ANNOUNCEMENTS.

THE INSTITUTE SESSION OF 1889.

Editor MEDICAL INSTITUTE:

As a further announcement respecting the Institute session of 1889, I have to record as follows:

The Bureau of Surgery has received assurances of aid from a number of our distinguished surgeons, and will present a series of papers on "Surgery of the Brain," including cerebral localizations, symptoms of cerebral tumor, its diagnosis and treatment; abscess, gunshot wounds, tumors of the dura mater, compound and depressed fractures, epilepsy from fractures, and indications for trephining.

The Bureau of Pædology has promised active aid from several co-

workers in that department, and is encouraged with prospects of a good report on "Preventive Medicine in Pædology."

The Bureau of Obstetrics is engaged on a report which will embrace nine papers relating to "Puerperal Complications." All these papers are to be the work of well-known obstetricians.

Encouraging reports are being received from individual members of the Bureaus of Clinical Medicine, Sanitary Science, Ophthalmology, and Gynæcology.

The Committee on Medical Education will present a careful report, embodying the views and suggestions of its various members. There will be no separate papers.

Notice is also given that as the chairman of the Committee on Pharmacy has resigned—involving also his withdrawal from the Committee on Organization of Provers' Clubs—the President has appointed as chairman of these committees, Drs. T. F. Allen, of New York, on the former, and C. Wesselhoeft, of Boston, on the latter. Those having business with these committees should note the change.

PEMBERTON DUDLEY,

General Secretary.

THE ALUMNI ASSOCIATION.

The Alumni Association of "Old Hahnemann" is at present in a most flourishing condition, having a membership of over five hundred. Its annual reunions and banquets are well and enthusiastically attended. At the last annual meeting over two hundred members were present, representatives coming from all parts of the United States to participate in the festivities, and to enjoy a renewal of collegiate

fellowship. At this meeting Dr. L. de V. Wilder, '55, of New York city, moved "That each Alumnus of the Hahnemann Medical College of Philadelphia be requested to present to his *Alma Mater* a CABINET PHOTOGRAPH of himself, with his autograph attached, together with the year in which he received his medical degree,—the photographs to be deposited in the Archives of the College." This motion having been unanimously adopted, the Alumni will please forward their photographs as early as possible to the care of the permanent secretary, William W. Van Baun, M. D., 419 Pine street, Philadelphia.

The officers of the association for the year 1889 are as follows :

President—J. C. Budlong, M. D., '63, Providence, Rhode Island.

Vice Presidents—L. B. Hawley, M. D., '53, Phoenixville, Pa. ; C. H. Lawton, M. D., '71, Wilmington, Del. ; A. P. Williamson, M. D., '76, Middletown, N. Y.

Permanent Secretary—Wm. W. Van Baun, M. D., '80, Philadelphia, Pa.

Provisional Secretary—Clarence Bartlett, M. D., '79, Philadelphia, Pa.

Treasurer—Wm. H. Bigler, M. D., '71, Philadelphia, Pa.

Executive Committee—Wm. B. Van Lennep, M. D., '80 ; M. S. Williamson, M. D., '72 ; Horace F. Ivins, M. D., '79 ; J. L. Seward, M. D., '73 ; I. G. Smedley, M. D., '80 ; Samuel Starr, M. D., '69 ; Jos. C. Guernsey, M. D., '72 ; J. B. Wood, M. D., '54 ; R. C. Allen, M. D., '68.

Members are requested to secure and forward to the Secretary the "Applications for membership" of the Alumni who have not yet joined the Association.

COLLEGE NOTES.

PERSONAL MENTION.

'90.

RAUE gives fair promise of becoming a fine surgeon.

**

ARLETZ gave a supper to several of his classmates, Monday eve., January 14th. Those who were fortunate enough to have been present speak highly of his hospitality.

**

BUCK & BABBITT, "Obstetricians," have dissolved partnership, the latter having been called away on business.

**

'91.

S. M. RINEHART is a member of the Sigma Alpha Epsilon fraternity. We failed to note this when enumerating college orders at Hahnemann.

BOOK REVIEWS.

A PRACTICAL TREATISE ON NERVOUS EXHAUSTION. (NEURASTHENIA). By Geo. M. Beard, A. M., M. D. Fellow of the New York Academy of Medicine, etc. Edited with notes and additions, by A. D. Rockwell, A. M., M. D. Professor of Electro Therapeutics in the New York Post-Graduate Medical School and Hospital, etc. E. B. Treat, 771 Broadway, New York.

This work well repays, especially the general practitioner, for the time spent in reading it.

As neurasthenia is the most common of nervous diseases that the physician of the Northern and Eastern States is called upon to treat, we welcome any work throwing light upon this subject.

Dr. Beard clearly and forcibly shows his readers that this neurosis which is so little understood, is, in the large majority of cases, quite amenable to proper treatment, and in a very lucid manner gives the indications for the different remedies employed. Y.

A MANUAL OF DIETETICS FOR PHYSICIANS, MOTHERS AND NURSES. By W. B. Pritchard, M. D. The Dietetic Publishing Co., 115 Fulton Street, New York.

The subject of diet is one but little discussed by physicians. Due to ignorance on this subject many of the profession are unsuccessful, where knowledge of proper diet would have gained success.

Dr. Pritchard shows by statistics that a large per cent. of deaths among the young is due to the lack of appropriate food supply. This little work is intended for family as well as professional use. It clearly states under each disease the kind of food to be used. It also designates the best method of preparing it. The work has eighty-eight pages and sells for fifty cents. It is well indexed.

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A Treatise on 'Consumption and Wasting Diseases,' by G. Overend Drewry, M. D., and a sample of Hydroliene will be sent free upon application, to any physician (inclosing business card) in the United States, on application to C. N. Crittenton, 115 Fulton Street, New York.

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OF
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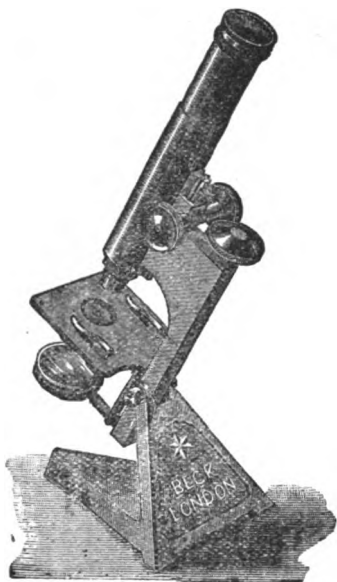
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**CONTRIBUTIONS.**

**A GLANCE AT SOME OF THE  
SALIENT CAUSES OF FAIL-  
URE SO COMMONLY ATTEND-  
ING TREATMENT OF  
UTERINE DISPLACEMENTS.\***

BY S. J. DONALDSON, M.D.,  
NEW YORK.

It is a justifiable assertion that the abnormally designated "Displacement of the Uterus" is in treatment the most perplexing and in results the least satisfactory of all benign conditions within the domain of medicine, notwithstanding the fact that in no other direction have medical men exerted their faculties more assiduously in a field wherein unlimited opportunity is afforded for practical observation, and in which the free exercise of their inventive skill has been severely taxed ; in evidence whereof note the vast accumulation of concrete testimonials, a curious medley displaying so much that is vague in inception, incongruous in design, and of dubious adapta-

bility that it must be conceded that correct comprehension of the matter still challenges ingenuity and successful enterprise.

Those who may feel inclined to question the justness of this stricture have only to reflect that successful termination in the general management of these cases is the exception, whereas, on the other hand the futility of routine methods is exemplified as an every day occurrence, where cases of displacement are presented in which successful issue is as far removed as at the beginning of treatment, a period more or less remote, not unfrequently from twenty to thirty years, cases too by no means exceptional, but of ordinary type, at the inception of standard measures by which comparatively remediable conditions have been gradually merged into one more complex and hopelessly incurable. Truly such resultants are by no means creditable, and betoken some radical defect that calls for consideration in the premises.

