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THE NEW ENGLAND  
MEDICAL GAZETTE.

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VOLUME XII.



THE  
NEW ENGLAND  
MEDICAL GAZETTE.

A Monthly Journal

OF

HOMŒOPATHIC MEDICINE,

SURGERY, AND THE COLLATERAL SCIENCES.

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*“Die milde Macht ist gross.”*

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THE HOMŒOPATHIC TREATMENT OF PNEUMONIA.

BY DR. KAFKA.

[Continued.]

WE will not give the indications for other remedies which may be chosen in the treatment of croupous pneumonia; that would carry us too far. It will be sufficient to name them, to attract the attention of the reader: *Arnica*, *Hyoscyamus*, *Opium*, *Carbo. veg.*, *Zincum met.*, *Camphor*, *Senega*, *Phos. acid*, *Crocus*, *Squilla*, *Cannab.*, *Sepia*, *Lycopod.*, *Veratrum*, *Conium*, *Natrum mur.*, *Kali nitric.*, have symptoms which may render them useful in certain cases of pneumonia. We, however, have never been obliged to have recourse to them, for the remedies which we have previously mentioned have always sufficed.

It is evident from this exposition of our treatment that we are armed completely; that, at any period or for any complication, we have therapeutic resources; that we understand the normal course of the disease, and that we know when it is the remedy which cures and when nature alone can act.

When the febrile heat is considerable, and when *Aconite* is not able to modify it, we employ "in patients who are robust and well-nourished" lotions of cold water. The following is our method of procedure: The chest and back of the patient having been uncovered, we rub these parts very rapidly with a cloth dipped in cold water (12° to 15° Réaumur); an hour after we repeat the operation on the lower parts of the body, and the following hour we recommence with the chest, and so on alternately until the fever is diminished.

When the patient is weak, we employ in the same way tepid

water slightly acidulated (20° to 24° R.). Ordinarily the patient feels stronger and the fever lessens.

In no case is blood-letting necessary.

Before the localization of the disease, it is not only not useful, but it prevents its normal course by easily producing a state of adynamia. When the localization has taken place, it is not only useless but very unfavorable, because it weakens considerably the power of reaction of the organism which is necessary to bring the disease to a happy termination.

Symptomatically, phlebotomy may become necessary when a collateral œdema supervenes in the parts of the lungs spared by the disease, which may produce poisoning by carbonic acid, or when the patient is threatened with cerebral apoplexy, as we have mentioned previously when speaking of the indications for *Belladonna*.

The pain in the side is a symptom which ought to be taken into consideration in the treatment of pneumonia. It is intimately connected with the morbid process, we know, but it is a very painful symptom, from which patients beg earnestly for relief. In robust patients we employ cold water, in feeble patients warm fomentations and cataplasms, friction with warm oil, and so forth.

*The application of leeches is never necessary*, because by the external means which we have just described the pain diminishes and finally disappears of itself, when the disease passes into another stage.

During the febrile period, refreshing drinks should be allowed in abundance; when there is great thirst and the cough is frequent and hard, we generally give *Milk of almonds*, sugared water, pure water, or else slightly sweetened with some simple syrup, but *slightly warm*. We must insist upon warm drinks, because cold or acid ones may increase the cough considerably. When there is great thirst and the cough is slight, patients may take pure cold water or water mixed with fruit-syrups, such as lemons, oranges, pine-apples, raspberries, strawberries, and so forth.

A long experience has taught us that the action of *Aconite*, *Belladonna*, *Phosphorus*, and so forth, is in no wise hindered, and that fresh drinks given frequently often moderate the inflammation and facilitate expectoration.

As long as the pneumonia is not in the way of amelioration, and the fever is strong, it is well to give the patient only toast-water. We have often observed that after soup has been taken, even in small quantities, the fever has increased as if the patient had swallowed strong wine. When there is constipation, we permit the use of stewed fruits or preserves in small quantities. When there is a tendency to diarrhœa we proscribe fruits entirely.

When the disease has arrived at the period of resolution, and the fever has diminished materially, when the need of restoring the strength is felt, we give at first a light beef-tea or a chicken-broth every three hours. When the pulse descends to eighty degrees and the temperature becomes nearly normal, we allow soups of oat-meal or sago with yolks of egg and a little white bread. When the pulse is under eighty degrees and the temperature is normal, even if the cough be still hard and the dyspnœa marked, we give more concentrated soups, a little chicken, veal, or pigeon, wine and water or some light beer, and at last we allow fresh air to enter the patient's chamber. These prescriptions are the more necessary if the patient is of feeble constitution, if he is pale and emaciated, if the inflammation has been very extensive and very rapid, and if it quickly exhausted the patient's strength, if the disease has passed to the period of suppuration, with purulent and fetid sputa, if we recognize the symptoms of a cancer, and when we fear a rapid failure of the strength.

When convalescence is more advanced, we allow roast meats, game, wine, strong beer, vegetables, and fresh air. During the good season, we advise a sojourn to the country; in winter, we establish good ventilation in the patient's chamber. Finally, we prohibit every sort of work for a longer or shorter time.

When a certain amount of anæmia is persistent, as well as œdema of the lower extremities, we give *China* <sup>1st</sup>, and when this anæmia is more pronounced, *Ferrum met.* <sup>1st</sup>, two or three doses a day. We continue this tonic *régime* till the cure is complete.

Considering the importance of this subject, we will say a few words *apropos* of pneumonia in nursing infants.

Croupal pneumonia among infants makes its appearance after a chill, or else it is preceded by an attack of convulsions. Frequently there is no cough. The fever is not as violent as in

adults, although the dyspnœa is very marked. In this condition, the little patients are not able to take the breast. When they experience pain, they cry continually; when the pain diminishes, they hush themselves for a few minutes, and then the dyspnœa is especially visible and marked.

Physical examination of the chest, when it is able to be made, gives the more ordinary signs of pneumonia; but an attack of convulsions preceding dyspnœa, or else the dyspnœa with fever, the refusal to take the breast, the continual cries with the cough, or even without the last-named symptom, suffice to diagnose with more or less certainty, pneumonia, even when we are unable to make a physical examination of the chest, which is often impossible when the infant cries continually. The impossibility of taking the breast is a symptom which ought especially to attract the attention of the physician, more than the pneumonia itself. That very frequently cures itself without the assistance of art, but a want of nourishment rapidly produces a profound depression of the vital forces, and the children succumb to inanition equally as when it occurs in coryza of the new-born.

We ought, in such case, to institute artificial alimentation. We have told, in the article, "*Coryza des Nouveau-nés*," how that should be done.\*

[When the infant is unable to take the breast, we should try to induce it to take the milk newly-drawn from the mother or nurse, a little at a time, from a horn-spoon, not less than every two or three hours.

We ought also to make a drink with equal parts of beef-tea, not salted, and cow's milk well-sweetened; these drinks should be lukewarm. If the child rejects this nourishment, we should have recourse to injections of very weak beef-tea, not salted, or of cow's milk, but the injections ought always to be small enough (from eight to sixteen grammes) to be retained. Sometimes, also, baths of milk or broths ought to be employed.]

Concerning nutritive baths, they are not advisable in pneumonia. Experience has proved that baths increase the dyspnœa.

In the treatment we are guided by some symptoms which, in our opinion, have great clinical importance. When the dyspnœa appears suddenly without a preceding attack of convulsions,

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\* The lines enclosed in brackets are extracted from that article.

when the child rejects the breast, when the temperature of the body is increased, and there appears an icteric tint to the skin, we give *Kali hydriod.* <sup>1st</sup>, one to three grains, in one half-ounce of water, and we administer every hour a teaspoonful of this potion, which should be kept lukewarm. In such case it is more than probable that we have to do with croupal pneumonia, against which we give the preference to *Iodide of Potassium*. But when, before the dyspnœa and fever are present, before the refusal to take the breast, the child coughs constantly, and the cough persists with increasing intensity, it is probable that there is a catarrh of the bronchi which is passing into a state of broncho-pneumonia, and in this case, we address ourselves without hesitation to *Phosphorus* <sup>3d</sup>, four to six drops in one quarter of a glass of water, a teaspoonful every hour.

Before the onset of fever and dyspnœa, the child is very restless, and cries continually. It is impossible to quiet it, since the respiration has become accelerated. It refuses with persistence to take the breast; the tears increase during an attack of cough; its features contract during cough: then there is great probability that the child suffered in the beginning from a pleuritic attack, which has passed into a condition of pleuro-pneumonia. In such case we give *Tart. emet.* <sup>1st</sup>, in the same manner as we indicated above *apropos* of *Iodide of Potassium*.

If amelioration does not follow, even at the end of some hours, under the influence of *Tart. emet.* or *Phos.*, the pneumonia is of a croupal nature, and we should have recourse to the *Iodide of Potassium*, which very soon brings about a betterment.

When the fever and dyspnœa have decreased, the child is more quiet. One is then able by physical examination to verify his diagnosis.

As soon as the child breathes better and the temperature diminishes, we should try if it is able to take the breast. Whenever the little patient is able to do that, convalescence rapidly arrives.

[*To be continued.*]

## A CASE OF EXTRA-UTERINE PREGNANCY.

BY C. H. WALKER, M. D.

[Read before the Massachusetts Homœopathic Medical Society, Oct. 11, 1876.]

MRS. C——, aged forty past, resided in Chelsea, has been twice married; had no children by her first husband. Has lived with the present husband seventeen years; she miscarried twice during the earlier years of this second married life, but has never been pregnant since until the present date. Was called to visit her professionally on the 3d of August, 1876; found her suffering from nausea, and vomiting especially after eating. She has, as is her habit, continued to perform her usual domestic duties, but complains of being very easily tired by this exertion; is very costive, the stools occurring every second or third day, with a continual sensation of pressure or fulness in the rectum. I prescribed *Nux Vom.*<sup>3d</sup> in water, to be taken every three hours during the day.

During my second visit on the 12th of August, I noticed my patient continually wiping with a napkin saliva from her mouth. I learned this had been increasing for three days. On inquiry I learned that at her regular menstrual period, about the 1st of June, the secretion, which was usually profuse and protracted five or six days, was at this period very scanty and did not continue through the twenty-four hours. At the next regular period, near the 1st of August, the flow assumed its usual type, but continued to trouble her in a more or less profuse quantity at intervals of a few hours. On further investigation I found the breast full, nipples prominent, areola dark with extended circumference, follicles prominent, and stinging pains in both glands. She complains of cramp-like pains in the uterus, especially to the right of the symphysis pubis, extending down the lower extremities. *This* pain led me to suspect partial metritic inflammation. The patient and her friends being very anxious to know "what ailed her," I diagnosed pregnancy, a belief which the patient, as well as her female friends, were very unwilling to cherish. I left six drops of *Hydrocyanic acid* of the diluted preparation of the United States Pharmacopœia in half a goblet of water, a dessertspoonful to be taken after each meal,

also to continue to take *Nux Vom.*, but I substituted the thirtieth for the third, as I had frequently had beneficial results from this attenuation in sickness of pregnant women. At my next visit on the 15th of August I found Mrs. C—— unable to attend to her domestic affairs and in a decidedly discouraged condition; the saliva was pouring out of her mouth at the rate of two pints in the twenty-four hours, by measurement, and during sleep she was obliged to place napkins under her mouth. The pressure in the rectum and urethra had increased, and the desire to relieve those organs was constant. The pain in the lumbar region and lower limbs caused her to continually change her position. A vaginal examination showed enlargement of the uterus and a somewhat patulous condition of the cervix, with an uneven tumor-like mass filling Douglas' *cul-de-sac*. The sensation imparted to the examining finger was unlike a retroflexed womb even in an impregnated condition. The feeling was that of a presenting foetal head of four or five months, during a labor pain; by rectal examination this sensation is the same, only in a more intensified form. Any pressure upon the mass in an upward direction causes great distress to the patient.

The examination caused the patient to have pain, which, for an hour or more, was so periodical and severe, I feared an abortion. An injection of thirty drops of deodorized *Opium* in a little mucilage relieved the pains, and the patient slept. From this time the patient was obliged to remain in a recumbent position, mostly lying with her face down. From this date to Sept. 4th, the condition remained with little change. Sept. 4th her husband was scalded in the face, which caused her a severe fright. From this date the symptoms were aggravated, and she died suddenly in a collapsed condition Sunday morning, Sept. 10th.

The only apparent relief from any remedy was from *Acetate of Morphia* in quarter-grain doses. The secretions from the salivary glands were invariably suspended by the action of this drug. The effects that result from its administration have long been fully understood by the profession. I shall be only too glad to receive a suggestion from the members of this Society of any remedy or adjunctive treatment which, in their experience of its administration, could or would have relieved this patient of her sufferings.

## AUTOPSY.

Upon exposing the cavity of the peritoneum, it was found filled with fluid and coagulated blood. After carefully removing the coagula and sponging out the fluid blood, the specimen which I offer for examination presented itself, — the dilated portion lying in the right side of the cavity of the abdomen. You will readily see, upon examination, that this is a case of extra-uterine pregnancy, of the “tubal” variety, which was developed in the Fallopian tube of the right side at its third nearest the ovarian body. The fœtus was lying just outside the ruptured sac, with the umbilical cord unbroken, and the placenta within the sac. The remains of the ruptured sac measured four inches by two inches, and contained the placenta, with the umbilical cord attached. The remains of the free walls of the sac are still attached to the edges of the cavity, and show that the anterior wall of the sac, opposite the attachment of the placenta, was the point at which the rupture took place. The uterus measured five and a half inches; from os externum to the fundus two and three-quarter inches in breadth. The walls of the uterus were, in their thickest part, nearly an inch in thickness. The uterine cavity measured four inches in depth. The fœtus appeared to be in size like one of two and a half to three months’ growth, and measured four and a half inches in length.

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*IN-GROWING NAILS.*

BY I. T. TALBOT, M.D.

THERE are few affections more annoying, alike to patient and physician, than this. It is so persistent that almost every variety of treatment, medical and surgical, has been recommended, including lotions, washes, astringents, cauterization, compression, extirpation of the nail, and even amputation of the toe. It is usually accompanied with undue thickening and curvature of the nail, the sides turning inward, when, by even slight pressure of a shoe, the edge of the nail presses upon the matrix, and produces inflammation and often suppuration. The continued presence of the nail now acts as a foreign substance and causes granula-

tions, which assume a fungoid character, and may cover over a considerable portion of the dorsum of the nail. These granulations become extremely sensitive to touch or pressure, bleed easily, and, though temporarily relieved by the bleeding, generally become worse after it.

In order to treat this affection successfully, it is important to have a clear knowledge of its pathology. It is not certain that it is more likely to occur in persons of a scrofulous diathesis, though ulcers and ulcerations in such persons are apt to be more persistent ; but it does occur more frequently in those of light complexion, with thin, sensitive skin ; especially if, as almost always happens in these cases, the nails become thickened and rounded.