It has been pertinently remarked that

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\* A synopsis of a lecture prepared for The Medical Institute.

the study of medicine in some inexplicable way imparts certain peculiar qualities to the subjective faculties, unfortunately not always of the highest order in direction of the reasoning powers. In the present occasion we are disposed to assign as the prime and most discouraging opposing factor in the way of successful treatment of uterine displacements, this supposititious feature of perverse mental propensities displayed in the practice of medicine. Whether it be the speculative indefiniteness of medical tenets that reflects a corresponding degree of indifference and incertitude to the subjectives, or some other subtle property which the study seems to engender must in the present relation remain enigmatical, suffice it to recognize that it appears to be in the common order of things that the mental faculties of physicians become imbued, (sometimes to a startling degree) with devious perversities albeit so insidiously as to escape individual cognizance. These idiosyncracies are exhibited in infinite variety of degree and complexion, among which appear, pronounced antipathy to common place elements; languid indifference often amounting to an utter disregard for vital essentials. In lieu thereof there prevails a spirit of unquestioning compliance to what is conventional; current theories are accepted, and expedients in vogue practised in accordance with orthodox routine rather than actual requirements, an overweening tendency to attach undue importance to artificial remedials, and to overrate the efficacy of mechanical appliances more particularly when these afford opportunity for the display of dexterous manipulation. Moreover there is manifested to a marvellous

degree a facile adaptability to strange and startling innovations; particularly fascinating are these when partaking of unique and heroic elements. Most pronounced of these subjective phases is the dual quality of credulity and imitateness that is so widely illustrated in following after popular leaders and in seconding whatever bears the impress of accepted authority irrespective of palpable inconsistencies, or contradictions of physical principles.

There is recorded in the annals of this department abundant evidence to warrant the conclusion that no theories are so vague, no views so untenable, or expedients too hazardous and reprehensible that will want for zealous advocates, nor will there be lack of credulous followers, who, unmindful of the inglorious fate of similar reproachful precedents, heedless of the fact that it is still swaddled in the dubious elements of its inception, practical needs, safety, and efficiency, will recklessly emulate in its relation to one another in the situation, and with immoderate fatuity vaporize in print over illusory merits ascribed to some equivocal expedient, which being submitted to the stringent test of all measures—time and results—is in all probability relegated to oblivion, while those who vied in ushering its introduction, extolling it as exceptionally trustworthy in all its bearings, seek only to forget its former compromising associations.

To throw into bolder relief the the gist of the foregoing reflections we need only revert to any of the typical ill conditioned tenets, already fallen under general condemnation. Take for instance the doctrines in connection with "Uterine Ulcerations" in

such general favor less than twenty years ago that none ventured to challenge their correctness. It is reasonable to infer that the line of demarkation (outlining lacerations of the cervix) was then as clearly definable as now, nor were the various co-existing conditions characteristic of childbirth accidents—so very distinct to-day to professional eyes—a less obvious reality during the reign of caustic applications when, in learned dissertations, the divers forms of ulceration that assailed the cervix, even to deep erosion and structural demolition thereof, were descanted upon. In time a ray of truth unmasked the delusion, and presto! the juggling of caustics vanished and the rank and file of specialists, hitherto disciples of the ulceration fad, arrayed themselves in active accord.

Of course we cannot help thinking of the associate fellow delusion, the Simpson-Sims hysterectomy craze in dysmenorrhœa, but we must abstain from dilating thereupon, and it should not be inferred that we have touched upon isolated cases or exceptionately striking ones in point of fallacy, for the way is disfigured with the wreckage of former popular expedients equally reprehensible.

Furthermore, it is peculiarly pertinent in this connection to note that the practice of to-day is seriously compromised by incursions, whose salient properties are by no means insignificant in respect of that which is questionably expedient. We address this reflection mainly to that procedure which involves the attaching of the uterus to an adjacent point of the abdominal wall, and which in spite of the direct violation of vital laws, and well-established doctrines, is receiving wide

and favorable consideration; moreover, since its foremost advocates include authorities of known ability, it is probable that we have in this anomalous experiment all the elements requisite to supply an additional humiliating episode.

What more striking evidence do we need in searching for causes of non-success than the above implication of inhibitory. The moral pointed is doubly accentuated by the fact that the well being of the uterus and associated structures depend largely upon two vital conditions—immunity from all restrictions of normal mobility, together with undisturbed position under the sacral arch. In "Alexander's Operation" and allied procedure both these vital requirements are utterly disregarded and subverted, to say nothing of the glaring inconsistencies of theory and transgression of obvious essentials, which this tentative operation involves.

Crude misconceptions in the way of anatomical and physiological conditions, and the adoption of stereotyped anomalies in remedial expedients, have been perpetuated for generations and are still in vogue, on account of the too ready credence commonly accorded to orthodox precepts, chief among which stands imperfect and misleading cuts of illustration. Naturally, accurate preconception of normal conditions is pre-eminently essential to correct treatment of all abnormalities.

Unfortunately, dissecting-room advantages afforded in the study of female pelvic anatomy present certain elements perplexingly defective; prominent among these is the collapsed and generally demoralized aspect presented by these parts in that state, consequently the early conception of the relatively normal condition of these structures the medical student obtains

from authorized ideal sketches of these organs.

Mental impressions, reinforced through the medium of pictures, are of proverbial tenacity, and when these ideas predetermine and define to a great extent measures of such vital significance as are here implicated, it certainly behooves those having control of the matter to guard against elements of ulterior confusion, instead of sanctioning the use (even by tacit consent) of such evil-working elements—sketches

emanate from such caricatures as the one here reproduced from Gray's Anatomy—a familiar feature, as it is one that has been copied with slight modifications into the various text-books when treating of matters in connection with the female pelvis.

Fig. 2 approximately outlines the authors' idea of a corresponding typical delineation and is a representation of average proportion, the result of many and varied measurements carefully computed during an extended period of in-

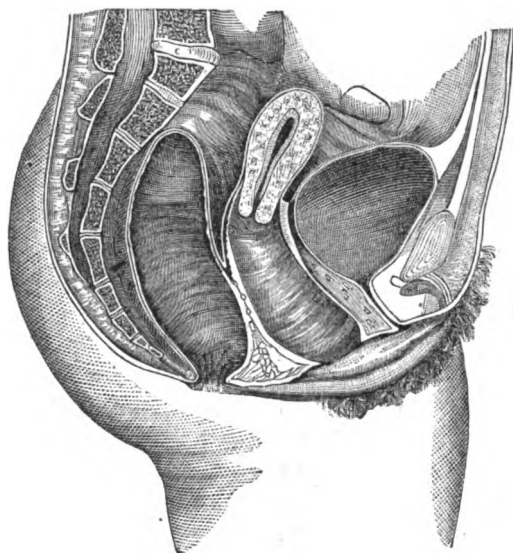


FIG. 1. Reproduced from Gray's "Text-Book of Human Anatomy," and representing that which figures in medical literature as the standard or conventional ideal delineation of a schematic section of the female pelvis, generally accepted as correct, but in point of fact a prodigious caricature. To be compared with Fig. 2.

ideally accurate, but in reality not even approximately correct. It is impossible to predict the injuries that may

FIG. 1.

The vagina and uterus occupy the line of the pelvic curve.

The uterus is advanced to the centre of the abdominal cavity which subjects it to super visceral weights and diaphragmatic shocks and diverse other disturbances.

Vaginal convexity is backward and concavity forward.

vestigation. Comparing the essential features of these cuts the following variations appear:—

FIG. 2.

Their axis meet at right angles.

The uterus *in loco* retreats within the sacral concavity, therefore it lies wholly behind the range of abdominal and diaphragmatic disturbances.

Vaginal convexity is forward and concavity backward.

Posterior measurement estimated  $5\frac{1}{2}$  to 6 inches. Anterior  $4\frac{1}{2}$  to 5 inches

The os coccyx is on a lower level than that of the os putis which is in turn absurdly distant from its normal site.

The sacral prominence is shown abnormally in the rear of the vertical mesian line.

Corresponding measurement  $3\frac{1}{2}$  to 4 and  $2\frac{1}{2}$  to 3 inches.

The os putis is the centre of visceral gravity the line of the vertical axis of the body and *in loco* is below the level of the coccyx.

The arch sweeping backward and down from the mesian line effectively shelters the pelvic viscera.

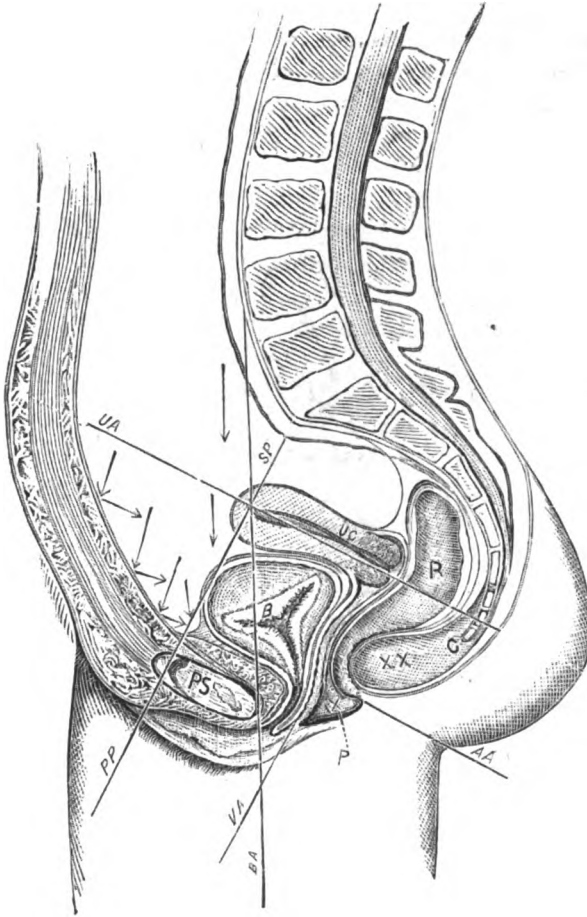


FIG. 2 (S. J. D.). Showing the relative position and chief practical features of the pelvic structures, in contrast to analogous parts outlined in Fig. 1. BA, Bodily (vertical) axis; UA, Uterine axis; PP, Plain (inlet) of pelvis; SP, Sacral prominence; PS, Pubic symphysis (os pubis); VA, Vaginal axis; P, Perineum; UC, Cervix uteri; R, Rectal cavity; B, Bladder, indicating its distended outline, and the triangular form when collapsed; C, Os coccyx; X, Perineal body; XX, The great central mainstay of the pelvic floor, in which the muscles and fascia of the pelvic outlet converge to form a common seat of attachment and counterpoise. It is in this muscular body, rather than in the perineum, that the chief nether factor of active strength or "support" reposes.

It would be superfluous to enlarge upon the practical significance afforded in this strange disparity since it is evident

that every remedial expedient designed in conformity with the ideas and conditions indicated by the first diagram

must be in every respect highly inappropriate to that which is defined by the second.

For example, think what must inevitably result when a pessary constructed in accordance with the teachings of Fig. 1 is applied to conditions correspondent to that which is represented in Fig. 2.

Another stumbling block is afforded in the various conventional expressions that are at once inappropriate and misleading, inasmuch as their technical

the above introductory comments to this highly important but intricate question, which contains so much of deep significance, and that is worthy of our most careful consideration. However when interest has once been awakened in this direction, a fuller critical analysis of the matter can hardly fail to follow, inasmuch as its trend is to arouse independent reflection, while it discovers the futility and inaptitude of many commonly accepted expedients, which if not actually de-

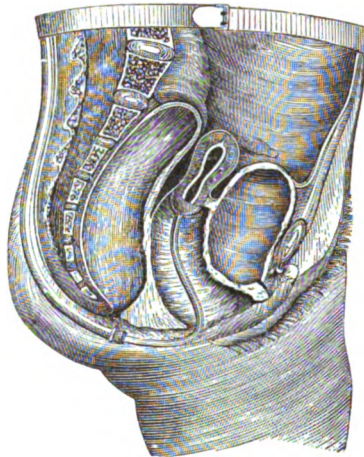


FIG. 3. A representative "pictorial stumbling-block" plentifully interspersed throughout the literature of this department. We have here depicted a state of affairs impossible to effect in connection with either normal or abnormal conditions of living structures.

sense is in the present relation anomalous, *e. g.*, "Uterine Ligaments," "Columnæ Vaginæ," "Buttress," "Keystone" (Thomas), "Uterine Elevators," "Lever Pessary," "Support of the Uterus," "Mass of Cellular Tissue," and similar current phrases signifying that which is in point of fact *non est*.

These and similar misleading phrases, in conjunction with faulty anatomical cuts, involve the affair in much confusion, theoretical and practical. We cannot, however, do more than offer

vised by, are in special favor with, reputed authorities.

For example, the ideas suggested by the study of Fig. 3 (an exact reproduction of the cut found on page 403, Thomas' latest edition "Diseases of Women." Of this cut Dr. Thomas says: "No pessary with which I am acquainted universally answers. \* \* \* The cup at its upper extremity receives the convex uteri," etc. In point of inconsistency turn to Dr. Thomas' remarks in connection with cuts 1 and 2, p. 156, of same

text-book. Fuller criticism in this line will constantly bring us face to face with similar glaring incongruities.

Extended remark is easier than brevity in this connection, which is replete in apt illustrations of the matter so strongly marked that one is loth to omit their particular mention, but necessity compels us to pass to other considerations.

This brings us to that very stale and widely misapprehended subject, "Pessaries and their uses." Already allusion has been made to the common mistake of according to Pessaries an unmerited and by far too conspicuous part to perform in this department, a serious mistake, upon which hinges great mischief.

The use of pessaries, according to conventional views, presents, in all its bearings, such an interminable complication of misconceptions, untenable doctrines, inconsistent methods, and is, withal, abetted in a perennial evolution of fatuities, that when once a case has become entangled in this wilderment, the outlook is extremely dubious.

It goes without saying that intelligent management of pessaries implies accurate knowledge of anatomical and physiological conditions. This taken for granted, the following suggestions contain the pith of the matter.

First. A pessary must not aim to *support* the uterus, but simply act as a *vaginal splint* while conveying the cervix uteri into the sacral hollow.

Second. Its incurvature must correspond to that of the vagina in its normal state.

Third. It must as little as possible prevent the co-aptation of the vagina.

Fourth. It must not stretch the

tissues in any direction; especially must it not make tense those that engirt the cervix by crowding into the posterior cul de sac, for the pessary that in this or any other manner hampers the free play of the uterus, as, for instance, when it essays to directly uphold or rigidly fixes the uterus (especially by impalement) it represents a ruinous and most reprehensible affair.

Fifth. A pessary should be barely long enough to prevent the cervix uteri from advancing far enough to allow of the fundus passing backward under the sacrum, and to this end two-and-a-half inches is an average length.

A pessary should never be worn persistently, but only when actually needed; in other words, it should be worn only while the patient is in the upright attitude, and laid aside during periods of reclining. After insertion the knee and chest posture should be occupied, and deep breathing practised for two or three minutes to complete the adjustment and insure a proper poise of the uterus.

A pessary worn continually inevitably induces atrophy and greater laxity, and thus the ulterior effect diametrically contradicts that which is sought; when, however, use alternates with disuse this evil is averted, and we may count on restorative action upon the principle of physical exercise, which develops textural tone through tension, alternating with relaxation. Apart from all other questions there is one highly significant fact, *i. e.*, uninterrupted wearing of any form of mechanical appliance within the vagina engenders tissue degeneracy of implicated parts, even though perfect textural integrity prevails at the inception of the experiment.

Habitual constipation is at once a fruitful source of pelvic obliquities, a prominent complication in the treatment of displacements, insomuch as success is utterly impossible, while habitual forcible expressment is practised. Very indifferently recognized by the rank and file of physicians is the fact that the rectal inertia consequent upon customary syringing is even more objectionable than the intestinal sluggishness following catharsis. Both of these practical sources of evil must be eschewed, faithful attention paid to diet and daily regulations, together with frequent drinking of hot-water and various simple aids, *e. g.*, unground flaxseed, malt, treacle, etc., will eventually overcome the habit.

As an effect of chronic constipation there frequently co-exists varicosity of the hemorrhoidal veins, which condition is highly significant, as this visible feature (piles) betokens a similar state of the vascular structures concealed within the pelvis. In point of fact prolapsed or distorted pelvic organs are usually in a varicose state, and unquestionably, so long as no relief is afforded the enfeebled, over-distended bloodvessels, and the structures remain engorged with vitiated blood (which is always the deep-lying developing factor), the process of tissue degeneracy will progress despite all efforts that do not include the only effectual remedy—Bodily posture.

**BOBILY POSTURE** is a matter of great import, especially relating to the physical well being of women.

Within the body as without fluids are obedient to natural laws, and gravitate to accessible parts on the lowest level. Note the purplish hue and conspicuous veins of the pendant hand and how blanching ensues upon the

raising thereof. To the varicose leg relief and ultimately cure, accrue only through elevation sufficient to ensure local disorgement.