A common cause, too, is the tearing down of the corner of the nail, extending into and injuring the matrix. The rough edge of the nail may increase the irritation, causing it to extend to the very base of the nail. The granulations which spring up, together with the nail itself, form a covering which makes a species of concealed ulcer or sinus. Now, the application of burnt alum, per-sulphate of iron, and other astringents may sometimes, by contracting this fungus, uncover the ulcer and allow it to heal, but usually they have little or no permanent effect upon it.

Another pernicious proceeding is to cut off the corner and side of the nail. This may give a little temporary relief, but the growth of the nail soon brings back the trouble, generally with increased severity.

When we consider that this affection almost wholly arises from the burying of the nail in the flesh, causing constant irritation, the first indication would seem to be to protect the inflamed matrix from the edge of the nail. As we have said, the cutting off the corner is of little or no benefit ; so, too, splitting down the nail in the centre and removing the half upon the affected side, or even the whole nail, in order to allow a new one to form, often finds the trouble repeated as soon as the nail is fully grown again. The only radical and effective method of cure is to restore the nail to its proper position and shape. This may be done in various ways ; but generally, the first proceeding should be to thin the nail by scraping or filing, so that it becomes soft and pliable. This done, the edge may be gradually

raised, by inserting under it some lint. Many make the mistake of crowding the lint between the granulations and the upper surface of the nail, a proceeding which does absolute harm. The extreme outer edge or external corner of the nail should be sought with a grooved probe or director, and gently raised. Under this the lint must be inserted, to be removed and renewed in increasing quantity, from time to time. This requires considerable care and dexterity, and as the nail thickens from day to day, it will need to be often scraped and dressed. Persistent effort in this manner will effectually cure the most severe and troublesome cases; but when once cured, they will need to be watched, and the nail occasionally thinned as before.

In paring the nails care should be taken to cut the end in a concave manner, so that the corners shall project beyond the centre; and if there is the least sensitiveness at the corner, it should be guarded by pressing a little lint under the nail in the manner before described.

The granulations are sometimes so extremely sensitive, and cover the nail to such an extent, that it seems almost, if not quite impossible, to crowd them away and raise the nail. This may sometimes be done by pressing a strip of common adhesive plaster, about a quarter of an inch in width, down along the side of the nail, running slightly under the edge. Then, by gentle pressure upon the plaster which covers the granulations, it should be made adherent to the under side of the toe, thus drawing off and separating the fungus from the toe-nail. This same procedure may be effected even better by a very thin piece of sheet-silver about a quarter of an inch wide and an inch in length. The edges should be made very smooth, and slightly rounded. About one sixteenth of an inch from one end should be turned over upon itself, making a kind of hook. This hook should then be passed down the edge of the nail until it reaches the lower corner; then, by simply bending the silver plate over the fungus and outer side to the under part of the toe and fastening it in place by a little adhesive plaster, it will have accomplished three purposes: 1. The covering of the edge of the nail so as to protect the inflamed part. 2. The raising of the nail to its proper position, and 3. By pressing down the granulations, the concealed ulcer becomes open, and the discharge therefrom is not prevented.

This method has served me so efficiently that I wish it to be of equal service to your readers, and if this description is not sufficiently explicit to be easily understood, I shall be happy to render it more so if possible.

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*PARALYSIS OF ACCOMMODATION.*

BY H. C. ANGELL, M.D.

COMPLETE or nearly complete paralysis of the ciliary muscle in eyes otherwise normal is so rare in my practice that I think it worth while to report two cases recently under my care.

Miss H——, æt. twenty-five, school-teacher, returned from the Philadelphia Exposition on the 20th of August, feeling only a slight fatigue, but a few days later found that she could no longer see to read. She came to me on Sept. 1. I found the eyes emmetropic; that is, she saw distant objects perfectly; no external congestion of note, the pupil somewhat larger than natural and sluggish in movement. An ophthalmoscopic examination showed a perfectly normal appearance of the fundus, and she had never before had any fatigue of the eyes or any defective vision.

She could, at present, read No. 1 type only by the aid of strong convex glasses. No. 12 were most comfortable for the eyes. She was now feeling some weariness in the muscles of the legs also, but this was being lessened by rubbing and rest.

I prescribed convex glasses of sixteen-inch focus, to be used a few minutes for reading, several times a day. A sixteen-inch lens instead of a twelve-inch was selected, because the former would compel a moderate exercise of the ciliary muscle. I further prescribed *Quinine*  $\frac{1}{10}$  three times a day, and lager beer.

Sept. 8. — There was some increase of power in the ciliary muscle and the glasses were therefore exchanged for weaker ones, convex of twenty-inch focus.

Sept. 15. — Better. No. 30 glasses answered for reading quite well.

Sept. 23. — Still considerable weakness in the limbs, but the eyes stronger. Prescribed forty-inch glasses, and continued the treatment as before. Two weeks later she informed me that

she could see better and easier, she thought, without the glasses. From this time, she was permitted to use the eyes moderately during the day, without glasses, and two weeks later to use them a part of the evening also.

Nov. 7. — The eyes were perfectly well, and apparently as capable of service as ever. She was still obliged to limit her walking and standing, however, on account of a remaining weakness of the muscles of the legs. Electricity would, perhaps, have hastened the cure of this patient, but the proposal to use it did not meet with her approbation.

It is not strange, perhaps, that, as the eyes and the legs were the parts of the body subjected to the greatest strain at the Exhibition, they should suffer first and most, but I have heard of no other case like this.

The second case, of a similar nature, occurred in a girl of fourteen, during convalescence from severe diphtheria. She could only see, at first, to read fine print by the aid of glasses of ten-inch focus. The cause of the weakness of the accommodative power of the eye, in this instance, was so plainly a loss of general vitality that I advised simply rest and a generous diet. In a month she could read medium-sized type without glasses.

#### REMARKABLE ACUTENESS OF HEARING.

MRS. D., æt. thirty-four, applied to me, on Dec. 22nd, for relief from ringing in the ears. The noise is not continuous, but noticed nearly every day more or less. No changes are apparent in the ear-drums. The Eustachian tubes are open. There is a catarrhal inflammation, non-proliferous in form, to be seen in the throat, with increased secretion, and the patient has an uncomfortable feeling there and in the passage from the throat to the ear. She looks sallow, and has some indigestion and occasionally hæmorrhoids. She thinks her hearing not much impaired, but still somewhat muffled from the ringing in the ears. On testing the hearing with my watch (hearing distance thirty-six inches), I was surprised to find that she could hear it at ten feet! I then exchanged my watch for another of louder tick and of a different quality of tone (normal hearing distance about forty-eight inches), and taking the patient into a larger room, I found she could hear, after repeated tests, left, twenty-four feet, right,

twenty-six feet! Stating it in the usual way, her hearing was, left,  $\frac{289}{48}$ , right,  $\frac{312}{48}$ .

I prescribed a gargle of *Chlorate of Potash*, and internally *Nux Vom.*  $\frac{1}{10}$ . In answer to the question whether she would be likely to become deaf, I answered that, if her deafness went on increasing at about the same rate as during the past six months, I thought, in twenty years, her hearing would be, possibly, so much impaired as to be only two or three times as acute as that of her friends who had never suffered from deafness. She seemed quite well satisfied with this prognosis.

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### CAULIFLOWER EXCRESCENCE OF CERVIX UTERI.

BY HENRY B. CLARK, M.D.

AN English nursery maid, æt. 33, of medium stature, light complexion, intelligent and energetic, first applied to me in August, 1873, while suffering an attack of diarrhœa, which began on the day previous without apparent cause, and which was attended by pain in the abdomen and ineffectual straining at stool. She got *Merc. sol*<sup>3</sup>. During the night she had profuse discharges with prostration, while the least movement provoked pain. *Verat.*<sup>3</sup> was given. Under this the diarrhœa subsided, but colicky pains continued, with passing of wind when she supposed she was going to have a fœcal discharge.

Two years later, viz., in July, 1875, she again consulted me for a thin, offensive vaginal discharge, which had troubled her since the previous winter, and for uterine hemorrhage, which had latterly occurred in short periods of about an hour each, once or twice daily.

By touch, the cervix uteri was found somewhat hypertrophied and knobby. She complained of weakness, and was rather pale. She got *Mur. Tinct. of Iron*  $\frac{1}{10}$ , five-drop doses three times a day. The flowing now stopped, her condition improved, and she continued to do well for five or six months, when the flowing again became troublesome. The *Tinct. of Iron* was again taken, but with less decided benefit. There was then an interval of about three months without treatment, during which she grew worse, when, on the 8th of March, 1876, she again presented herself for

treatment. At this time her appearance had greatly changed. She had become thin, anæmic, and weak. After moderate exertion she suffered much from back-ache. There was no other pain. For weeks the offensive sanious discharge had been continuous and gradually becoming more profuse. The cervix was more enlarged and felt rough and hard. A fungous growth springing from its right side filled the upper part of the vagina. From this growth the bloody discharge was constantly oozing, the least touch increased it to a profuse hemorrhage.

I now moistened a roll of cotton with *Glycerine* and wet one end of it with the *Mur. Tinct. of Iron*. This was introduced through the speculum and pressed against the vegetation. The patient was directed to withdraw the cotton after a few hours. Salicylic acid in suspension in water was to be used by injection as a deodorizer when needed. With this application repeated daily the flow was kept in check, the offensive odor suppressed, and there was temporarily a corresponding amount of relief. It soon became apparent, however, that the growth was rapidly increasing; and upon a remission of the styptic application, the hemorrhage would return more copiously than ever. Becoming convinced that nothing save the removal of the fungous growth would give substantial relief or serve to prolong the patient's life beyond a very limited period, an operation was decided upon. On the first day of April, assisted by Dr. Babcock, the patient was placed under the influence of ether, and an attempt was made to adjust the chain of an *écraseur* as high up on the cervix as possible, without extending beyond the reflected portion of the vaginal wall. Owing, however, to the altered form of the cervix from its hypertrophied condition and to the fact that a lateral version of the uterus existed — the fundus inclining to the right, — it was found impossible to make the chain seize the cervix high enough up to include the seat of the disease without embracing a part of the body of the organ. The gravity of the case seemed to me to fully warrant this procedure, even at the risk of an opening through the vaginal wall, and so the amputation was thus concluded. An examination of the excised part showed the cut to have been made from the point of junction of the cervix with the body on the left side, diagonally through the lower portion of the wall of the body to the right, thus making an

opening into the cavity of the organ. In the vagina a transverse opening, rather more than an inch in length, presented itself. Through this the intestines were plainly visible. The uterus was drawn upward behind the pubis, a small portion only showing itself at the end of the opening on the left.

This opening I now closed up with three sutures, leaving the parts adjoining the uterus slightly patulous. A plug of cotton wet with salicylic acid solution was placed within the vagina. Two hours after the operation the patient had recovered from the anæsthesia, and was very comfortable. There had been some prostration, with coldness, for which brandy had been given. At 9 P. M., eight hours after the operation, there was complaint of crampy pains in abdomen, as from wind. There was a desire to pass water, which was relieved by the catheter. *Opium* was given to relieve the pains.

The next day the patient was very comfortable; had passed water; pulse 100. Under a spray of salicylic acid I renewed the cotton dressing in the vagina. This was repeated twice daily until the wound was healed.

On the fourth day there was a natural stool (following enema of tepid water).

On the eleventh day found lips of wound united, the vaginal canal being completely closed around a small, nipple-like projection of the uterus. Removed the sutures.

On the sixteenth day patient was able to go out.

On the twenty-fifth day menses appeared after pain in the back. Examination showed the menstrual fluid oozing from and around the projecting point of uterus, which had assumed a bright blush, rendering it much more conspicuous than before. Using a small gum-bougie as a probe, no opening could be found in or around it.

During the night of second day of menstruation the flow ceased. The following evening (twenty-seventh day,) there were chills, followed by heat, flushed face, tympanitis. No tenderness of abdomen except on deep pressure over uterus. *Acon.* was given, with relief. Slept latter part of night.

Two days later she ate chicken, potato, and cranberry for dinner. About one hour afterward colicky pains set in, with nausea and vomiting. Following this attack, for ten days she continued

feverish, had a great deal of rumbling in the bowels, bearing down in rectum, with much discharge of flatus, part of the time profuse diarrhœa. She became very prostrate, with fever of a hectic type; pulse 100 to 110; temperature 101; night sweats.

During the existence of this condition, several medicines were given without apparent benefit (except *Opium* for pain), till she got *Mur. Tinc. Iron*, when there was immediate improvement.

On the 19th of May, anticipating the catamenial flow due on the 23d, *Puls.*<sup>3</sup> was given. During the same day the flow began and continued for three days, quite natural in appearance, and with little pain.

A week later she returned to her home in New York. In June the menstrual discharge appeared on the 14th, and had continued till the 21st, when she wrote to me for advice. She got *China*<sup>1st</sup>, under which it quickly subsided.

In July she went to England. In October I heard from her that her menses had not appeared since her arrival there, and that she was suffering from diarrhœa.

Lately, she writes that she has been under treatment, for six weeks, in the London Homœopathic Hospital, where she has been much benefited, again using *Mur. Tinct. Iron* locally and internally. There has been a return of the thin, bloody discharge, and her physicians there have suggested that another operation may be necessary in the course of two or three months.

The prompt recovery from the operation, and the slight disturbance resulting directly therefrom, I attribute to the careful observance of the antiseptic method of treating the wound.

From the time of the first application of the dressing till the healing was complete, no free air was allowed to enter the vagina. When the plug of cotton, saturated with solution of salicylic acid, was removed, and during examination of the parts, a spray of salicylic acid, thrown from an atomizer over the opening, was constantly employed.

I have been induced to report this case, not so much because of any remarkable circumstances attending its course (which, unfortunately, is likely to have the same termination common to this form of disease), as from an interest I have found in some features of it, which may prove interesting to others. For example, the attack of diarrhœa, for which I treated this patient two

years before there was any intimation of uterine disorder, corresponds so completely in its characteristics with those occurring recently as to lead to the opinion that it depended upon the same remote cause.

When I began the treatment, I used for injections, salicylic acid in suspension in water. Later, this was exchanged for a solution made with glycerine and alcohol. The first preparation seemed much more efficient as a deodorizer than the latter. The usefulness of the *Mur. Tinct. of Iron* in this case would seem attributable to some quality besides its mechanical influence as a styptic, since it served her well before the fungus had fairly developed and again after its extirpation, being promptly curative for the diarrhœa as well as for the hemorrhage. The most interesting feature in the case, however, was that relating to the catamenial flow. When the wound in the vagina had healed, enclosing tightly a solid point of uterine tissue, I felt much anxiety for the result of the menstrual molimen.