The pelvic cavity of a woman while lying on her back forms a reservoir in which the stagnant blood accumulates, especially so when lying upon a yielding couch, it being the heaviest and lowest part of her body. Moreover, in this position the uterus has a tendency toward retroversion, gravity being aided by superposed visceral weights.

Again, observe the peculiar manner in which every vital organ finds its attachment along the inner dorsal wall, consequently when lying upon the back their weights instead of freely hanging by their attachments press upon efferent vessels, thus impeding the return flow, and in this way abetting congestion. When, on the other hand, the body lies prone, or semi-prone, all this evil is averted; the body rests upon its cushion of fat with which nature has supplied the abdominal surface, the internal organs are free and perform their peculiar functions properly, the uterus reclines upon the fluctuant bladder, in lieu of, the order of position being reversed, the bladder uppermost. Finally, not only is the pelvis elevated and properly inverted, the structures therein protected from engorgement and depression, but they fall away from the pelvic floor.

It is an inexplicable perverseness when in defiance of plainest reasons, and the most palpable requirements of nature physicians enjoin "lie upon the back" as an essential in orthodox treatment of pelvic affections. With equal sense might the *low hanging* of an inflamed hand, a varicose leg, or an aching head be advised.

Every one is aware that the usual custom in the sick room is to instruct women to "lie upon the back" even though the unfortunate patient be suffering from uterine hemorrhage, pelvic engorgement in some form or even *retro displacement*.

With scarcely an exception it is in the dorsal position that restitution of the recently gravid uterus must perforce reduce from a soft bulky mass to its natural size, and it is no marvel that it rarely returns to the normal relative position and conformation.

A woman suffering with pelvic affections of any sort should not only avoid the *habit* of lying on the back, but she should, in addition assume the *genu pectoral* exercise, for a few moments occasionally, during the day, practicing deep respiration the while, having as a matter of common sense first removed all constrictions from the waist. Moreover, ordinary intelligence presupposes that in such cases all the weight of the skirts hangs on shoulder straps.

The influences of bodily posture are not limited to the habit of reclining, but appertain to the manner of standing, or sitting with equal cogency.

The philosophy of the whole matter is presented in a nut-shell when in connection with correct appreciation of the principle of gravitation, careful study is given to the uterus and its normal environment *in loco* as indicated in Fig. 2. Its situation in the shelter of the arch, the angle of its axis (*U.A.*) to the pelvic inlet, (*P.S.*) also to the axis of the body (*B.A.*), and particularly the relation of the pelvic cavities to each other as to the abdominal defined by the vertical axis (*B.A.*); furthermore, take note of the central position of the os pubis (*P.S.*) and its relative

situation to the sacral prominence (*S.P.*).

These and other associated features are unmistakably significant of the important influences for good or harm that hinge upon bodily posturing.

Continuing our study of Fig. 2, we observe first the bearing of each prominent feature in its relation to the vertical line defining the bodily axis (*B.A.*) This central line constitutes the key note of the situation, and so long as the axial bearings and relative position of the various structures harmonize therewith as indicated in the sketch, the normal protection of the uterus is maintained, and the abdominal weights and forces fall in front of this mesian line to be received upon the pubic structures. (See direction of arrow points.) It is important to observe that the lumbar vertabæ normally encroached upon the mesian or vertical line, also that the os pubis (*P.S.*) is in vertical accord with the sacral prominence (*S.P.*), two points ostensibly constituting the chief determining land-marks, for whenever the prominence recedes the pubis advances and a correspondent tilting backward of the pelvis and straightening of the truncal incurvature ensues; the effect of this deviation is suggested in the fact, that the vertical axis now traverses both the abdominal and pelvic cavities instead of as hitherto tracing their division boundary; consequently the pelvic basin is not only tilted upwards but is brought within range of the damaging current of gravitating influences so that the collective superforces, weights, shocks, etc., precipitate directly upon the pelvic organs.

The conclusion of the matter is self apparent; sitting or standing the body should be held erectly (not

rigidly), balanced in such a manner as to advance the lumbar convexity sufficiently to encroach upon a plummet line falling from the vertex through the os pubis to the instep of the foot.

The chief outline characteristics of demoralized attitude involving destruction of postural integrity are, in standing; protuberant abdomen, retracted hypogastrium, "flat-breasted," projecting chin, stooping shoulders, and a straightening of the dorsal incurvatures. In sitting, a backward tilting, in varying degrees of reclining, or the yet more ungraceful habit of allowing the body to slouch into a hunched condition.

The duty of physicians is by no means limited to the combating these debased posturings, but extends to and includes the diligent exercise of his official capacity whenever opportunity offers, in suppressing whatever contributes to the evils of the complication.

Such a revolution includes a radical and appropriate remodeling of the present designs of the modern chairs, seats in public places, carriages, etc.

It is quite apparent that the climax is reached in the reclining chair which in turn is surpassed by the obnoxious hammock. But the degree to which the back of the chair inclines does not by any means pre-determine, to a corresponding degree, posture deviation, for there is exhibited by women a strikingly perverse predisposition to slide the pelvis forward in the seat regardless of the incline in the back of the chair, until the weight of the body rests upon the sacrum, and as if this were not a sufficient outrage of physical elements the feet are usually elevated. Viewed in a practical light this subject presents even to a passing glance much that is deserving of

serious investigation, but it possesses a deeper supply of practical information, an intelligent application of which obtains only through the exercise of individual discrimination with practical application.

Without a due comprehension and practical application of the cardinal principles just mentioned, the treatment of pelvic anomalies, though lacking in no other essential the results must inevitably fall short of ultimate success, *albeit*, the physician may to the end remain utterly ignorant of the nature and magnitude of his shortcoming. To point this moral we have only to revert to its practical illustration in connection with the common lot of cases in which restitution of normal position is essayed, and having attained the very verge of complete desuetude of artificial aids, there persistently remain indefinitely to the no small vexation of both patient and physician.

Moreover, in addition to these displacement cases there are others in point possessing every conceivable type and grade of pelvic anomalies from a state of simple congestion, evidenced by sensation of fullness and dragging, to the flooding of coexisting neoplasmata, or more malignant complication that come within the range and compass of this supreme salutary factor, a perversion of which advantage constitutes a flagrant transgression of Nature's beneficence. Not to prolong these remarks beyond tolerable limits, we omit discussion of various matters relevant to the occasion, prominent among which are Anteflexion, Retroflexion complicated with textural change placing it beyond the efficient action of vaginal pessaries, the allied subject

of Stem Pessaries, (dangerous and questionable implements); the proper and improper use of the Sound, and finally Digital Exploration *per Rectum*, and the incalculable advantages thereby afforded in the treatment of all pelvic affections. Fuller discussion of these together with other pertinent considerations must be deferred to some other occasion.

The following are key-note suggestions:

Refrain from exploring the cavity of the uterus without urgent and just reason, always exercising the utmost gentleness and care when practicing the manœuvre.

Never invade the uterine canal with any form of instrument without faithful observance of antiseptic precautions, for it is a lamentable fact, but indifferently realized, that many life-long sufferers are the victims of a slovenly probing of the womb, whereby infectious matter was inoculated.

Ignorance concerning many essential complications, incertitude in a still wider range of conditions, and the frequent infliction of reprehensible practices are the reproachful measure of neglecting to practice conjointly rectal exploration in pelvic investigations. Finally:—Anteflexion of the uterus is in point of fact comparatively a rare anomaly, the majority of alleged cases being a misapprehension of normal ante-curvature; moreover, these erroneous diagnoses are apt exemplifications of the early misconceptions and faulty precept, to which we have hitherto alluded. When it does occur it represents the ulterior stage anteflexion of localized congestion exudation and organized lymph deposit. Every form of mechanical interference should be regarded as a

species of malpractice. Hot douching, posture, with restricted topical interference comprise the component features of proper treatment.

### OBSERVATIONS AND EXPERIENCES INVOLVING RECTAL DISEASES.

(Read before New York County Homoeopathic Society, February 14th, 1889.)

The condition, referable to this specialty, that carries the largest amount of rebellion, when presented for relief, is a case of *Pruritus Ani*. With what anguish its unhappy victims battle through innumerable sleepless nights fighting this demon of so called local epilepsy, with its long array of itching, burning, exuding, corroding, exhausting, and blaspheming characteristics, as though they had been brewed by the chemistry of hell. The whole organization becomes a chaotic discord, the disposition is cruelly warped, the countenance shows a sad picture of living woe, the carriage is nearly lost to all laws of equilibrium and the complete being merges into a throbbing phantom of despair, trembling upon the very threshold of idolized suicide. Of course I speak of the most aggravated cases, instances that seldom occur within the experiences of general practitioners. Wherefore then these phenomena? What is the mighty influence that yields so much distress, as all these objective symptoms are but an appearance outflowed by some subtle and specific force. The meagre literature upon this subject hobbles upon the crutches of hypothetical inferences, telling you *perhaps* it is capillary congestion, or chronic proctitis, or neurotic hyperesthesia or eczema, or malaria, suggesting a panoramic array of remedial agencies, all unsatisfactory, there-

by confessing to a sad condition of helpless empiricism. My comprehension of this subject compels me to endorse the parasitic theory, though it may excite your disapproval, and perhaps your ridicule, yet it can be easily verified by directing your management towards the destruction of the parasite, when all symptoms will disappear. Mercury is quoted as nearly a specific for the annihilation of these marauders, and the very best method of administration is by using *Lotio Niger*. Thrice daily the patient showed relax, the respiration of the cutaneous surface by the free application of hot water, just as hot as it can be comfortably endured. Then immediately afterwards *while the skin is made absorbent* by the action of the liquid heat, it should be saturated with this medicine in the most thorough manner. Within three days time the itching will be reduced fifty per cent. but the complete result is attained only after a continued use of from four to eight weeks. In many cases there will remain points or patches where the agent does not seem to act, and to these I usually apply the regular unguentum, *hydrargyri*, avoid all soaps and ointments except as above stated, thereby preventing the obstruction to absorption of the remedy as it has to enter the pores of the skin in order to act upon these energetic enemies that hold their victims under such a terrible bondage.

Rectal abscess does not require any language as to its description, yet in the collateral features there is an incident complication of great importance, a complication that has always been accepted as inevitable, and without the slightest effort to successfully obviate it. I refer to *Fistula*. Every one knows that the reason of this calamitous

sequence to the existence of an abscess is due to the constant mobility of the tissue involved—therefore the sensible action necessary for preventing this result would very naturally mean the overcoming of this objectionable mobility. When the abscess has been brought to a condition of suppuration by industriously poulticing it must be opened, the patient is placed under the influence of nitrous oxide gas by my friend Dr. F. Hasbrouck, when the abscess is lanced, and at the same time I thoroughly and forcibly dilate the sphincter muscle whose busy action is the power that lends to a rectal abscess all the terror that is involved in a fistulous complication. When this is done the pocket promptly closes as though situated in locations that are always at rest. The first intimation I ever had of this process was in April, 1883. I was called to see a gentleman about fifty years old, living near 5th Avenue and 56th street, and of some importance in the financial world. I found him suffering from a rapidly maturing abscess involving a large mass of tissue, and in conjunction with this he had a very angry fissure. It was the fissure that induced me to dilate the muscle so as to correct that with the management of the central condition, thereby avoiding any reference to it at a subsequent date. I cautiously warned the gentleman that he would have a fistula in consequence, and he duly expected to experience the delights of such a desirable condition. However the immense cavity rapidly filled, closing entirely, much to my surprise, and as you can readily imagine, exciting the radiant joy of the patient himself. In speculating upon the wherefore of this pleasing result, I mentally concluded,

that, in rendering the parts passive by the muscular dilatation, I had made it possible for this desirable accomplishment which I proceeded to verify at my next opportunity. The case following this was a young man of about twenty, whose parents had both died from consumption, and he exhibited indications of following their experiences. In this case I proceeded with premeditation, as I had done in the above related experience by coincidence, the result was prompt and satisfactory, there not being any fistulous sequence. The conclusion adopted from that time that putting at rest the disturbing mobility, was the explanation of complete closure has been practically proved in many similar examples during the years that have elapsed since 1883.

Almost as common as any condition involving the subject matter of this occasion is Rectal Prolapsus. To those that have never contemplated the arithmetic of this matter, would be surprised and shocked if they could be made acquainted with the figures expressing the ratio of people whose lower intestine insists upon protruding itself into the outer world to the great moral and physical detriment of the unhappy victims. I speak of specific prolapsus arising from relaxed rectum or sphincter muscle, and not the necessary or contingent condition associated with hemorrhoidal developments. What does the general practitioner behold when journeying upon the highway of current authorities upon this condition? The principle object of his vision is a red hot iron. How many cases would come under the direction of a specialist if he did not have any thing else to offer this class of sufferers but a local conflagration with its con-

comitants of necessary anæsthesia, prolonged absence from business, possible ugly ulcerations, and almost uniform uncertainty? Not one in five thousand.

How much better is the spirit that is free from ostentation, that consoles the patient by methods that live in in simplicity, and instead of the terror arising with the smoke of local combustion, exhales the peace born of confidence, a confidence established by deeds that appeal to cultured minds, teaching its lesson of *quiet* accomplishments.

Prolapsus is the easiest kind of a case to overcome. By introducing a speculum furnished with a lateral slide, and then withdrawing the slide to line that marks the union of the mucus membrane and skin, there insinuates itself into this cylinder of the speculum a mass of sub-mucus tissue. By means of a long needle attached to a hypodermic syringe, inject about five to ten drops of a ten per cent. solution of carbolic acid. The constriction enacted by the fenestral margins of the speculum confine the agent to this particular location, and it almost immediately enters into a chemical union which, becoming absorbed, superinduces a condition of atrophy, thereby in reality shortening the rectum at this point. By making the circuit of the entire intestine in this way at intervals of about six days, you will soon have overcome the relaxed condition and the prolapsus ceases to exist. This can be accomplished without pain, detention from business, interference of the function, leaving the mucus membrane itself entirely intact. The first example I intend to describe in illustration of this process, is the case of a gentleman whom you all know, and who died about six years subsequent to my pro-

fessional relations with him. There has been such a flood of imaginations floating with the currents of newspaper sensationalism, ascribing his dissolution as a direct result of correcting the rectal difficulty, that I am almost impelled to give his name, inasmuch as he was a public man, and freely talked of this experience during the balance of his life time. I was called to see him February 11th, 1881, by recommendation of the late Dr. John Gray. Upon examination I found a double lateral prolapsus of such a degree of instability, that standing only for a short time would cause the protrusion. As above explained I injected into the tissue above the sphincter muscle, beginning with the left. Even this so contracted the rectum that it never came out from that time. Yet, as a matter of judgment I acted upon the other side in about one month. This was all the treatment he ever received for this condition from that date. And even now his most intimate friends tell how he rejoiced over this success almost daily, during the brief number of years of his existence. I would ask if there was anything in this experience to produce apoplexy after a lapse of half a dozen years. The next example is a case I have just completed. A gentleman about fifty, excellent general health, whose name is conspicuous at the head of a Broadway house, and introduced by his family physician, a member, I presume, of this society. I found him in a condition of almost helplessness, from the readiness to which the intestine would prolapse, a toneless mass of burdensome tissue. This is an example that would have delighted the disciples of topical combustion, yet, by dealing with the malady as above explained, the result has

been satisfactory and complete, attending to his usual business all through the treatment, and now he is free from a perpetual apprehension, happy in an increased confidence he has in himself, also having gained many pounds in excess of his weight as registered during the depressing days of his chronic illness.

The dilatation of the sphincter muscle is a remedial process that appears very simple of itself, yet its judicious application has a broader sphere than a superficial consideration would warrant. There are many cases of ladies whose nervous systems are of that delicate and susceptible nature that any manifestation of a reflex action is sure to construct a range of symptoms that tell of a disturbance difficult to correct, and especially profuse as to the volume of sufferings entailed.