The menstruation at the second period after the operation showed that, notwithstanding the seeming obstruction, the physical condition of the uterus was yet compatible with an apparently normal discharge.

It reminded me of the case reported by Storer in 1866, where, eighteen days after extirpation of both ovaries and uterus, and twenty-six after previous menstruation, "there was a sanguineous effusion, attended by feelings of lassitude, back-ache, etc., lasting thirty hours and being an evident attempt at the re-establishment of menstruation."

The amputated cervix of the foregoing case has been placed in the College museum. The seat of the growth is well shown by the specimen, but nearly the whole of the abnormal structure broke down and was detached during the operation.

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*RESUMÉ OF DIET, ETC., ETC., TO BE USED IN DIPH-  
THERIA.*

BY W. B. CHAMBERLAIN, M.D.

DIET.—PROF. LUDLAM says, "Diphtheria is an adynamic disease. Begin early to insist upon food being given to sustain the patient. I frequently order milk given several times a day in considerable

quantities throughout the whole course of the disease, sometimes each two or three hours. Bits of ice or ice-cream, orange, orangeade or lemonade, are often grateful and never objectionable when asked for.

A sense of choking or pain often frightens the appetite away. This obstacle should be surmounted. If your patient is very weak, give him beef-tea, eggs and milk beaten together, oyster-broth, bits of oyster, a plain or steamed custard. Toast and rice, *alias* slops, will not suffice. If he cannot swallow, give the beef-tea or eggs and milk per rectum, by injection. Helmuth advises arrowroot and beef-tea. He says, "Make the essence of beef, venison, or chicken, and give in spoonful-doses each hour. At the same time, wine-whey or other gentle stimulants may be allowed. In some instances brandy and water or brandy and milk may be given. The patient must be nourished from the beginning." Dr. Neidhard says that in all cases stimulants, such as wine-whey, milk-punch, etc., were of incalculable benefit.

Dr. Kidd (by Nel.) prescribed a stimulating diet in all cases of diphtheria, *e. g.*, port-wine, claret, champagne, he considers the best stimulants. Occasionally stout or pale ale, egg beaten up with brandy, hot water and sugar, strong beef-tea with port wine, varying the stimulants according to the constitutional idiosyncrasies of the patient.

A stimulating diet is 'an absolute necessity; in fact, no very severe case can be expected to get well without it.

To children who positively refuse to swallow, nutritive injections should be give from the outset. To make them effectual they should be thrown above the sphincter and circular fibres of the rectum, and only about an ounce used at a time. The best injections are the yolk of an egg, beaten up with a tablespoonful of fresh cow's milk and two tablespoonfuls of the essence of rennet. Instead of the egg and milk, an injection composed of an ounce of the extract of beef with a scruple of the best pepsine will be found to act satisfactorily.

Dr. Helmuth advises against the use of albuminous food, such as eggs. On the contrary, Dr. H. M. Paine says that the whites of eggs beaten up with two or three parts of sweet milk act quite favorably, and can be swallowed and retained when all other food may be rejected.

## HYGIENE.

The temperature should be from sixty-five to seventy degrees. A moist atmosphere is often useful.

Ventilate as often as every two or three hours. Open the windows and doors two or three times in twenty-four hours, and blow out the room thoroughly for ten or fifteen minutes. During this time cover the patient with an extra blanket.

Keep the child off the floor no matter how mild the weather and the patient should not leave the room.

Keep the bed at least a foot from the walls of the room, and avoid currents of air.

If possible have but one patient in a room.

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*THREE CASES.*

BY F. A. CAPEN, M. D., FALL RIVER.

## CASE NO. I.

WM. CARY, aged thirty-six, short in stature, very scrawny and sallow, nervous temperament, a spinner by occupation, presented his case to me for treatment about the 1st of April. Upon examination I found an aggravated case of prolapsus ani, complicated with hemorrhoids; he was losing much blood, which caused great debility. I replaced the bowels within the sphincter and placed him upon *Hamamelis*. Upon his return in a week he was no better; I tried then *Ignatia*, also *Nux vomica*; I treated him in this way for three months with no success, as the bowels would continually protrude. The only radical cure that was effected, if it might be called a cure, was by means of a truss or support, which consisted of an abdominal portion and a part for the support of the rectum, consisting of an ivory ball for the base of the bowels to rest upon. I then put the patient on material doses of *Collinsonia canadensis*. From that time the improvement was remarkable. He is now attending to his business as well as is possible under the circumstances. This has been one of my most difficult cases; he has been at times under treatment of scores, more or less, of allopathic physicians.

## CASES NOS. 2 AND 3.

These were cases of indolent ulcers. They were all women advanced in life, having upon the ankle the well-known indolent ulcer so common and so difficult to cure. The first patient who presented herself to me was a very old person, who had had this affection some two years. This case baffled all my treatment. One day, being in Providence, and meeting Dr. Wm. Von Gottschalk, I related to him my difficult case. He then threw out some very good suggestions, which I acted upon; at the same time told me to study up *Silicea*. I was very successful in that case, and by that means I had a number of others sent to me that other physicians had tried, all of which resulted well. The treatment consisted of *Silicea* internally, three times a day, of the 30th and 3d attenuations and lotion of *Perchlorate of iron* locally, one part to twenty of water. Here is an instance where a few words of advice from an old and experienced physician brought dollars and patients to a younger one.

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[From Clinical Report of "Homœopathic Times," December, 1876.]

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*SYNOVITIS CURED BY APIS MEL.*<sup>3</sup>

[Reported by A. P. Williams, M.D., of the Homœopathic Hospital, Ward's Island.]

CASE No. I. — J. H., age forty-one, was admitted July 28. In the fall of 1865 was badly injured in the leg by a falling rafter, which crushed it so badly that amputation was rendered necessary. This was performed, the leg being removed four inches below the knee. He made a good recovery, and has since had no trouble with the stump until three weeks ago, when he changed the manner of wearing his artificial leg. Until that time he had worn a limb which was knee-bearing; in the new one the weight of the body comes upon the stump at the side of amputation. In some manner it injured the knee-joint, and synovitis resulted. On admission to the hospital, he was suffering severe pain in the joint, of a burning, stinging nature. The knee was also tender, red, smooth, shining, and swollen. — *R Apis*<sup>3</sup>.

July 30. Pain almost gone, and the swelling rapidly subsiding.

Aug. 8. Pain has entirely ceased, although there is some tenderness remaining.

Aug. 14. Swelling and tenderness have both disappeared.

Aug. 18. Can wear the artificial leg again without pain.

Aug. 22. Discharged cured.

CASE NO. 2. — C. S., age thirty-four, was admitted Aug. 14. Two weeks ago he fell down stairs, and induced a severe contusion of his knee. The knee felt a little sore at first, but this did not interfere with his work, until three days after the accident. Then his knee became puffed, and this was soon followed by shooting, stinging pains, with bright discoloration of the surface and extreme tenderness of the whole joint. When first seen, after entering the ward, the knee was very much swollen, measuring sixteen inches in circumference, excessively tender to touch, and burning pains occasionally darting through it. Every motion aggravated his sufferings. The pains are worse at night. *R* *Apis*<sup>3</sup>.

Aug. 17. Very much improved; swelling has nearly all disappeared, pain entirely relieved.

Aug. 19. Discharged cured.

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THE APPLICATION OF THE INDUCTION CURRENT IN DILATATION OF THE STOMACH.— C. Fürstner gives the particulars of three cases in which young females of neuropathic diathesis, in each of whom, after injury affecting the region of the stomach, violent gastralgia supervened, which was accompanied by dilatation of the stomach and vomiting, the vomited matters consisting partly of mucus, partly of blood. At a later period convulsive attacks of an hysterico-epileptic character came on, apparently proceeding from the condition of the stomach. The epigastric region was highly sensitive, and when firm pressure was made sensations similar to those resulting from pressure on the ovaries were complained of. Various plans of treatment were tried, without success, until at length Fürstner determined to try the effects of faradization of the stomach, which promptly relieved and soon cured the affection. One of the electrodes was placed on the left hypochondrium, the other on the gastric region, and the last was moved with strong pressure from the cardia towards the pylorus. After each sitting, percussion showed that the stomach had returned to its normal dimensions. Fürstner thinks that the plan of faradization of the stomach might prove serviceable in some cases of gastric dilatation dependent on or accompanying hysteria.

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# THE NEW ENGLAND MEDICAL GAZETTE.

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BOSTON, JANUARY, 1877.

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IN passing to the work of 1877, we desire briefly to refer to that of the year just closed. Without dwelling at length upon the prominence it gained from being the Centennial year, we may safely conclude that it has shown its due proportion of that regular advance which has characterized Homœopathy from its foundation.

The attendance at our Centennial Congress redeemed all warrantable expectations, and assures us, not only that Homœopathy has become deeply-rooted in all countries, but also that its unprecedented advance in our own country has entitled us to the respect and consideration of our foreign contemporaries. The genial expressions of good-will that greeted us at the time of their visit, and the continued references to it that have since come to us, are the best possible proof that the international meeting was a grand success.

The maintenance of a homœopathic branch of *Materia Medica* in one of the leading medical colleges (the University of Michigan), the concessions made by the dominant school in California, and the appointment of members of our school to the position of city physician in many instances, are additional facts worthy of congratulation. We are entirely willing to act upon the suggestion of some of our contemporaries of the regular school, "the policy of masterly inactivity and strict blockade," and allow Homœopathy to "work itself out," well assured that it will make itself felt as a necessity in these new fields, as it has already done in the older ones. Repeated illustrations come to us of allopathic appropriations (though unrecognized) of the homœopathic law. It would seem more courageous to do away with this medicinal plagiarism, and to give the credit where credit is due.

The Homœopathic Hospital of Boston has been so repeatedly noticed, that we need only refer to its opening as an event well worthy to mark the year. May the opportunities and advantages it affords be enabled to keep pace with the constantly increasing demands made upon them!

The addresses of Dr. Clotar Müller at Leipsic, of Dr. Hayle at Clifton, and of Dr. Dunham at Philadelphia, and others, show that our leaders are alive to every aspect of the science as well as of the art of

medicine. Our opponents will not long be able to lie back upon their boasted "diagnosis," but will find themselves sorely pressed, even in the very bulwarks of their creed. The literature of Homœopathy is slowly but surely increasing, though hitherto chiefly in the direction of the *Materia Medica*, since that is avowedly the weak point of regular medicine now, as in the days of Hahnemann.

No member of the profession, after reading the article in reference to the *Organon* in the *GAZETTE* for January, 1876, need be reminded of the importance of our fundamental law; that this law constitutes a distinct therapeutic science, and that this must be our bond of union as it has been the means of our success. "This creation of an independent therapeutic science is the fundamental idea of the *Organon*, and of all Hahnemann's writings. . . . It is the one great point in which our teaching is in advance of that of older and richer schools, and the very existence of our own depends upon our holding fast this vital truth, and instilling it deeply and clearly into the minds of the students, who are soon to constitute a formidable power in medical reform, or if we fail to lead them aright, a crushing weight which we have rolled to a dangerous height." It becomes us, especially the younger members of the profession, to devote ourselves to the maintenance of the principles we have espoused, not swerving from an implicit confidence in their verity and amplitude, but attributing any failure to our own imperfect adaptation of the law. Homœopathy is not a modest theory to be flirted with and flung aside at pleasure, but a vital truth, the proof of whose existence does not rest with us. Hahnemann was no inventor, but a true discoverer.

We take this opportunity of attesting the thorough worth and ability of the writer of the above-mentioned article, one of the most indefatigable and disinterested workers in the profession. He is no critic, standing aloof from the work of other men; he has the deepest insight into the needs and requirements of professional work, and allows no thought of self to be the guiding motive of word or act. His resignation from the editorship of the *GAZETTE* implies that he will be freed from the encumbrance of the minor details belonging to the position, only that he may devote himself to matters of weightier import. Articles from his pen, we rest assured, will always be most welcome to the readers of the journal.

While desiring to express our gratitude for the generous responses which come from all quarters to our appeal for subject-matter for the *GAZETTE*, and while acknowledging that the list of those who have signified their willingness to become contributors is already quite formidable, as shown in our prospectus, we wish to reiterate the state-

ments made in the December number,—that though the editorship suffers detriment in the resignation of Dr. Wesselhoeft, the maintenance and reputation of the journal do not rest with the editors, but with the profession, whose pride as physicians and as men will permit it to take no second rank, and will so far supply the necessity for new literary matter that New England may be creditably represented in the homœopathic world.

With an abundance of original articles, such as are desirable, from which to make selection, the choice is naturally unfavorable to an anonymous contribution. Moreover, we think readers will agree with us that the author's name adds much to the interest of an article. From these and other apparent reasons, the editors will not feel it their duty to publish an article with no name appended.

We cannot urge too strenuously the necessity of a constant supply of material in order to ensure the prompt publication of the journal. Let not the newly-awakened interest flag; give us clinical cases and recorded observations. The field of *Materia Medica* affords unlimited opportunity for desirable work; physiology, histology, and microscopy, as well as the more commonly reported branches, pathology, therapeutics, and surgery, teem with interesting phenomena. Give us the benefit of your study and experience in your favorite department. The *GAZETTE* is a journal of medicine and the collateral sciences as viewed by Homœopathy; its aim is to be a worthy compilation of modern research and carefully-analyzed experience, as well as a medium for the exchange of opinion and the circulation of news. With due consideration for the labors of those to whom its management is confided, you will, we trust, take pains to keep them *au fait* in all that pertains to its interests.

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IN order to lessen as much as possible the labors and pecuniary responsibility of the publishers, subscribers are hereby cordially invited to forward their subscription to the publishers, Otis Clapp & Son, No. 3 Beacon Street, Boston, at their earliest convenience.

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PROF. R. LUDLAM is preparing a new edition of his work on "Diseases of Women." It will be published in two volumes. Volume I will be the original work revised, and will soon appear. Volume II will be issued in parts, the first on Feb. 15, 1877. We trust the profession will extend as cordial a welcome to this edition as they did to the former.

## CORRESPONDENCE.

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### NUPHAR LUTEA.

IN the November number of the GAZETTE is an article on *Nuphar lutea* in ivy-poisoning, in which the *Lutea* being used externally and *Rhus tox.* internally, the whole credit of the cure is given to the *Lutea*.

We do not understand the process of reasoning by which such a conclusion is reached.

We have treated numerous cases of vegetable poisoning by the administration of *Rhus tox.* internally and alone, with rapid improvement and perfect success, and consequently are inclined to give the credit partly, if not wholly, to *Rhus* in the cases reported.

We object *in toto* to reporting cases where two medicines are used and giving the credit of the cure to one or the other.

When cases of poisoning are cured by the use of *Nuphar lutea* alone, they may profitably be reported for the benefit of the profession.

M. B. J.

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TARRYTOWN, N. Y., Dec. 28, 1876.

EDITORS OF NEW ENGLAND MEDICAL GAZETTE :—

That "case of metrorrhagia" in the October number and Dr. Guernsey's note upon it, call to mind a case which I treated nine years ago, the notes of which I am unable to find. It also was painless and much worse at night, though the patient maintained the same position (in bed) day and night. After trying numerous other remedies in vain, I cured it at once with *Bovista*<sup>200d.</sup> pellets in water, a teaspoonful of the solution every two or three hours.

Yours very truly,

T. C. FANNING, M.D.

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EDITORS OF GAZETTE :—

I find that my brother M.D.'s very often report cases wherein they have been successful, but very few report unsuccessful ones. I think that often we may glean some knowledge from cases that do not have a successful termination, and perhaps give a chance for thought and study to some of us younger physicians whose time is not all taken up with a large practice. Therefore, I send you a report of two cases :

the first one is somewhat cloudy to me as to diagnosis ; the second one I am satisfied with. Will Prof. Woodbury please make a few suggestions in regard to the first one?

Yours respectfully,

R. L. DODGE.

PORTLAND, ME., Dec. 28, 1876.

#### CASE I.

OCT. 15, 1876. — Was called to see Mrs. P —, age thirty-two, according to all the data I could get ; was just commencing her eighth month of pregnancy. About a week previous had moved into a new house, and going through the usual routine of arranging carpets, furniture, etc., doing considerable lifting, besides taking care of a child about two years old, lifting and carrying her ; had taken a long ride the day previous to her being taken sick, came home cold and chilly, and had been “doctored herself” homœopathically as well as she knew how before I was called. Her symptoms were : weak and restless ; pulse 120, sharp and small ; respiration quick and short ; tongue moist and coated white along the centre ; skin hot and dry ; no pain or soreness in chest ; no headache ; a grinding and tearing pain in both sides of abdomen, most on right, — to use her own expression, “felt as though some one was shovelling out the contents of the abdomen ;” a part of the time “as though everything was pulling down on one side and up the other ;” heat and scalding when passing urine, which was cloudy with some mealy sediment ; occasionally a sharp, sticking pain in lower part of abdomen ; whole abdomen sore to the touch ; nothing had been retained in the stomach more than a few minutes for several days ; great thirst ; continuous nausea and vomiting, the ejecta being of a greenish cast and watery ; bowels constipated ; had miscarried at three, five, and seven months ; made a digital examination ; found nothing unnatural, except that she complained of great soreness of the vaginal walls. From this time to Nov. 4, saw her two and three times a day. Indicated remedies seemed to have no effect, except to stop the pain, which would remain dormant for six or eight hours at times, the nausea and vomiting continuing to increase in severity ; at that time the ejection consisted mostly of grumous blood. The afternoon of the 4th was sent for in haste, messenger saying she was having labor pains. Not being at home at the time the message arrived, I did not reach the patient for about two hours. On entering the room she informed me that “the waters had broken,” which an examination verified, and she was in the second stage of labor ; everything normal as to pains, position of fœtus (1st), etc., the vomiting continuing. At midnight, the

head resting on perineum, pains distressing and short. No progress had been made for two hours. At two o'clock found her strength was failing fast; sent for Dr. Moses Dodge. As soon as he arrived, etherized the patient, and delivered the child with forceps; womb contracted; placenta delivered, etc., as usual in natural labor, when she commenced to sink rapidly; placed bottles of hot water around her; gave appropriate remedies; used all adjuvants, such as camphor, ammonia, brandy, nitrite of amyl, etc., which the case suggested, but she gradually sank, and died the afternoon of the 6th. The child was thought to be dead, but by immersing in warm and cold baths, and making artificial respiration for about fifteen minutes it uttered the wail of life.

#### CASE II.

Nov. 26, 1876. — Was called to see a girl fourteen months old, who had been treated for three days by an old-school practitioner. The nurse did not believe in "sugar pills," and, as some are, was anxious to let her tongue loose, and it ran something in this way: "My doctor says the child has brain fever and lung fever, and now it is going down on to her bowels, and there was no hope for it. The child would die certain." I found the following symptoms: unconscious, slapping its head fractiously; head cool; perspiration all over the head, forehead, and around the nose; left cheek red; white ring around mouth; eyes rolled up a part of the time, and then turned in; tongue coated posteriorly, end of it red; abdomen bloated and tympanitic, stomach puffed out beyond abdomen; pulse 140; respiration 60; intense thirst or appetite; would suck a nursing bottle greedily; had had two greenish, slimy evacuations of the bowels that day; urine profuse; occasionally a choky cough; kicking the clothes, and pounding its face with its hands. My diagnosis was worms. Gave the child at once a few pellets of *Ignatia*<sup>6</sup> on its tongue, and left a few powders of *Santonine*, third trituration, two grains each, to be dissolved in milk once in three hours, and given to the child in a nursing bottle. The next day found all the symptoms better, and child had passed a stool consisting of digested milk and mucus mixed with shreds and pieces of worms. Pounding and kicking still. Gave *Stramonium*<sup>200</sup> and continued the *Santonine*. Nov. 28. — No kicking and pounding, eyes natural, is conscious, all symptoms better; had another stool similar to the one the day before; continued *Santonine* once in four hours. Nov. 29. — Improvement continues; stools natural; child wants to play; continued *Santonine* once in six hours. Dec. 5. — Discharged patient cured.

## SOCIETIES AND INSTITUTIONS.

### REPORT OF THE SEMI-ANNUAL MEETING OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

HELD AT BOSTON, OCT. 11, 1876.

#### MORNING SESSION.

THE meeting was called to order at 10:30 A. M. After the reading of records, the president, E. U. Jones, M.D., of Taunton, delivered the usual address, which was eminently practical in its character, and was very warmly received by the members of the Society, who tendered a vote of thanks.

The following candidates for membership were then elected :—

- ALMENA J. BAKER, M.D., Boston.
- HERBERT A. CHASE, M.D., Cambridge.
- MARTHA J. FLANDERS, M.D., Lynn.
- AURELIA E. GILBERT, M.D., Boston.
- M. G. HOUGHTON, M.D., Boston.
- JAMES. S. SHAW, M.D., Boston.

In the absence of the Committee on Materia Medica, the Society heard the report of the Committee on Clinical Medicine, which consisted of the following papers :—

1. On Diarrhœa. By Dr. S. H. Colburn.
2. On Prolapsus Ani. By Dr. T. A. Capen.
3. On Dislocation of the Shoulder. By Dr. T. A. Capen.
4. On Indolent Ulcers. By Dr. T. A. Capen.
5. On Diphtheria. By Dr. E. P. Scales.
6. On Diphtheria. By Dr. A. M. Cushing.
7. On Tubal Pregnancy. By Dr. C. L. Walker.

The papers on diphtheria opened a discussion of more than usual interest, which was participated in by many of the members.

Dr. S. M. Cate thought that, in diphtheria, the constitutional symptoms were much more important than the strictly local symptoms in selecting a remedy. If the general symptoms were well marked, so that the simillimum could be selected, the disease would yield to the single well-chosen remedy. Where there were but few general symptoms, and those not well marked, thought it then advisable to prescribe for the local condition.

Dr. E. P. Scales, where there are but few general symptoms and the

tonsils are much swollen, uses *Phytolacca decandra*, which has, in his experience, been the most successful of all remedies in cases not extending to diphtheritic croup.

Dr. D. G. Woodvine mentioned several cases as occurring in a house near where an excavation had been made in the earth, exposing a damp soil. One of these cases was taken with convulsions and fever, but not for several hours were there any local symptoms. Eventually the characteristic throat symptoms appeared. During the prevalence of the disease in this house a child was born, and did not contract the malady.

Dr. David Thayer thought a case very serious where there are present fetor, ichor from the nostrils, and swelling of both parotids, even though at the time the patient may not appear very sick. Has cured a number of cases with *Carbo veg.* and *Lach.* in alternation.

Dr. C. L. Walker thought it of the greatest importance that the patient should have a nourishing diet,—milk-punch, beef-tea, etc. Thought that in many cases serious results followed from the patient suddenly assuming the upright posture, it being liable to induce fatal syncope.

Dr. F. H. Underwood spoke of the necessity of keeping the patient in the recumbent posture. Mentioned a case where he thought death was caused by a piece of loosened membrane closing the larynx. Uses the higher attenuations in diphtheria.

Dr. Martha J. Flanders thought, from experience in her own case, that wine was of great value in the treatment of diphtheria. It reduces the fever.

Dr. Houghton, of New York (who, by special invitation, took part in the discussion), mentioned the cases which occurred at the New York Five Points' House of Industry, under circumstances similar to those cited by Dr. Woodvine. An excavation in the rear of the building caused several cases. He believed in the value of a generous diet. If the child could not swallow, gave injections of beef-tea, and applied to the abdomen externally poultices of minced raw beef. He also believed that diphtheria was a general disease, which first invades the great nervous centres, and arises from the same external conditions as typhoid. The portions of New York where diphtheria prevails are the same as those of typhus and typhoid. In his own case the constitutional symptoms preceded the local conditions; the mucous membrane of the mouth and fauces was purple; no soreness of the throat; feeling of great weariness. But he was still able to attend to his business during the early part of the day. On returning home was suddenly attacked with dizziness, and fell. Intense pain at the nape

of the neck, extending down the back, accompanied with difficult respiration. Under the use of hot applications the pain passed down the back and off at the sacrum. Dr. Houghton believed *Lach.* is indicated for the profound nervous prostration, to be used at from the sixth to the one-thousandth attenuation.

Dr. Grosvenor, of Indiana (who was invited to participate in the discussion), spoke very highly of the use of alcoholic stimuli. Considered alcohol of great value to counteract the blood-poisoning, and of great use in all similar conditions. It is one of the chief remedies for poisoning from the bite of rattlesnake. Locally, alcohol is useful to destroy the membrane. He used it combined with salicylic acid which is dissolved in alcohol and the spray applied to the throat with an atomizer. In the Paris hospitals, alcohol is considered invaluable to destroy the germs in septicæmia.

Dr. W. H. Lougee thought diphtheria to be primarily a local disease, and that the blood-poisoning and constitutional symptoms were the result of this local disease. In eight hundred cases he had never seen a patient die where the membrane had not invaded the larynx.

Dr. J. H. Sherman had seen more patients die from general symptoms than from croup.

Dr. S. M. Cate reported a case of diphtheria in a girl of twelve years; there was a deposit on one tonsil, great restlessness, skin hot, pulse quick but weak, great thirst. The symptoms generally indicated *Arsenic*, which was administered in the thirtieth dilution, and with no local treatment the symptoms improved within twenty-four hours and the throat shortly after.

Dr. Geo. Barrows believed in a nourishing diet; where the child could not swallow, resorted to the same measures as mentioned by Dr. Houghton.

Dr. H. M. Hunter thought a patient should be well nourished if possible; his favorite remedies are *Belladonna* and *Bin-iodide of mercury*.

Dr. F. H. Underwood believed that diphtheria prevailed most in damp places and in damp weather, among families who lived on the shady side of the house or street.

Dr. Woodvine, in answer to a question from Dr. Underwood, said the excavation in the earth of which he spoke was not on the shady side of the house, but where it had the morning sun throughout the year. Dr. Woodvine also called attention to the paralysis which often followed diphtheria as pointing to the disease being one which attacked the nervous centres.

Dr. J. H. Woodbury mentioned the prevalence of diphtheria in certain localities in Boston, there being more cases on Myrtle and Pinck-

ney Streets, and the streets leading down from Pinckney, than in any other part of the city of the same size. In nearly all cases the Board of Health report flagrant violation of sanitary laws.

Dr. N. R. Morse said he thought diphtheria was a constitutional disease; also, that many persons contracted the disease outside their own households. Makes use of *Baptisia*, *Chlorate of Potash*, *Bin-iodide of Mercury*, *Arsenicum*, and *China*. Uses hot applications of salt and water to the neck until two or three days after the throat symptoms have improved.

Dr. W. H. Lougee asked Dr. Morse if he considered these hot applications of salt and water to the neck, good constitutional treatment.

Dr. Ira B. Cushing, in speaking of the epidemic in Brookline, said he had been obliged to make local applications of alcohol, chlorinated lime, and carbolic acid, under which treatment several cases had recovered, attention being likewise paid to constitutional treatment. In one case, where there was great swelling of the glands of both sides of the neck, he used *Crotal. horrid.*<sup>3</sup> with good results, the child recovering in seven days; but in two weeks, was taken with fainting, and an abscess formed in the centre of the forehead; the child died in twenty-four hours.

Dr. J. A. Burpee, in the past seventeen years, had seen no remedy for diphtheria which gave him better satisfaction than *Apis mellifica*, and called attention to the statement made by Dr. G. H. G. Jahr that he preferred it to any other remedy.

Dr. E. U. Jones thought that certain of the objective symptoms in diphtheria were self-limited, and that this fact should not be lost sight of in the treatment of this disease.

#### AFTERNOON SESSION

The report of the Committee on Clinical Medicine was continued by reading a paper on Rhus Poisoning, by Dr. W. B. Chamberlain.

The committee, to which was referred the president's address, recommended the adoption of a two days' session at the annual meeting, and that all papers prepared for that meeting be reported through the pages of THE NEW ENGLAND MEDICAL GAZETTE, at least one month prior to the meeting.

The Committee on Obstetrics presented papers with the following titles:—

1. On Puerperal Convulsions. By Dr. Geo. Barrows.
2. On Placenta Prævia. By Dr. A. M. Cushing.
3. On Sudden Death after Delivery. By Dr. J. H. Sherman.
4. On How to save the Mothers. By Dr. A. M. Cushing.

Dr. Mercy B. Jackson spoke of the use of *Pulsatilla* in malpositions of the fœtus.

Dr. J. H. Woodbury thought a diagnosis of the position of the fœtus *in utero* at seven months extremely doubtful in most cases. Cases of breech presentation occur naturally in the proportion of about 1-300.

Dr. David Hall did not think cases of malposition were very common, and did not think *Pulsatilla* had any power to affect the position of the fœtus.

Dr. J. H. Woodbury reported a case of puerperal mania, where, previous to delivery, the patient complained of bloating, frontal headache, sparks before the eyes, urine albuminous. Considering all these symptoms indicative of approaching convulsions, he, two or three days before full term, ruptured the membranes and brought on labor. During labor the patient had one slight convulsion, the child was delivered by forceps, and the case did well.

The meeting adjourned at 4 : 30 P. M.

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#### BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

[Reported by H. C. Clapp, M.D., Secretary.]

DEC. 14, 1876. — It was voted to hold the meetings of the Society hereafter in the College Building, East Concord Street.