I will illustrate my meaning by a practical experience. In April, 1882, there walked into my office a lady of about thirty-three years of age, handsome, rich, married, and in good general health. She proceeded to tell her story, and a "tale she did unfold," relating experiences she had had with nearly all the available physicians here and in Brooklyn, telling of many operations endured, mentioning a galaxy of remedies she had tested, enumerating a wilderness of pains, and still suffering. She concluded her pathological autobiography by boldly stating that if I should promise to do her any good, she would think me either a knave or a fool, as she had consulted gentlemen that knew all that was known upon this subject, and without result. I replied by politely asking her to promptly walk out into the street. Do you know, by returning impudence for impudence, commanded her confidence at once, and

she came down from her lofty pinnacle of egotism, and proceeded to compromise our differences. She was one of those fine cultured women, highly educated, gifted with a large ability to enjoy or suffer, possessing a disposition that was at times a perfect flower garden of angelic loveliness, magnetic, poetic, æsthetic, just the kind of a woman to ensnare the sentiment of any large-souled man, until she had unloaded into his presence one of her cyclonic waves of pyrotechnical temper, and then he would hate her. All this proves that the most unsystematic of all systems is the nervous system. The local condition as manifested by her descriptive language, was one of almost constant tenesmus, delicate soreness, and an inability to have a movement of the bowels, which was only accomplished by taking a large amount of compound licorice root upon retiring, which responded the following morning, leaving the patient so exhausted that she had to remain in bed all that day. And this had been going on for fifteen years. By forcing the function only about three times weekly, could she realize any comfort at all. Upon examination I found a sensitive spasmodic sphincter muscle, with its correlative condition of engorged sub-mucus tissue. It was tissue of this character that had been excised under the mistaken impression of being hemorrhoids. Only in women of such fiery and eccentric temperaments have I ever found this particular manifestation, and that is the reason I elaborated her peculiarities so minutely, as it is safe to suspect a spasmodic sphincter whenever a high strung nervous woman tells of having obstinate constipation attended with great exhaustion. Subsequent to a movement, the slightest effort to exer-

cise any extrusive force would cause the muscle to spasmodically contract, and thus it had misbehaved for all this time, obstinately refusing to surrender, and would have held to its wayward career until now, had not its conceit been overcome by dilatation, and in two days time the woman was well and remains so the present date.

Another attractive specimen of necessity for dilatation was the case of a lady about fifty years of age, in good general health, and very nervous. About four years since, she called upon me and related experiences arising from her condition, experiences realized in nearly every capital of the whole world, and varied enough in detail to form the subject matter of a Rider Haggard novel. Upon examination I discovered a hypertrophied sphincter muscle, so extensively thickened that it was impossible to have a natural movement of the bowels. For about twenty years, and by the advise of a physician in Rome, she had introduced into the rectum every night upon retiring, about eight inches of a large Roman candle, such as are used in the cathedrals there, and during the following morning the relaxation had been so accomplished as to allow the movement after this taper had been withdrawn. The muscle was promptly dilated and from that time she discontinued the Roman expedient, gained greatly in general health, and has been a much happier woman ever since.

I will give a few words in description as to the best means of dilating this muscle. In the books you are told to lay the patient on the back, with buttock close down to edge of the bed, limbs flexed upon the abdomen,—a very awkward position in case of la-

dies—then introduce the two thumbs, produce your traction.

This idea is all covered with objections. In the first place no one can command a sufficient amount of force for the purpose, and besides the patient would extend the limbs just as soon as he is under the anesthesia, therefore requiring two assistants, besides the one giving the ether, consequently glamouring the occasion with so much useless pretense, and I do hate a redundancy of effort. By laying the patient on the left side, back close to edge of bed, limbs flexed upon the abdomen, *where they will remain*—then introducing the thumb of right hand, and the index finger of left hand, in this manner you can easily control the situation without seeming effort, and gain the desirable sentiment of using means that represent the emphasis of simplicity. I hardly deem it necessary to more than mention the subject of hemorrhoids, as this malady is so well understood by all practitioners, still as repetition is the only highway to skill, will say that any hemorrhoidal tumor, or any tissue of like consistency can be most satisfactorily obliterated by injecting into its substance a few drops of a solution of carbonic acid and glycerine, equal parts, diluted with six times its volume of water.

There is not a hemorrhoidal case possible but what can be obliterated by this means, and I am at a loss to explain why so many cling to methods that carry so much havoc and suffering. I have used this process in about five thousand (5000) instances during the past fifteen years, and I do not believe there could be devised a more simple and satisfactory treatment. If every college in the land would have this subject demonstrated by men of

experience and learning, all other means would soon lose recognition. To those that do not subscribe to any departure from the religion of the *Materia Medica*, will find it hard to answer why a potentized medicine should remove a mass of tissue that has become—by incident forces—just as much a part of the general organization as any other feature of the human anatomy. Is it possible to wing a few pellets upon the medium of the arterial circulation, and whisper instructions into its dynamized senses, telling them to hesitate at those nerve centres that rule over this hemorrhoidal existence just long enough to constrict their offices of nourishment, thus absorbing the difficulty? There are a multitude of experiences recorded where results are attributed to medicinal action, while in reality it is a matter of coincidence. A person may have transient congestion, a condition self-limited to about ten days duration, the physician does not make an examination calling the case “an attack of Piles.” Then the indicated remedy is exhibited the irritation ceases, when this medicine is promptly underlined as reliable for all hemorrhoidal conditions. If there is one expression I would use with extra and vigorous emphasis it is to never prescribe for a rectal difficulty without making an examination, for there is such a pandemonium of reflex symptoms arising from this class of cases that it is always an easy matter to marry them—with perfect compatibility—to the pathogenesis of nearly every remedy in the *Materia Medica*. There will always be hemorrhoidal cases as long as civilization exists, and hemorrhoidal veins remain unfurnished with valves. I have often been asked

why there are not any valves in these vessels. To those that believe in the theory of evolution, I refer to that inscrutable and very distant past; when these bloodvessels were in a horizontal position, and that since they have become upright there has not elapsed a sufficient time for nature to fill this new demand as she surely will sometime during the incomprehensible future.

The experience I will give in example of this treatment is not a hemorrhoidal one, but it caused me more sentimental satisfaction than any result I ever achieved. A young lady, about twenty-five, good general health, living in Fifth Avenue, and recommended by her physician. She was suffering from a hypertrophy of right wall of the rectum.

An active disposition, fond of horseback riding, traveling, society, but was incapacitated on account of this condition, as upon the slightest encouragement the enlargement would become everted, presenting a smooth, glassy, spherical surface, quite dense in consistency, and about one and a half inches in diameter. The young lady was very sensitive, refusing all treatment that told of pain, hence the reason for deferring any attempts towards removal for so many years. I began by injecting into the central substance about five drops of this solution, repeating every week, and at the end of one month the mass had disappeared, unattended with suffering, she being about the house as usual, the growth simply subsided by atrophy, and the surface was not even broken. This was two years ago, and she has since developed a sufficient amount of vigor to go around the world on horseback if necessary.

To those that cling to the old superstition about hemorrhoids being a golden vein, or avenue of escape for constitutional dyscrasies, I would ask if they really think the God of Nature would stoop to a compromise?

E. F. HOYT, M. D.,

36 West 27th St., New York.

### SOME LAST WORDS TO THE SENIORS OF 1889.

BY O. B. GAUSE, M.D.,

PROFESSOR EMERITUS.

Having successfully finished the extensive three years' course of study assigned you by the Hahnemann Medical College of Pennsylvania, you will receive, as a testimonial of your compliance with the rules and regulations of your *alma mater*, a diploma setting forth all the essential facts whereby the public may know you have qualified yourselves, and are authorized by the Commonwealth of Pennsylvania to practice medicine and surgery in all its departments.

With such qualifications and authority you may well be pardoned if you feel that the sick might be as eager to receive your services as you are to render them.

As there are some things needful to ensure success not set forth in medical text-books, it may not be amiss to bring some of them to your attention in a few last words before you separate to your several homes and chosen fields of labor.

I may not be able, in this brief communication, to point out all the essentials that may contribute to your highest success in the medical profession, but still these hints may be of some service.

In the retrospection of thirty years I have seen men of meagre attainments at the outset achieve a lucrative practice and win and hold the confidence of a large circle of patrons. I have seen, too, men of superior culture and extensive medical knowledge fail in these respects. The cause of this must be sought for outside of medical attainments. It is with the hope that I may make some suggestions touching your conduct and methods in the sick-room and in your general relations with your patients that will aid you in the morning of your professional life that I write you these last words.

The first obstacle that you will have to face is the prevalent opinion that experience counts for more than college attainments. Knowing, as you do, that you are not without a large modicum of practical knowledge gained in the hospital and clinics, this may annoy and discourage you, or tempt you to boast somewhat of what you have seen and done, or help do. As a rule boasting will fail to shorten the unavoidable probation that every beginner has to endure. A modest self-assurance, coupled with close attention to business, *i. e.*, with your books, in your office, during office hours, will materially hasten the desired time when the sick will begin to seek your aid.

At first the poor, who cannot pay, will apply for your services. Give them the best attention you can. The praises of the poor will reach the ears of the rich, and in due time your services will be in demand. What you need first is patients, later fees.

During this period of waiting make acquaintances. You will need to know everybody if the place is not too large. Out of a large acquaintance choose your associates and friends. In

this last be in no haste. "A man is known by the company he keeps." Be open, courteous, and gentlemanly with all, be intimate with few. Seek to be on good terms with all the physicians. Avoid controversy. Let it be seen that you have, professionally, a catholic spirit, while in practice you adhere to the principles of homœopathy. Respect your system and opponents will respect you. You are not a homœopath because you are ignorant of the "old school," but because, knowing both, you adhere to that system which seems to you to be in accordance with the workings of both the laws of health and disease. The practice of medicine is a business, but certain well established and admirable methods may not be adopted by the physician.

Long established custom condemns advertising one'sself. Any attempt to evade this will be sure to enure to the injury of him who tries it. He will be ostracized from fraternal relations with his colleagues. Many of our school do so far violate this as to put "Homœopathist" on their cards. I have often said to my classes that this seems to me belittling. I suggest that this would be better :

*Baptisia Triturate, M.D.*

HOMŒOPATHIC SCHOOL.

This seems to me *informing* without *limiting*. What would be still better, would be the letters "H. S." in left-hand lower corner. Homœopathist limits and derogates from the honorable title of "M.D." Your diplomas make you physicians in the broadest sense, not sectarians.

One other business feature is peculiar to our profession. "Competition (in fees) is not the life of trade." As some of you may have been in business and learned somewhat, I deem it proper to refer to these two features of our calling, viz., soliciting business and rivalry in fees. The man who would stand well with the profession and prosper must eschew these.

Promptness, fidelity, industry, accuracy, perseverance, courage, discretion, patience, tact, wisdom, energy and zeal are qualities as essential in our calling as in any other business.

When called to see an invalid remember that the one thing of interest to him or her is recovery. If you would secure confidence enter into the consideration of the case with an interest and earnestness akin to his own. Every invalid does, to a certain extent, have an exaggerated idea of the importance of his own case. You will best allay depressing fears and stimulate hope by a careful study of the case. Be in no haste in making a prognosis. A prognosis made on the first inspection of a case that is at all serious is at best but a guess. Telling a patient you require time for study and observation will inspire confidence. Only charlatans and quacks see through cases at the first glance that wiser and abler men need to study. What you want to gain is a reputation for reaching right conclusions and successful treatment on that basis, rather than for hasty diagnosis, that may have to be changed and changed till the discouraged patient concludes to change the doctor. Giving an opinion is a matter of importance, and should be done with cautious wisdom.

Just here is perhaps the greatest snare that besets the pathway of the

young physician. To ask your opinion in a case of serious illness is to appeal to your self-love. It is not merely a tacit, but an actual recognition of your supposed skill and knowledge. How are you to meet this with safety to your reputation becomes a question of some moment, one you should ponder well. Be careful lest you unwittingly assume the role of a prophet. It is just here that tact and discretion may carry you safely through real perils to your professional career. I make these suggestions as a partial guide: Carefully state the case as *briefly* as possible either in the presence of the patient or to those nearest and dearest to the patient, always as hopefully as justifiable, but dependent upon conditions that may arise in the progress of the disease.

When you have left the sick-room, and friends, neighbors and acquaintances appeal to you for information, then comes the real danger; there is now a temptation to talk. *Don't talk.* The briefest reply, consistent with good breeding, is the safest. If you cannot evade the question, let your reply be as nearly word for word what you have given in the house as possible. Never say one thing there and outside another. Cultivate rather a reputation for uncommunicativeness than for talking too much. The events, the doings and sayings of the chamber of sickness should be held as sacred as the secrets of the confessional. Outside the sick room the doctor should be a diplomat. Never be afraid of saying *too little* if you say it pleasantly.

There is on the one hand an intense craving to know all the details of the progress of a critical illness, born, let us believe, of an affectionate solicitude, and on the other an unwillingness to

have publicity given to one's sufferings. It behooves the doctor to regard the wishes of his patient.

Remember the story of the three black crows! The question of consultations is an important one. Young physicians are prone to regard a request for consultation as an imputation reflecting upon their skill. Such a request touches them in a sensitive point. This ought not to be. Hesitancy or an unwillingness may, most likely will, result in your discharge. Whereas a cheerful and ready compliance will strengthen confidence as it will show that your chief concern is the recovery of your patient.

Treat the consulting physician with great courtesy and frankness. Give a succinct history of the case and the treatment. Explain the result of your conference to the family. As a rule the consultant should not come in contact with the family *after the consultation except by your permission or request*. If he is an *older man and honorable* it may be to your advantage to have him give the family his opinion of the case and the treatment.

This is putting yourself and your reputation into his hands. I am sorry to say this is not always safe. If there is an unreconcilable difference of opinion between you you should so state in his presence and offer to resign the case to him if the family so desire. Generally, between men of repute the case may be treated jointly for the time.

When you are called as a consultant you are to guard the reputation of your colleague as you would your own. In no position is the golden rule more absolutely binding than in medical consultations.

That this may be so, you should cul-

tivate fraternal relations with brother practitioners without regard to systems of practice. The day is not distant when code barriers will be removed. Do all you can to hasten the day.

If possible, identify yourselves with a live medical society, and do all you can to promote the general interests of the organization.

Have at least one good medical journal come regularly to your office; thus you will be able to hold profitable communion with the profession at large.

You are fortunate in entering into the activities of the medical profession at this particular era of its history. If you have given attentive heed to the lectures on the history of medicine you cannot fail to have been impressed by its gradual emergence out of darkness and cruel chaos, bigotry and superstition, into the light and scientific certainty and systematic and benign efficiency of the present day.

The important trend of medical research at present is the discovery of the cause of the manifold diseases that afflict humanity.

If there be a uniform individuality of symptoms characterizing each disease, the inference that there is an individuality in the cause is unavoidable. The leading thoughts and aim is to find, if possible, this causative agent and *destroy* it, thus *preventing* disease, especially epidemics.

Some of the class of '89, I hope all, may live to see epidemics "stamped out." Practically, that loathsome disease small-pox, is preventable. Why not scarlet fever, yellow fever, cholera and all the rest?

Will you rest content to devote yourselves to the work of curing? or will you enlist as a special detective for the

protection of the community by *prevention*? A recent writer on this subject says: "What has been accomplished within the past ten years, as regards knowledge of the causes, prevention and treatment of disease, far transcends what would have been regarded a quarter of a century ago, as the wildest and most impossible speculation."

This, as I can testify, is in accordance with facts. If you would keep abreast with the evolution you must keep awake and steady—utilize all your spare time while waiting for patronage.

Finally, as death is the inevitable destiny of all the living, you will frequently be called to fold your hands in helplessness. If, in that solemn hour, you can review your efforts, and feel that you have left nothing undone to alleviate suffering and prolong life, you may turn in the fullness of human sympathy and offer from the heart words of condolence.

Happy will you be if you have learned the secret of the Divine Man who came to take away the sting of death and snatch from the grave its victory. Then will your ministrations be more hallowed and beneficent to those who weep in darkness, for you can point them to the realm where there is no night, nor pain, neither sorrow nor parting.

Now let us consider the outlines of your sphere of labor. To-day watching beside the parturient mother, to catch the first wail of her offspring, to-morrow sitting in the curtained chamber of the dying, waiting for the last faint gasp of life. From Eden to Gethsemana, from the cradle to the sepulchre. The Alpha and Omega of life. Such is the outlines of the field of duty you are about to enter. It is a stupendous and momentous work.

Assume it reverently. Bring to your aid all you have gained from your *alma mater*. Continue to strive diligently to increase your store of knowledge, and then seek divine guidance in dealing with the sick, realizing that all healing agencies come from Him in whose hands are the issues of life and death.