Dr. Walter Wesselhoeft related his treatment of a case of severe burn in a little boy, four years old, who pulled down upon himself from a shelf a kettle full of boiling fat (mutton tallow) which had been set there to cool. His scalp, face, neck, hands, and even some parts covered by the clothing were terribly scalded, and the boy was in a stupor on the arrival of the doctor, who gave little hope of recovery. He removed the fat, except where it had congealed so as to form a protection, applied cloths wet in cold water, and gave internally some brandy and water. In the evening the boy seemed a little better; his pulse was tolerably good, and there was an erysipelatous blush over the chest. Stimulants were now set aside and *Canth.*<sup>3</sup> given. As the mutton tallow which had remained on the surface had a tendency to crack on motion, cotton-wool soaked in sweet oil was placed over it, and the cold compresses were continued. Next morning a copious diarrhœa came on of the pea-soup kind. A milk diet was advised. The blisters were punctured and the serum evacuated from the great majority as they began to turn yellow. Not only the skin but the subcutaneous tissue was affected. The probe could be introduced to the depth of an inch in some places. *Phosphoric acid* was prescribed,

more particularly on account of the diarrhœa. There was a general sloughing of two-thirds of all the surface burned. Carbolic acid and oil were tried but given up in disgust, when a preparation which Dr. Wesselhoeft had seen used in the hospitals of Vienna as an application for gangrenous ulcers and open wounds, as a disinfectant and protector, was thought of, and brought into use, with the most happy results. Eight parts of finely ground plaster of Paris and two parts of common tar were triturated together by Metcalf, the result being a brown powder, which was sprinkled over all the burned surface with a common flour dredging-box. An artificial scab was thus formed, not too hard, allowing the discharge to come away here and there by breaking through. The gaps thus left were filled up again with the dredging-box.

From the first of this application the child began to improve. It slept and ate better, the diarrhœa stopped, and there was no more offensive odor. There was no more writhing, struggling, and screaming when the parts were dressed, and this preparation was kept in place where it was impossible to retain bandages. The same coating, renewed where it broke away occasionally, was worn for eight weeks, when it came off, leaving the surface in a healthy condition.

It is now four months since the child was burned, and no distortion of the neck results. The head moves freely in all directions, although there are some thick cicatricial folds. The ears are partly gone; there is no hair left on the scalp or about the eyes; the eyelids are a little distorted, and there is deafness in one ear. The sight is good.

Dr. Sherman frequently makes an application of soft soap to fresh burns, and zinc ointment to old ulcerations resulting from them.

*HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF  
NEW YORK.*

THE twenty-sixth annual meeting will be held in the Common Council Chamber, Albany, on Tuesday and Wednesday, Feb. 13 and 14, 1877, commencing at 10 o'clock, A. M. All members, delegates, and physicians interested are invited to attend.

BY-LAWS, SECTION 14.

At the meeting of the Society, the following shall be the regular order of business:—

FIRST DAY.

1. Communication from the President.
2. Reading of the Minutes of the last meeting.
3. Report of the Executive Committee on Credentials.

- 4 Election of Officers, Chairmen of Bureaus, Delegates to other Societies, Permanent and Honorary Members previously nominated.
5. Report of the Treasurer, and the auditing of his accounts. No other business shall be considered by the Society until the foregoing items are disposed of, when subjects of a miscellaneous character may be entered upon. Annual address of the President in the evening.
6. Reports of Medical Committee.
7. Presentation of Reports and Communications on Medical and Surgical Subjects.

Contributions of papers, etc., earnestly invited, and the undersigned would be glad to learn the titles as early as possible.

ALFRED K. HILLS, M. D.

*Recording Secretary.*

53 WEST 23D STREET, New York.

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## REVIEWS AND NOTICES OF BOOKS.

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A PRACTICAL TREATISE ON DISEASES OF THE EYE. By Robert Brudenell Carter, F. R. C. S. Edited with additions by John Green, M.D. Phil. : H. C. Lea.

The aim of the author in the above work is, as he states in his preface, "to place before the profession, in a concise and readable form, a general view of the present state of knowledge with regard to the nature and treatment of the more important diseases of the eye."

This the author has ably done. The work is thorough and explicit, yet condensed so as to make it serviceable either as a text-book or work for reference.

The subject-matter is presented in fifteen chapters, as follows: I. Anatomy and Physiology of the Eye. II. On the Examination of the Eye. III. The Ophthalmoscope and Its Application. IV. The Principles of Ophthalmic Therapeutics. V. The Principles of Ophthalmic Surgery. VI. Diseases of the Eyelids and Lachrymal Apparatus. VII. Diseases of the Conjunctiva. VIII. Diseases of the Cornea. IX. Diseases of the Iris, including Irido-choroiditis and Sympathetic Ophthalmia. X. Cataract. XI. Glaucoma. XII. Diseases of the Fundus Oculi. XIII. Injuries of the Eye. XIV. Squint and Affections of the Ocular Muscles. XV. The Uses and Selection of Spectacles.

The chapter on the anatomy and physiology of the organ merits praise for its simplicity of description and aptness of illustration. Under this title, optical defects, myopia, hypermetropia, chromatic and spherical aberration, etc., are described.

The principles of ophthalmic surgery are divided into three groups. The first, comprising those operations which have for their aim "the preservation, the improvement or the restoration of sight, and may be regarded as the capital operations of ophthalmic surgery." The second "is formed by those which are chiefly designed to improve the appearance of the patient, such as squint, etc.," and third those "which may be illustrated by operations for malpositions of the eyelids, holds a somewhat intermediate position, and its members may be productive of both visual and cosmetic improvement." Certain general considerations of ophthalmic surgery, under two general divisions, 1st, "A study of the mechanical acts that are to be accomplished and of the difficulties that may interfere with their accomplishment," and 2nd, "The training of the hands to the uses to which they are to be put," follow and lastly the consideration of special operations.

Another praiseworthy feature is the frequent introduction of apt, illustrative clinical cases, an arrangement well-calculated to fix the subject under consideration firmly in the mind of the student.

The volume is presented to the profession in the neat and attractive form characteristic of the publishers.

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DISEASES OF THE URINARY ORGANS. By Samuel D. Gross, M.D.  
Philadelphia: Henry C. Lea.

This is a complete treatise on the medical and surgical diseases of the urinary organs, and is *excellent* in every respect. We are pleased to see the increase of text-books on *special* subjects, particularly when written by men like Dr. Gross. The book is to be recommended to surgeons.

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ESSENTIALS OF DIET; OR, HINTS ON FOOD IN HEALTH AND DISEASE.  
By the late E. H. Ruddock, M.D. Corrected and revised by E. B. Shulldham, M.D. London: The Homœopathic Publishing Company. New York and Philadelphia: Boericke and Tafel.

This book is one of the best manuals on the subject of Dietetics with which it has been our good fortune to meet, embodying, as it does, the results of Dr. Ruddock's large experience. The first two chapters are devoted to general remarks on the "Regulation of Diet and the Relation of Food to Nutriment"; then follow chapters on "Animal and Vegetable Food and Liquids"; then different diseases are mentioned, with the suitable food. The preparation of food, different methods of cooking, etc., receive due attention. A collection of valuable recipes closes the book. Every practitioner is alive to the neces-

sity of a suitable diet to be used in connection with the appropriate remedies, since a faulty regimen will often destroy his efforts in effecting a cure. We can heartily recommend this book of the lamented Dr. Ruddock, convinced that the time spent in its perusal will be well employed.

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CARPENTER'S PRINCIPLES OF HUMAN PHYSIOLOGY. A new American from the eighth revised and enlarged English edition. Edited by Francis G. Smith, M.D. Philadelphia: Henry C. Lea.

This book is so well and favorably known that an extended review at our hands would be superfluous. The American editor has made such additions as were necessary in order to bring the book up to the present standard of physiological knowledge, much material having accumulated since the English edition was published. We can safely say that the book is up to date.

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IN an article on Diphtheria by Dr. Squires (*Homœopathic Times*, December, 1876) the author gives the leading and prominent symptoms of the disease, insisting strongly on the debility and great prostration early in the disease as a diagnostic symptom and one indicating blood poisoning, and then follows with a short, concise differentiation between this disease and tonsillitis, simple pharyngitis, ulcerative stomatitis, and membranous croup. Concerning the last he says, "Croup will be distinguished from diphtheria by the absence of morbid debility, by the paroxysmal coughing, and by the disease being located from the first in the larynx." He then notices peculiar forms of diphtheria, such as nasal, conjunctival, etc. The author also criticises the habit of loose nomenclature among many physicians, whereby there is a growing tendency to diagnose the more common forms of throat disease as diphtheria, and naïvely quotes the remark of a learned laryngologist, — that "the doctor who never lost a case of diphtheria never had one."

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*THE NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR.*

CORNER 3D AVENUE AND 23D STREET.

Report for the month ending Nov. 30, 1876:

Number of Prescriptions.....	2,526
"    new Patients .....	274
"    Patients resident in the Hospital .....	27
Average daily attendance .....	105
Largest "    " .....	155

ALFRED WANSTALL, M.D.

*Resident Surgeon.*

## ITEMS AND EXTRACTS.

EFFECT OF ALCOHOL ON ANIMAL TEMPERATURE. — Dr. Felton observes that, entering upon the study of the effects of alcohol on animal temperature in a somewhat sceptical frame of mind, he arrived at the conclusion that both Liebig, who considers it increases animal temperature, and Richardson, who maintains that it reduces it, are correct in their views. He has made sixty-two hypodermic injections of alcohol and two hundred and thirty thermometric observations upon the cat, with a result that each day's experiments perfectly agreed. The size of the dose, the frequency of repetition, continuance of the alcoholic diet, time of the thermometric observations, however, introduce elements of variation which require attention. Comparing each day's experiments, he finds the greatest change of temperature takes place in about thirty-five or forty minutes after the first hypodermic injection of alcohol, usually three minutes. In the healthy cat this change is invariably a reduction of about five-eighths of a degree. At the expiration of about fifty minutes, sometimes later, the temperature usually begins to rise, and at the end of an hour it has recovered nearly half the ground lost, *i. e.*, one-fourth of a degree. Now, repeating the injections and increasing the quantity to four minims, in thirty-five minutes the temperature falls about half as much as after the first injection. At the expiration of this second hour it has recovered the quarter of a degree lost. Now inject five minims of alcohol, and in about forty minutes the temperature falls about half as much as before, or an eighth of a degree, but at the end of the third hour it has risen to the starting-point of the morning as to normal. If now an injection of six minims be made in about forty minutes, a slight fall of temperature is observed, but at the expiration of the fourth hour it has risen a quarter of a degree above normal. At another time he gave five-minim doses every hour, and the effect was more decided and prolonged, the temperature not reaching the lowest point until about fifty minutes after the injection, and remaining below normal an hour longer than when during smaller graduated doses. Then he commenced with three minims, repeated in an hour, increasing each dose one minim and lessening the time between each injection five minutes, until he was administering eight minims every forty-five minutes, the quantity and time thereafter remaining the same; and with an equal quantity of alcohol, by thus

anticipating the rise of temperature, he was able to keep it in subjection for an hour or two longer than by any other method he practised, but the subsequent elevation took place precisely as in the other experiments. In all his experiments in about two hours after the last injection the temperature would rise from three-fourths to one and a half degrees above normal, depending upon the quantity of alcohol administered. He estimates that it requires from six to ten hours after the discontinuance of the alcohol for the temperature to fall to normal, but the following four to six days showed a reaction in which the temperature fell below normal, in one instance, a whole degree on the fourth day. A cat under observation contracted a sore eye, as the result of which her temperature was increased from three-eighths to one and five-eighths degree. In from forty to forty-five minutes after the first injection of alcohol, her temperature had fallen from three-fourths to one and a quarter degree, at one time falling half a degree below normal, and again to within a quarter or three-eighths of a degree normal, but in an hour it commenced to rise, although the injections were repeated; on three of the four days of fever observations, the temperature did not rise to within less than an eighth of a degree of the morning starting-point, and by repeating the injections, it remained about half a degree under the fever point of the morning. On the afternoon of the remaining day the fever rose half a degree above the morning temperature. On each day the immediate effect of the alcohol was a reduction, followed by a rise of temperature, but the latter was not as rapid or marked as in the experiments on the normal animal. In a case of collapse occurring in practice, the treatment being hypodermic injections of alcohol, the carefully-noted thermometric observations perfectly agreed with the above experiments. In this case the temperature fell ten degrees and a half in twenty-four hours, four and a half degrees below normal, the patient being apparently moribund. In two hours time four injections were administered, and afterwards a few drops of whiskey were frequently given by the mouth; but this he thinks was too much, and was instrumental in causing, or at least increasing, the high fever which followed in two or three days. In conclusion, alcohol, he considers, first reduces the temperature of the normal animal, then raises it above the normal. When repeated, its immediate tendency is to check an increase of temperature, but after a little while a rise usually follows, and is proportionate to the amount of alcohol injected. In febrile conditions it temporarily diminishes temperature, and is disposed to prevent increase of fever. In collapse it does not further lower, but raises the temperature to normal, and beyond if too frequently repeated; therefore we ought to be governed by the thermom-

eter in the administration of alcohol in such cases. In brief, the tendency of alcohol is first to depress and then elevate the previously normal temperature and to correct an abnormal temperature. — *New York Medical Record*, Sept. 9, 1876.

OPERATIONS FOR VESICO-VAGINAL FISTULA. — Prof. Simon, of Heidelberg, gives the following comparison of his own method of operating and that proposed and practised by Prof. Bozeman, of New York. Prof. Simon operates on the patient in the supine position, with the buttocks much raised (an exaggerated lithotomy position). Bozeman makes use of the knee-elbow position, in which he fastens the patient. Whilst Prof. Simon endeavours to draw forwards the parts bordering on the fistula, whenever this can be attained, Bozeman performs the operation whilst the parts remain *in situ*. While Bozeman pares the edges for the most part with scissors, Simon operates almost exclusively with the knife. Whilst Bozeman employs a very complicated wire suture, Simon uses a simple knotted suture of silk thread; and while Bozeman in the after treatment keeps a catheter permanently in place, and often gives large doses of *Opium*, Simon enjoins no measures of precaution whatever, but allows the urine to be passed at pleasure, and permits the patient to leave her bed even on the second or third day if she pleases. Even in cases in which a preparatory treatment is necessary in order to render the fistula accessible to the instruments with which the operation is to be performed. Simon makes choice almost exclusively of a rapid preparation immediately before the operation, while Bozeman in all these cases prefers the gradual preparation. — *Obstetric Journal*, October, 1876.