#### AN APPEAL FOR PROVERS.

*To the Class of '89.*

At the meeting of the American Institute of Homœopathy, held June 28th, 1888, I had the honor to present thirty provings made by students and graduates of our College. These were received with much pleasure and re-awakened an interest in the matter of provings that had waned of late. After the reception of my report, the following resolution, offered by Dr. T. Y. Kinne, was unanimously adopted, viz:

*Resolved*, That the graduates of each class in our Colleges be asked to form provers' clubs under the direction of the Directors of Drug Provings, thus forming a link between the Colleges and this Institute, and thus increasing the interest upon this subject.

The Chairmen of the Bureaus of Materia Medica, Clinical Medicine, Directors of Provings and Committee of Pharmacy, together with the retiring President of each year, were subsequently constituted a permanent committee of conference to formulate a scheme and mode for furthering and perfecting the work of proving by these clubs, and it was understood that the Professors of Materia Medica in the different Colleges would be furnished with the scheme and made instrumental in the organization of the clubs. At this writing I have received no communication from the permanent

committee of conference, but believing it to be my duty to leave nothing undone to carry the views of the national organization into effect, I hereby bring this matter to your earnest and serious attention, and urge you to form the first college provers' club organized in many years. It has gratified me exceedingly that as students, some of you have proven drugs during the past year, but I have always believed that the best time for good provings is the year immediately following graduation, when the vitiating influences of the dissecting room, of the chemical and other laboratories, and the perplexities and anxiety, and hard work incident to the pursuit of a knowledge sufficient to obtain the degree of doctor of medicine, have been removed, and the demands of practice are comparatively few.

You need not be deterred by fear of prolonged discomfort or illness, nor by the fear that ultimately bad consequences will follow provings. Hahnemann and Hering each proved in their own persons many of our most useful drugs and yet lived in the enjoyment of good health, constantly attending to study and large and exacting professional duties until advanced age, Hahnemann dying in his eighty-ninth year, and Hering in his eighty-first.

You can render no more useful service to medical science than the systematic proving of drugs according to Hahnemann's rules, guided by such other directions as have been suggested by advances in medical science since his day, and which will be gladly furnished by myself pending the publication and receipt of the official formula for conducting provings to be issued by the American Institute of Homœopathy.

Due notice of a meeting to be held by the Class of '89 will be given, which it is hoped every man will attend, prepared to heartily and zealously co-operate in the formation of the proposed Provers' Club.

Yours fraternally,

C. MOHR, M.D.,  
*Professor of Materia Medica  
and Therapeutics.*

#### PURER AIR FOR THE SICK ROOM.--

Every careful physician realizes the vital importance of keeping the atmosphere of the sick-room as sweet and pure as possible, yet we believe every one has also found it a most difficult thing to do under many circumstances. A draught of cold air cannot always be permitted, while to be obliged to remain in a room not properly ventilated is at least disagreeable to the attendants and far from refreshing to the sick.

A simple method, undoubtedly resorted to by many physicians, and which all should know about by experience, is to simply moisten a towel or sheet in a mixture of one part Platt's Chlorides in four parts of water, waft or snap this wetted fabric about the room a few minutes and then suspend it to the gas bracket or hook, or from the back of a chair. This solution has no odor, but the strong chemical affinity of the Chlorides for noxious gases is such as to absorb the poisonous exhalations in the room, while the additional equivalent of oxygen given off by the Chlorides adds a most grateful and refreshing element to the air. Repeated three or four times each twenty-four hours costs but little in time or money, and may add just that one element essential to the life of the patient.

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## EDITORIAL.

With this issue we hand the management of the MEDICAL INSTITUTE to our successors accompanied with our best wishes for its future success and prosperity.

Laboring under many difficulties, we have endeavored to give satisfaction to all, and with what success our efforts have been appreciated rests with each individual. If we have been guilty of offending, in the language of the Bostonian, "we regret it," or, if perchance, we are offended "pray don't mention it."

For the co-operation of all the members of the staff, and the hearty response with which friends have contributed to our columns, we are sincerely grateful.

## ALUMNI NOTES.

DOCTOR KASE, '88, resident physician, and Doctors Gardner, '88, and Shoemaker, '88, externe physicians to The Children's Hospital, 914 North Broad street, Philadelphia, have all resigned.

\* \*

DR. T. READING, '88, has resigned his position of Resident Surgeon of the Pittsburgh Homœopathic Hospital to assume charge of his father's practice, Dr. Edward Reading, Hatboro, Pa., recently deceased.

\* \*

WE take pleasure in announcing the marriage of Dr. J. P. Hagg, '88, of Williamsport, Pa., on the 14th of the present month.

LOOKING the other day at a Calender issued by the agents for Nestle's Milk Food, we turned to the back of the Calender quite accidentally and read the testimony printed thereon regarding this diet for infants. We were astonished at finding that out of the nine testimonials commending Nestle's Food, eight are taken from the most conservative and valued text-books; each writer having an international reputation of high standing. We could not but notice also the marked absence of trumpet blowing as regards these extracts above referred to; the agents of Nestle's Food evidently wrote in their copy books in school days the old saw "self praise is no recommendation." We wish the vendors of proprietary articles could be induced to imitate the Nestle' people in this respect, but we fear if a large number of the advertisers of foods were to confine themselves only to the published commendations of writers in standing text-books, they would not have much to tell.

## ANNOUNCEMENT.

AMERICAN RESORTS, with Notes upon their Climate, by Bushrod W. James, A.M., M.D., member of the American Association for the Advancement of Science, the American Public Health Association, the Pennsylvania Historical Society, the Franklin Institute and the Academy of Natural Sciences, Philadelphia; the Society of Alaskan Natural History and Ethnology, Sitka, Alaska, etc., etc.; with a translation from the German by Mr. S. Kauffman of those chapters of "Die Klimate der Erde," written by Dr. A. Woeikoff, of St. Petersburg, Russia, that relate to North and South America and the islands and oceans contiguous thereto. Intended for invalids and seekers after health and longevity, as well as for those who desire to preserve good health in a suitable climate.

## BOOK REVIEWS.

A PRACTICAL TREATISE ON HEADACHE, NEURALGIA, SLEEP AND ITS DERANGEMENTS, AND SPINAL IRRITATION.—By J. Leonard Corning, M.A., M.D., Consultant in Nervous Diseases to St. Francis Hospital; Fellow of the New York Academy of Medicine; Member of the New York Neurological Society, &c. Author of "A Treatise on Hysteria and Epilepsy." "Local Anæsthesia," "Brain Exhaustion, with some Preliminary Considerations on Cerebral Dynamics," "Carotid Compression," "Brain Rest, being a Disquisition on the Curative Properties of Prolonged Sleep," etc., etc. E. B. Treat, 771 Broadway, N. Y.

This work comprises the thirteenth volume of "Treats' Medical Classics." Here the author has undertaken the difficult task of explaining the nature and treatment of those pains about

the head which constitute such a fruitful source of misery. The work is divided into five parts: Part I, Headache—pain which owe their origin to intra-cranial causes. Part II, Neuralgia—pain which owe their origin to extra cranial causes. Part III, Historical—consideration of methods of treatment heretofore proposed. Part IV, Irritative conditions of the Spine. Part V, Normal and Morbid Sleep.

The treatise is replete with suggestions and useful matter, and will prove of valuable assistance to the thoughtful practitioner.

THE Florida State Board of Health is now, so far as the legislative act is concerned, a reality; it is thought that the Governor will soon appoint the members of the Board. We have not seen a copy of the act, and do not its conditions and provisions. The Board is to consist of three members, who will select from the State at large a secretary and an executive or health officer, the latter to be a physician. Whether the emoluments of the officers will be sufficient to warrant them in giving the proper attention to their duties we do not know. As a general rule such is not the case. Governments cannot expect to have offices properly filled so long as private enterprise is allowed to outbid the public services. Yellow fever cost the State of Florida millions of dollars last summer; it can never recover that money; but by paying efficient men to look after its health it may avoid the loss of millions in the future.—*Exchange*.

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4. A medical library of nearly 6,400 volumes, to which students have free access.

5. Unlimited clinical advantages, as offered by the Hahnemann Hospital, adjoining the College, with surgical dressings, and in the performance of the operations on the cadaver; in the *Obstetrical* Department he is exercised in the touch, the use of instruments, and attends cases of confinement; while in *Gynæcology* every graduate is practised in vaginal examinations, the use of the speculum, and various other uterine instruments.



the various clinics of the several hospitals of the city.

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