EXCRETION OF URIC ACID AND SALTS IN CROUPOUS PNEUMONIA. — B. Scheuler determined the amount of uric acid by the old method (precipitation by means of hydrochloric acid, the urates being previously removed by a little solution of soda). In a pneumonic patient, æt. 26, the daily amount during five days was 0.406 grm.; on the sixth day 1.467 grm.; and on the eighth day 1.325 grm. In another patient, æt. 20, the excretion of uric acid and urea was on the eighth day 49.57 urea, 1.549 uric acid; on the ninth, with diminution of the fever, 57.61 urea, 1.922 uric acid; on the tenth day, 63.13 urea, 1.722 uric acid. Other data are given. The amount of uric acid was thus increased relatively to the quantity of food injected, and was parallel to the increase of urea. The relation of urea and uric acid was augmented. The amount of phosphoric acid eliminated was not parallel. (*Archiv. d. Heilkunde*, b. xvii., p., 185.)

CANCER OF THE TESTICLE IN AN INFANT.—A healthy child, eight months old, was recently brought to M. Depaul on account of a solid cylindrical tumor situated in the left side of the scrotum. It was continuous with the cord, and measured one and one-fifth inches in length by four-fifths inch in width. The skin was movable over the tumor, and there was no effusion into the tunica vaginalis. There was neither pain nor tenderness. Soon afterwards the skin of the scrotum became red and adherent to the tumor at one point, where later on an abscess opened spontaneously. Through the fistulous opening about one-third of the tumor escaped and formed a hernia. Castration was performed without an anæsthetic, when the child was ten months old. The operation was easily performed; the cord was rapidly divided by an écraseur, and there was neither primary nor secondary hemorrhage. Fifteen days after the operation the wound had almost entirely cicatrized. The tumor, immediately after the operation, presented a wrinkled appearance in the part involved in the hernia, but was smooth in the rest of its extent. On section it presented a yellowish white color, and a cancerous juice was obtained by scraping. Microscopical examination proved it to be a cancer, but of a mixed composition; in one part it was sarcomatous, while the greater part was scirrhus.—*La France Médicale, May 13, 1876.*

CARPET TACK IN THE EYE.—H. K. came to me, Sept. 9, 1876, saying he “wanted me to take a screw out of his eye.” My first impression was that he was crazy, but soon obtained from him the following singular facts:—

He was shot in the left eye, March 15, 1875, by an employee whom he had just discharged, whose pistol was loaded with screws, tacks, and pins. The left cheek was filled with powder. He said Dr. Knapp had removed three screws and two pins from the eye-ball, and during the last six months he had worn an artificial eye, which he removed, showing me a black, rusty point of iron projecting from the stump.

It was so firmly imbedded that I told him it would be necessary to cut it out, which I proceeded to do, first taking hold of it with a pair of forceps, and then making an incision directly down upon the foreign body, in a moment removed what proved to be a twelve-ounce tack (which is about five-eighths of an inch in length), with the head complete. The patient has had no further trouble.—JOHN H. THOMPSON, M.D.

ESMARCH ON THE TREATMENT OF DEEP ATHEROMATOUS CYSTS OF THE NECK.—In a lecture in Berlin, before the German Society for

Surgery, Prof. Esmarch described the following as his method of treating these cysts, considering it as much safer than extirpating them. He makes a puncture with a small hydrocele trocar, and verifies the diagnosis by microscopic examination of the fluid withdrawn. He then proceeds to wash out the sac thoroughly by repeated injections of a one per cent solution of carbolic acid, until the water returns clear. Lugol's solution is now injected, and retained for a few moments, until by gentle rubbing it is brought into contact with the whole internal surface of the cyst. The sac generally soon fills again, and becomes somewhat painful; but it soon shrinks, and the cure is complete after a variable period. The paper is accompanied by lithographs, explanatory of the cases which are given in illustration.

NERVE-STRETCHING IN AFFECTIONS OF THE NERVOUS CENTRES.—Some years ago Prof. Nussbaum, of Munich (*Aerztl. Intelligenzbl.*), published the history of a case of tonic spasms and pain, which arose as a sequence of a concussion of the arm. The affection was cured by the stretching of the brachial plexus. Since then, other surgeons have successfully applied the same method in different nervous affections. The professor restored by his method last year, a patient who had been suffering for nine years from a reflex epilepsy that had caused five or six convulsive attacks daily. These were announced by pain in the terminal branches of the great sciatic nerve, and ceased after the stretching of the great tibial nerve. Experiments, made afterwards with animals, have shown that a slight stretching of the nerves increases the reflex action, while a stronger stretching reduces it.

Recently, a patient whose lower extremities had been paralyzed for eleven years, applied for help. He was, besides, very much troubled with clonic spasms of the lower extremities. His deplorable state was made still worse by a paralysis of the bladder and of the rectum. The disease was caused by a fall upon the sacrum. When the patient heard of the first result obtained from the nerve-stretching, he hoped to get rid of his spasms by the same method; but as the trouble was doubtlessly caused by an affection of the nervous centres, the professor could hardly be induced to comply with the wishes of the patient. Nevertheless he was at last persuaded to fix a day for the first operation.

Beforehand, a diluted solution of carbolic acid of the strength 1.20 was prepared. This was intended for cleansing purposes, as well as for the spray and the moistening of compresses.

When a spray was directed towards the inguinal region, the doctor made an incision through the skin, as if he intended to tie the femoral

artery near Poupart's ligament. Then he cut through the fascia, isolated the crural nerve, brought his right forefinger under it like a hook, and pulled it so strongly that the foot changed its position. He then took the nerve between his thumb and forefinger and pulled it first towards its root, and after that towards its termination. When this was done the nerve appeared somewhat prolonged. Next, he washed the wound with diluted carbolic acid, introduced a drainage tube into its lowest part, and closed it with antiseptic silk. The whole inguinal region was afterwards covered by a compress moistened with diluted carbolic acid.

The patient was then placed upon his abdomen, because of a similar operation which was to be done with the great sciatic nerve. The skin was for this purpose cut between the tuber ischii and the trochanter major. After the operation was completed and the patient had regained his consciousness, he exclaimed that he felt entirely relieved of the spasms in his right extremity. The wounds healed within a fortnight, after which the nerves in the left extremity were operated upon with the same good result. But he was benefited by these operations in another way. As the spasms of his legs had ceased, he could put on mechanical instruments, and was thus enabled to walk around his room.

CONTINUOUS ASPIRATION IN THORACENTESIS.—When a large amount of pus is suddenly withdrawn from an empyemic cavity, it either soon reappears there, or there is apt to be a hemorrhage, both of these conditions being due, according to Mr. Hewitt, to the pressure being suddenly removed from the vessels in the pleural tracts. To obviate this danger the following procedure is recommended, when the ordinary trocar and canula have been used. First of all, a caoutchouc tube is to be passed through the canula into the empyemic cavity; then the canula is to be withdrawn and the outer end of the caoutchouc tube is attached to a glass tube piercing a cork and reaching to the bottom of a vessel containing a weak solution of some antiseptic. By gently lowering and raising the bottle the cavity is cleansed, and by changing the first bottle for others the cavity is evacuated of pus and filled with the antiseptic solution. The amount of fluid in the cavity is lessened daily, by keeping the bottle at a lower level than on the previous day. By this mode of operation Mr. Hewitt thinks that pus will form less rapidly, and that there will be less danger of hemorrhage.—*British Medical Journal*, March 11, 1876.

EFFECTS OF VEGETATION UPON HEALTH.—It is interesting to know that the sunflower, which will grow almost anywhere, and could be

turned to various useful purposes, is one of the most valuable of sanitary agents, since not only is it ozoniparous, but also destroys deleterious miasmata. It should be noted, as a further proof of the good influence of plant culture on health, that while the manufacture of ozone is an independent work, carried on by the flowers alone, the green leaves are performing their sanitary function by extracting carbonic acid gas from the atmosphere, and helping to preserve that proportion in its elements which makes it healthful. More remarkable, perhaps, than all is the eucalyptus, of which we have recently heard so much, and of which we shall soon know more. Thus the cultivation of flowers is a work not merely delightful and humanizing in itself, but one which, in a way most beautiful and picturesque, confers a positive benefit on society, so great that it can hardly be overrated, especially in large towns, where there must necessarily be so much to poison and deteriorate the air we breathe. It may be added that the sunflower thrives even in the heart of London, and that it is readily propagated from seeds sown in March or April. It is nearly allied to the common Jerusalem artichoke, which also grows in the smokiest of districts. — *Gardener's Magazine.*

HOMŒOPATHY IN THE UNIVERSITY OF MICHIGAN.—The State Society of Michigan, at a recent meeting, and after an excited debate, adopted a resolution condemning the course of the faculty in regard to the homœopathic question. An amendment was offered to the Constitution, which, under the rules, was laid over until the next annual meeting, refusing fellowship to any graduate of the university while the present arrangement continues. Amid the excitement attending those proceedings, the Society adjourned, with much of its important business unfinished.

Every one interested in the proper solution of the matters in dispute will be sorry that such radical measures have been adopted, and that such a spirit of partisan zeal has controlled the deliberations of a strictly scientific body. Nothing can show more clearly that the Michigan State Society is absurdly intolerant of Homœopathy than the recent action alluded to. The extreme attitude assumed is of itself a confession of weakness, an attempt to force conviction by arbitrary means, rather than a manly and fearless endeavor to meet the questions at issue, and discuss them with the calmness of men who desire to know the truth, the whole truth, and nothing but the truth. If we are ever going to expose the error of Homœopathy we must give it plenty of light and air. We have dignified it with martyrdom long enough. If we are not afraid of it we can afford to offer it every

opportunity for proving its superiority. The faculty of the university, in view of the issue at stake, should be upheld rather than condemned. The idea of yielding up the school to the homœopaths is preposterous. The liberality of conceding the homœopaths even what they have, will afford them the surer means of working out their own destruction.

Homœopathy is a rank weed that has always flourished in the low and damp recesses of hypocrisy, and we have fostered this tendency by shadowing it with our prejudices. The longer we do this, the stronger will be its growth, and the more effectually will it entwine with the ignorance of the masses. If, on the contrary, we give it the impartial sunlight of truth, it must sooner or later shrivel into the infinitesimal proportions of its own doctrines. We, at least, are willing to give it such a chance. It never can be done, however, by any such resolutions as were passed by the Michigan State Society.—*Medical Record.*

LUNACY IN ENGLAND AND WALES — It appears from the Thirtieth Report of the Commissioners on Lunacy, just issued, that on the 1st of January last, there were in England and Wales, 64,916 lunatics, idiots, and persons of unsound mind, showing an increase of 1,123 upon the number on the first day of 1875. It is stated that this is the smallest annual increase since 1859, which is the first of the series for which complete information is available. In 1859, the number of lunatics was only returned at 36,762; and after due allowance for increase of population, the increase of lunacy within the knowledge of the Commissioners of Lunacy has been equal to 43.4 per cent in the seventeen years. At the beginning of 1859 the proportion of lunatics in England and Wales was equal to 18.7 per 10,000 persons living, whereas, on January 1st last, this proportion had increased to 26.8. Of the 64,916 lunatics reported upon at the beginning of this year, 29,342 were males, and 35,574 were females; the proportion to the number of the two sexes living was 24.9 per 10,000 males, and 28.6 in the same number of females. Female lunatics are not only actually more numerous than male lunatics, but also show a larger proportion to the population, but after due allowance for increase of population the increase of female lunacy during the seventeen years, 1859-76, has been greater than that of males during the same period. The ratio of male lunacy to population in the seventeen years showed an increase equal to 42.6 per cent., whereas the increase in the ratio of female lunacy was 44 per cent. With reference to the frequent assertion that intemperance is the actual cause of the large proportion of cases of lunacy that come under treatment, it is difficult, in the face of the

before-mentioned figures, to avoid one of two conclusions. Either the influence of intemperance upon lunacy has been much exaggerated, or, judged by the lunacy returns, intemperance has increased more rapidly among females than among males during the past seventeen years. It is somewhat difficult to accept the latter conclusion, more especially as it would seem to necessitate a belief that there is more intemperance among women than among men. It may, however, be possible that intemperance is more likely to produce lunacy in women than among men. With regard to the increase in the ratio of lunacy to population during the past seventeen years, it is worthy of remark that, among pauper lunatics, it has been equal to 47 per cent, whereas, among private lunatics, the increase in the ratio has not exceeded 23 per cent. On January 1st last, no less than 88 per cent of the lunatics in England and Wales were pauper lunatics; the proportion of paupers being 86 per cent among the male, and 90 per cent among the female lunatics. It is evident that there is an increasing proportion of lunatics treated as paupers in our workhouses and county asylums.—*British Medical Journal*.

SYSTEMIC INFECTION FROM PURULENT VAGINAL DISCHARGES. — According to Dr. E. T. Easley, it is probable that septicæmia may supervene on a profuse and persistent leucorrhœa, and absorption in such cases takes place through the vaginal walls as well as other mucous surfaces. The reasons that lead him to this view are, in the first place, that endosmosis depends upon the attraction of the membrane for the liquids, and its current in mucous membranes is found, in accordance with their physiological action, to be from the exterior to the interior. The more minute and extensive the vascular supply of a membrane, the larger of course will be the endosmotic surface presented. In the second place, the transudation in facility and rapidity bears an inverse ratio to the thickness of the epithelia; but thirdly, the fuller and more tense the vessels of a part are, the more difficult will be the process of absorption; and conversely, a rapid movement in the capillary blood, with diminished tension of the vessels, greatly favors the reception into the circulation of matters fit for absorption. The vagina is among the most highly organized structures in the human economy, its vascular, lymphatic, and nervous connections being in immediate relation with those of the other pelvic viscera. This shows obviously the liability of extraneous matters from the vaginal walls being absorbed into the circulation, more particularly when these walls are in an unhealthy condition. It may be safely said that a vaginitis attended with profuse yellow leucorrhœa is certainly evi-

dence of more or less extensive abrasion of the mucous epithelia of the genital canal ; hence the readiness with which putrid or broken-down products may be taken up. — *The Medical and Surgical Reporter*, April 1, 1876.

ACTION OF THE BILIARY SALTS ON THE PULSE, ARTERIAL TENSION, RESPIRATION, AND TEMPERATURE. — MM. Feltz and Ritter have found that injections of bile into the blood in non-toxic quantities cause a reduction in the frequency of the pulse and respiration and a diminution of temperature and arterial tension. Injections of the coloring matters of the bile alone, or of ethereal solutions of the cholesterine, do not produce these functional disturbances, but injections of moderate doses of solutions containing the glyco — and taurocholate of soda, in the proportions in which they exist in the bile, do produce them. The action of the biliary salts is exercised primarily on the blood, and through it on the muscular system ; in fact, these functional disturbances are produced even when the pneumogastric and great sympathetic nerves have been previously divided. The action of the biliary salts on the muscles is further marked by a rapid exhaustion of muscular contractility. Blood contaminated by even hardly appreciative quantities of the biliary salts flows more slowly through the capillaries than the normal blood. This reduction of velocity is manifestly due to the action of the biliary salts on the red globules, though the latter may show no evident change ; for if the serum of the blood and defibrinated blood be treated by the same agents and placed under identical conditions, the former shows no sensible retardation in flowing through the tubes of Poiseuille. — *Gazette Médicale de Paris*, March 18.

COMPLETE EXTIRPATION OF THE LARYNX. — Another case in which the larynx was completely removed by operation is reported by Prof. Maas, of Breslau. The first signs of trouble in the larynx showed themselves at the end of September, 1873. By the middle of the following April, the patient, a man of fifty-seven, suffered so much from the stricture of the larynx, caused by the large and growing tumor, that tracheotomy was performed by Dr. O. Riegner. By the 1st of June, however, the tumor came to press so much upon the œsophagus that it was impossible for the patient to swallow the smallest portion of fluid. The operation of extirpation of the larynx was therefore performed by Prof. Maas, who found great advantage in adopting a modification of Rose's position, with the head hanging backwards. After the operation the patient found the frequent introduction of the œsophageal tube so painful that Prof. Maas, on the third day, passed an India-

rubber tube through the wound, down nearly to the cardiac end of the œsophagus, and left it in that position. Through this the nutrition of the patient was satisfactorily carried on. On the ninth day he was able to leave his bed; on the eleventh an unsuccessful attempt was made to introduce an artificial larynx; on the twelfth the bronchitis, from which he had suffered since the tracheotomy, became seriously worse, and on the fourteenth day he died of pneumonia. The microscope determined that the tumor which involved the whole larynx was adeno-fibroma carcinomatosum. — *Langenbeck's Archiv.*, XIX., 3, 1876.

COMPARATIVE STATISTICS OF TREPHINING IN WOUNDS OF THE HEAD. — Dr. Bluhm, of the Prussian army, furnishes the following table of the mortality after trephining for gunshot and other wounds of the head, arranged according to the period at which the operation was undertaken: —

TREPHINING.	IN GENERAL.	IN GUNSHOT WOUNDS.
Primary .....	55.26 per cent.	64.29 per cent.
Secondary .....	39.24 “	42.86 “
Late .....	33.90 “	11.11 “

Thus, in other than gunshot wounds, a progressive improvement in the result of trephining is observed, according to the length of time that has passed since the receipt of injury. In the case of gunshot wounds, on the other hand, while the result of primary and secondary trephining is more unfavorable, the late operation gives very much better figures. — *Langenbeck's Archiv.*, XIX., 3, 1876.

A SINGULAR CASE OF POISONING. — A case which has lately been reported from Paris shows a fresh danger from accidental arsenical poisoning. A rich lady, residing in the Faubourg St. Honoré, found herself growing very ill, and her doctor pronounced her suffering from the effects of some slow poison. The idea was rejected as absurd, but on rising one morning the lady found a glass of water, which was usually placed by her bedside, to be discolored by a white filmy powder. When the doctor saw this he at once pronounced it to be arsenic. All inquiries failed to fix suspicion upon any one, and the next night the lady filled the glass herself, and kept careful watch that no one tampered with it. Nevertheless in the morning the white powder again made its appearance, and the doctor was fairly at his wits' end to find the cause. Finally he discovered that his patient was in the habit of reading in bed, and for that reason candles were kept

burning all night long in her room. These candles, of a dazzling whiteness, had been strongly impregnated with arsenic during their bleaching process, and the arsenic, becoming volatilized by the combustion, thus poisoned the air of the bed-chamber. — *Boston Journal of Chemistry*, December, 1876.

RESECTION OF THE LARYNX. — Prof. C. Heine, of Prague, reports a case which he diagnosticated as concentric hyperchondrosis of the larynx, and which resulted in almost complete obliteration of the cavity of that organ. Tracheotomy had been performed with temporary relief, also a subsequent dilatation of the fistula; but the case became so urgent that, on Dec. 18, 1874, Prof. Heine performed an operation which he designates as resection of the larynx. It consisted in splitting the thyroid cartilage in the median line, and then making a sub-perichondrial dissection of the anterior halves of the two sides, and removing them with forceps. The operation was so far successful that the patient regained the power of speaking intelligibly and of swallowing liquids and solids. Subsequently, however, his condition deteriorated, and he succumbed to tuberculosis on Nov. 2, 1875. At the autopsy, syphilis, which had been suspected, but denied, was proved to have been at the root of the laryngeal disease. — *Langenbeck's Archiv.*, XIX, 3, 1876.

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## PERSONAL.

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E. A. L. CAMPBELL, M.D., 15 Michigan Ave., Grove Hall, Boston, Mass. Office hours: 8 to 10 A. M., 5 to 7 P. M.

S. M. CATE, M.D., of Salem, Mass., has had a severe attack of diphtheria, from which, however, he is rapidly convalescing. He is stopping for a few days with his brother-in-law, Dr. Chamberlin, of Worcester.

DR. I. T. TALBOT has removed from 31 Mount Vernon Street to 66 Marlborough Street, adjoining Dr. Ellis' church, corner of Marlborough and Berkeley Streets. Reached by West-End and Berkeley-Street horse-cars, from Boylston and Berkeley Streets, and by Beacon-Street cars from Clarendon and Marlborough Streets. Office hours till 9 A. M., and 3 to 5 P. M.

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*HOW TO SAVE THE MOTHERS.*

[*Read before the Massachusetts Homœopathic Medical Society, Oct. 11, 1876.*]

BY A. M. CUSHING, M.D.

*Mr. President and Members of the Massachusetts Homœopathic Medical Society,* — We crave the indulgence of this Society while we offer a few suggestions upon a subject which does not receive that attention its importance seems to demand. If the ideas here advanced, whether right or wrong, are sufficiently antagonistic to bring out the views of older and abler members, we shall be content. How to save the lives and increase the number of mothers claims more than a passing thought. In these days of luxurious living, when everything in diet, dress, and exercise tends to weaken the nervous and physical system, making convalescence from sickness or labor more protracted; and when fashion discards the healthy, legitimate child for the sore-eyed, snarling poodle, is it not the duty of the physician to try to learn the cause of such unholy adoption, and if possible remedy the evil? He knows already that fashion does much, and yet feels there must be some influence still deeper and stronger that makes one child or none the rule (there being few exceptions) among our American families. As we are not expected to deal largely with the frivolities of style or custom, let us look in other directions for the cause of this mystery. If labors are more tedious now in comparison to strength than formerly, ought not the art of obstetrics to have progressed in the same ratio? Certainly it ought; but is this the fact? Can the accoucheur of to-day enter the lying-in chamber with more certainty of success than he of an hundred years ago? Does the wife of the millionaire

watch the approach of her full time with any less distrust than did the dark mother whose wigwam preceded the palatial mansion?

If fashion can be regarded as only one cause, where shall we look for others? Diet and dress may receive a good degree of censure, but greater blame is to be attached to the rough, careless, and unskilful treatment of many physicians. The medical attendant should be qualified not only to assist the mother in her trying hours, but also to give such advice as would dispel fear and thwart the unnatural pangs often produced by ignorance and abuse. There must be confidence to ensure success. How many women will go childless to their graves, who would banish fear, and risk the much-dreaded pains of child-birth, could they but feel that a healthy labor would result and that life was not at stake, or could they be assured their offspring would be of a certain sex. And cannot this last be an assured fact? Does any one believe that changes in sex come by chance? Are the Maker's ways, ways of uncertainty? In animals or even plants, we find certain and sure laws for propagation of sex or color, and why not in man, God's noblest work? Theories and opinions have been put forth, most of them to be scattered by the pen of the next theorist. Suggestions have been made, questions proposed, with no important results.

Have we, as a class, more knowledge in this respect than had those of the last century? The writer has studied this subject for twenty years, and arrived at the following conclusions: The farmer, to obtain the largest and heaviest grains, procures the most mature grain for seed; the horticulturist, to secure the strongest trees, takes the ripest bud or branch to engraft, knowing an unripe bud or branch produces, when transferred to a healthy tree, only a slender specimen. In the human species the male, as a rule, is the larger and more robust. Is not this the fact because a ripe or more mature ovum has been impregnated? In what other way can it be satisfactorily explained?

Then if it is a riper or more mature ovum that produces the male, when does that conception take place? If the apple is ripe, not when it has attained its growth but when it falls to the ground, may we not consider the ovum ripe when the vibrations or contractions of the broad ligament shake it from its embrace,

and it falls to the womb? Breeders of animals can predict, even determine, sex by regulating conception according to the time or stage of menstruation. If conception takes place during the early part of menstruation, or an unripe ovum be impregnated, it is a female; if later, or a ripe ovum be impregnated, it is a male. Now, after a careful watch of twenty years we have failed to find a single instance that did not corroborate the above theory, especially when we knew the exact time of menstruation and conception. There have been cases which seem to conflict with the above statement, but they were uncertain. There may be deviations; but as one tree ripens its fruit upon its branches, and another of the same species not till after it has fallen, so one female may cast forth a ripe ovum earlier than another, as one woman may conceive many times, when under similar circumstances another would never conceive.

Some claim that conception cannot take place before menstruation, while others assert that the ovum is thrown off before the appearance of the menstrual discharge; but as we have known impregnation to have taken place without the appearance of the menstrual discharge, and again, fourteen days or more after it had ceased, we are inclined to believe both may be wrong. In false conceptions or monstrosities, it is not simply an unripe or overripe ovum that becomes impregnated. These deductions may not have been fully verified, but we bring them forward, hoping that discussion will reveal the knowledge of older members. We feel confident that a decision of this question would be of great benefit to the profession and the world: not that we expect to prevent tumbling of thrones by instructing kings and lords how to perpetuate their names or obtain legitimate sons as rulers or noblemen; but, knowing there is less danger in the birth of a small child, and being aware that the female is, as a rule, smaller in stature, with softer bones, by advising those mothers whose small pelvis and family history lead us to expect a wearisome delivery to give birth first to a female, we might perhaps save a portion of the tedious and sometimes fatal labors which now occur.

Whoever can accomplish this will do more than has ever yet been done for parturient women. Until that time, and even then, it will become necessary to endeavor to protect mothers

from much which they unnecessarily undergo at the present. Laying aside all medication during pregnancy and confinement, (although medicines are often required and successfully given), also the degrading abuse and indecent exposure from a class of womb gazers found in every city and many towns we call your attention to the unnecessary pain caused by digital and other examinations made by respectable physicians. How often do we hear that the inspections of some neighboring doctor were dreadful to endure or even to think of. Some physicians do not seem to think (possibly to care) that the generative organs are naturally extremely sensitive, and that this sensibility is wonderfully connected with the whole system, perhaps sympathetically. May not great mischief be fraught by painful medical examination, sufficient even to affect the population of the whole globe? No wonder we hear a clamor for female physicians; and has the change in this respect, made by those responding to that call, been such that from the large list of their patrons we have heard one feeble shout, "Eureka!"

In difficult or even common labors, we have not kept pace with things less important. In other departments we find many tried men who perfectly understand their profession. Is this true in midwifery? In looking for experience and skill, we fear from the many called but few would be chosen. In agriculture and manufactories, we have machinery approaching perfection: in obstetrics we find many instruments so poorly adapted to their use that a farmer would laugh at an agricultural tool equally imbecile, and throw it aside. Still, physicians carry these around, and *pretend* to assist in delivery, to diminish pain and increase the chances of certain and speedy recovery; but the success obtained, and the feeling of horror generally prevailing among females in regard to instrumental delivery, is a sad commentary on their proficiency.

Why do some practitioners report so many fatal cases of labor, or so many cases of still-birth, while others in the same locality have very few or none? Can it be that one is called to all the cases that are liable to prove serious, and others none? A perfect knowledge of anatomy, first of all, is necessary to become a successful obstetrician. As no mariner is allowed to conduct

a vessel from shore who does not understand charts and compass, so no one should be trusted to take charge of a case of labor who cannot tell the exact position of the foetus by the touch. If ignorant of the position of the child, he will be liable to hinder more than help if he tries to render assistance. We have known a physician claiming this branch as a specialty, to be with a patient many hours and declare parturition was slow and fatiguing because the head was so swollen, and only when the strength of the patient was nearly exhausted and the child almost dead, counsel revealed the swollen head to be the other end of the body, a *breech* presentation.

In tedious cases is it better to use anæsthetics or instruments? If the physician understands anatomy so that he can change a wrong position with the fingers or vectis, then the forceps can be applied either in head or breech presentation, and no harm done mother or child and the mother relieved of all her pain, making ether entirely unnecessary. All must acknowledge there is sometimes danger in administering ether or chloroform. The result may not be at once fatal, but if it can be detected in the blood or urine of the child after birth, may it not cause disease that may subsequently appear, and possibly cause death? It is quite necessary that the mother should be perfectly conscious, as the physician may engage some part of the vagina or uterus within the instruments, and the patient should be able to inform him if such should be the case. Is it any wonder that ladies shudder at such arrangements as we were taught to make twenty-five years ago, and some learn to-day? that the physician should be shrouded in a sheet, coat off, arms bare or wrapped in towels, the patient one-half in the bed and the other half in the lap of assistants; and more than all this, the person exposed. Moving the patient from the bed is unnecessary, assistants rarely needed, and *exposure a disgrace*. Is it at all strange that the world stands aghast at such inquisition? Is it any wonder that hundreds of thousands every year who find themselves *enceinte*, rather than risk such exposure, such frightful proceedings, fly to the den of the abortionist and there pay the paltry sum for murder? The fact that some mothers whose labors, or at least the first ones, required instrumental assistance and who now look forward to confinement without fear or distrust, and

still are not willing the physician should approach the lying-in chamber without his instruments, — this fact, we say, leads us to believe it might be so with all. Let this be taught by our schools and practised by our physicians, and soon our school will be *the medical school* of the globe. Let us prove to the world that a lady, young or old, can be treated for a simple leucorrhœa without being explored with a telescope; can be confined without exposure, risk of life, or long hours of useless, irksome distress; that it is as unnecessary to suffer many hours of labor-pains as it is to endure the torments of a decayed tooth or swollen abscess, with the forceps or bistoury lying idle, — and we shall have done much towards increasing the number and saving the lives of the mothers of the land.

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*THE CORPORA STRIATA AND THEIR RELATIONS TO  
MOTION AND TO SPEECH.*

[Arranged from the French by Samuel Worcester, M. D., of Burlington, Vt., and read before the Champlain Valley Homœopathic Medical Society.]

No part of the human body presents to the student more attractive fields for study than does the nervous system. I have selected the corpora striata as my theme to-day, on account of the important relations which they hold to the phenomena of motility and of speech. Much that will be said in this article as to their function is, like our ideas of other parts of the nervous system, in a measure hypothetical; but if we do not theorize upon facts our knowledge will increase very slowly.

The greater portion of the following article is translated and arranged from "Lectures upon the Structure and Diseases of the Nervous System," by Dr. J. Luys, Paris, 1875.

There are certain pathological facts which tend to support the theory that the corpora striata serve as a receptacle or centre for receiving, regulating, and elaborating the voluntary motor impressions arising in the deep layers of the gray cortical substance. In some cases we observe destruction of the corpus striatum, resulting in a paralysis of movement, more or less complete according to the extent of the lesion, yet there will be perfect preservation of intelligence. In other cases, where the functions of the corpora striata are not abolished, but are impeded by some

compression or partial degeneration, we observe various troubles in the motor sphere.

Andral reports two cases in which one of the corpora striata was destroyed by an apoplectic clot. There was complete hemiplegia of the opposite side, but no derangement of the intellect or of sensibility. A third case, reported by M. Luys, is that of a woman, aged forty-seven years, who, after suffering a long time from intense headaches, was attacked with paralysis, first of the arm and then of the leg. At the autopsy, the corpus striatum was found destroyed by a softening which had progressed from before backwards. But when the corpus striatum, instead of being destroyed, is simply compressed, we find disordered locomotor function. Mesnet reports a curious case of this kind where motor troubles resulted from disturbance of cerebellar nutrition. In consequence of compression there was loss of the functional energy necessary for equilibration, and the healthy side being the stronger moved the body its own way. This patient moved all his limbs perfectly, but had a constant inclination to turn toward the *right*, so that it was impossible for him to advance in a straight line without help. The autopsy disclosed the corpus striatum of the *left* side flattened and crowded down upon the optic thalamus by a large tumor depending from the anterior lateral wall of the cranium.

Dr. Luys reports the case of a woman having a constant tendency to move backward, in whom the corpora striata were found atrophied from transverse pressure. Aug. Voisin has noted with epileptics various gradual degenerations of the corpora striata and superior peduncles of the cerebellum, which clearly explain disturbances of motor function through suppression of the regulating cerebellar influx. Such being the phenomena caused by the lesions seated in the corpora striata, we can more clearly enter upon the study of the physiological *rôle* played by those bodies.

While the spinal cord is a proper centre of activity, it is also an organ for the transmission of both sensitive and motor nervous currents. In this latter relation it is capped at its point of union with the brain proper by two ganglia, which play to it the part of inter-cerebral expansions.

The optic thalami, ganglia presiding over the elaboration of

the sensory impressions, represent an enlargement of the gray matter of the cord ; while the corpora striata, which transmit the motor influence to the antero-lateral white columns, serve as points of concentration for the nervous forces instrumental in motor function.

There is, however, from a physiological stand-point, a marked difference between motor and sensory impressions. The process governing this latter, as well as the apparatus by which the sensory impressions are transmitted, co-ordinated and received, is comparatively simple, while the motor current requires for its full development a triple apparatus, one portion of which originates the impulse, a second regulates it, and a third transmits it elaborated. This current proceeds, then, from three kinds of stimuli flowing together, viz., cerebral, cerebellar, and spinal ; and upon the perfect agreement of these three depends the proper and harmonious working of our muscular system.

The cerebral apparatus (composed of the large motor cells of the deep layer of the cortical substance, the cells of the corpora striata, and the fibres connecting these two sets of cells) is the point of departure of the voluntary current. It works intermittently, according as it is set in motion by the mandates from the cortex cerebri, which mandates may be spontaneous and voluntary, or reflex and automatic.

The second factor, the action of the cerebellum, at once regulating and reinforcing, is on the contrary wholly automatic and involuntary, and works continually, as is clearly proven by pathological and experimental lesions of the cerebellum.

Finally, when the voluntary impulse has passed the bulbs, a last element, the special action of the medullary cells, comes in play, to give it a last elaboration, and direct it towards the end to which it is destined, viz., muscular contraction.

Thus we may say that the motor actions are a series of processes in which different encephalic apparatus successively take part, and from which no one can be wanting without destroying the wished-for result.

The stimulus of volition, conceived in a state of mental excitement or stirring up, as a first step diffuses itself to the corpus striatum. There it puts into activity the proper elements of that ganglion, which, charged uninterruptedly by the influx from the

cerebellum, represents the apparatus in full, continuous tension. Thence the wave goes to the different segments of the medullary axis, which react separately. The mental stimulus becomes gradually materialized by the conjunction of other elements, becomes automatic when it has passed beyond the limits of a certain portion of the nervous system, and finishes by being one of the multiple causes of muscular contraction. It has awakened the action, but is incapable of arresting or directing it.

It is not enough to follow the motor process through the long chain of links, at once coherent and yet distinct, which binds together the cortical substance and the muscular fibre; it is necessary to plunge deeper and see what there is behind this mental stimulus, which appears to the superficial observer as the point of departure of this complex axis, whose last term is the contraction of this or that muscle. A more attentive study, a more searching analysis of the phenomena, clearly shows us that this motor process is never spontaneous, but that invariably the motor impulse has been awakened by a sensory impression.

This is evident as regards the motor phenomena whose exclusive origin is in the spinal cord, but we will try to show that the case is similar with voluntary motion. It seems probable that the ending of the sensory current is in the small sub-meningeal cells of the cortical substance, and that the point of departure for the motor current is in the large cells of the same nervous layer. The region lying between, which we may truly call mental or psychological, binds the two together and serves as a kind of store-house and reservoir of volition. When this overflows, it spreads itself along the motor region; hence it results that the motor act is always subordinated to some previous sensory stimulus, received directly from without, or to an emotion recent or of the past. The spontaneity of the will, — and to prove this, it is only necessary to analyze the first of our voluntary acts that may take place — is always subordinated to some motive, and motion is only transformed sensation. In a word, the will is reflex.

Let us now briefly consider the function of speech, one of the most interesting, but also the most complex of the motor phenomena. The act of emitting articulate sounds presents certain

special features which entitle it to be considered apart from the other manifestations of volition. For example, when we move our arm, although we are ignorant to what particular muscles we address ourselves in order to produce motion, we are perfectly conscious of the movement itself. In speech, on the contrary, automatism completely hides this last phase, so that it is no longer the movement, but the result of the movement, the emission of sound, which we perceive, and which notifies us that the mandate of the will has been obeyed.

Then the phono-motor apparatus is composed of two symmetrical halves like the other muscular apparatus of the body ; but these two halves, distinct anatomically, are not so as to function. The tongue, pharynx, and larynx, are joined at the median line, whence it follows that disturbance of one side produces paralysis of function, just as, with a span of horses, the fall of one impedes the course of the other.

The integrity of both sides of the organs of speech is a necessary condition for the perfect exercise of the verbal function, but aside from the two points that we have pointed out, the emission of articulate sound resembles general motor action.

With the child, speech is an act purely automatic, into which no element of consciousness enters ; like a bird, he repeats the sounds which have struck his tympanum, and it is by a purely reflex phenomenon that exterior influences lead him to utter articulate words. Little by little the pleasant impressions are distinguished from the disagreeable. Each of them inscribes itself, imprints itself in the sensorium with its special co-efficient of pleasure or pain. It is thus that for the first time the individuality enters into play. To this stage a period of greater perfection, succeeds, where the sensation is perceived, not only as to *quality* but as to *quantity*; and to every progress made in the knowledge of sensitive impressions, a parallel progress takes place in the ability to give verbal expression to those sentiments.

A perfect state of the sensibility and regular action of the motor apparatus are the two conditions requisite for the exercise of the faculty of language. Whatever injures the working of either part of this machinery will immediately destroy or disturb this function. The abnormal phenomena of verbal expression may then be divided into two general classes : First, troubles

arising in the psycho-intellectual regions, and second, disturbances of the automatic sphere.

In the first class of cases, it is excitement, wear and tear of the brain, or decay of the regions where speech is originated which produces the partial or transitory derangement, as is seen in two cases given by Trousseau in his "Clinical Medicine." A judge presiding in court, unexpectedly quitted his seat, advanced a few steps towards the audience, and pronounced out loud a few incoherent phrases. Immediately after, he resumed his place and continued to preside over the court, without any consciousness of what he had done.

A young girl affected with epileptic vertigo, if addressed energetically during an attack, would answer briefly in a shrill tone. Regaining consciousness, she had no remembrance of what had been said to her, nor of her reply.

When the lesion is lasting, the breaking down of the mental sphere is permanent also, as is the case with the demented; and the automatic function of speech continues in an independent way. Language then is completely incoherent.

The second division includes those cases where there is disturbance in the working of the organs devoted to speech, while the sensorium remains intact; and of these cases there are three kinds.

In the first, the psycho-intellectual region remains intact, and the volition unimpaired; but the words cannot be pronounced, as the communication or circuit is broken. This species of aphasia may be compared to those motor paralyses of spinal origin, in which, owing to some permanent or temporary lesion of the cord, certain muscles cease to contract.

In a second class of cases there is not complete destruction of communication, but a want of accord between the action of the organs of phonation and the current or influx prompting it. The patient cannot call things by their right name, but uses words of similar sound, — as horse for house, bed for head, etc. These cases have been described by Onimus under the name of *verbal ataxies*.

In a third class there is complete insubordination of the automatic region. The patients seem to have in an exaggerated form the disturbances last described; they use one

word for another. A man desiring his shoes will ask for bread ; desiring a horse will say cheese, or will answer "Yes" to all questions.

Such is a brief and incomplete picture of the different phenomena ranged under the general head of *aphasia*.

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NOTES FROM PRACTICE.

BY J. H. WOODBURY, M. D.

SUBMUCOUS UTERINE FIBROID TUMORS.

I HAVE selected the following from my note-books as being in a large measure representative cases of some of the various forms and conditions under which these neoplasms appear, trusting that they may possess sufficient interest, to the younger portion of the profession at least, to repay perusal.

CLASS FIRST.

*Large Fibroids existing without producing any appreciable increase in the menstrual discharge or any special hemorrhage.*

Was called Nov. 6, 1871, to see Mrs. C., aged forty-four years, multipara, always healthy till three years since, when she began to suffer from pain in the back and thighs, constipation, and after a time, from dysuria. Menstruation was not especially affected, and ceased entirely about two years before. She supposed her sufferings to be due to the "turn of life," and had not, therefore, consulted a physician. Latterly, they had become so severe that she was induced to apply for aid. She now complains of very severe sacral pains, extending at times, and especially after any unusual exertion, down her limbs and up the spine to the occiput. Her spirits are greatly depressed, and she is irritable, jealous, and peevish. There is obstinate constipation, which yields to cathartics or enemas, only after great and prolonged efforts. She also suffers from distressing dysuria, voiding her urine often and with great pain. Digital examination revealed a tumor resting upon and apparently filling the entire brim of the pelvis. The cervix uteri was entirely obliterated, as in the last days of pregnancy ; the os was found far up on the anterior side of the tumor behind the symphysis

pubis; it seemed fixed in its position and could not be elevated without causing great pain. The patient was etherized, the os drawn back, and a flexible sound introduced with some difficulty, and passed around the tumor, revealing a very extensive attachment to the anterior superior portion of the uterus. The examination caused little or no hemorrhage, and there existed scarcely any leucorrhœal discharge. On introducing the finger through the os, the tumor could be distinctly felt. It was smooth, and possessed a dense, firm structure. Under the circumstances, I did not think that the exigencies of the case demanded any immediate operation, and determined to try what relief could be gained by elevating the mass into the false pelvis, in imitation of the rising of the foetus at the fourth month. The patient was therefore placed in the knee-elbow position, the vagina carefully dilated, and the fingers of the right hand introduced, and by the exercise of considerable force the tumor was made to slip (in the above-named position of the patient) forwards and downwards into the upper pelvic basin. The patient was then placed upon her side and kept quiet for a few days. This change of position was followed by great relief from all the distressing symptoms from which she had suffered, and there has never been any serious subsequent impaction of the tumor in the pelvic strait. The dysuria has been at times troublesome, but has always been mitigated by a few days' rest in the recumbent position, and the use of *Arnica* and *Cantharis*. This fibroid with its capsule, the uterus, now lies in the hypogastrium, forming a tumor, easily defined when the bladder is empty, as large as the head of an infant at birth. As before observed, it has never been the cause of any noticeable increase in the amount of the uterine discharges, either mucous or sanguineous, although it is clearly submucous and almost polypoid in its character. Allusion has been made to the moral state of the patient in the early stage of development of this neoplasm. These unhappy moods have gradually increased in intensity, until they have become a decided mania, rendering the patient very unhappy herself and a source of great discomfort to her family and friends.

(I have just received a note from her physician, saying that in the last six months a very decided improvement is noticeable in her moral symptoms.)

## CLASS SECOND.

*Cases in which the tumors develop near the climacteric, and cease to be troublesome soon after the menopause.*

This case, which I have selected as a representative of this class, is one of more than a dozen which have been under my observation and occasional treatment during the past ten years with identical results. Mrs. D., aged thirty-nine years, came under my treatment in March, 1871. She had borne four children, the youngest of which was then eight years old. Three years since, her menstruation commenced to be too copious and too frequent, having always been very regular and natural before. About the same time, she also began to notice the existence of a slight mucous discharge, which had increased gradually in quantity up to that time, when it was quite copious, and at times blood-streaked. Her condition when I first saw her was as follows. She was very pale and anæmic, and suffered greatly from dyspnœa. Her legs were œdematous, her face also at times. She is able to take but little exercise, and that is followed by a sense of great fatigue, and frequently by moderate but persistent uterine hemorrhage. Her menstruation now comes on pretty regularly on the nineteenth day, and continues twelve days. During the first seven or eight, it is quite copious, but more moderate during the remainder of the time. She suffers a good deal from constipation, but not at all from dysuria. Digital examination showed the cervix shortened, the os patulous, and easily penetrated by the sound or finger. By conjoined manipulation a tumor was easily made out in the posterior-inferior portion of the body of the uterus, apparently about the size of a large orange, making a decided protuberance into the uterine cavity. A rectal examination revealed a second protuberance beneath the sub-serous tissue, and enabled me to make out very accurately the dimensions of the mass, which was nearly spherical, but somewhat elongated in the direction of the long axis of the uterus. The uterus was enlarged so that a sound could be passed four and a half inches into its cavity. She suffered but little pain, and her general health was in no way affected by the existence of the tumor, except from the excessive loss of blood. With a view to control this, I gave her *Ustilago Madis* <sup>2d</sup> dec. a powder

(about three grains) every four hours, to be continued during the remainder of the inter-menstrual, and the following menstrual period. I saw her sixteen days afterward, when she reported that the menstruation came on at the usual time (the nineteenth day), but only lasted eight days, and that the quantity was much diminished. Treatment continued through the next month, the patient taking, however, only two powders each day until the appearance of the menses, when, if the flowing was excessive, she was to take them as at first. There was no increase, however, and the flow did not come on till the twentieth day. It would occupy too much time and space to give in detail the history of this case for the next four years; but in brief, I will say that under the use of this remedy, occasionally discontinued for several months in succession when not required, and *Ferrum* from the third to the fifth attenuation, the patient went on very comfortably, the intermenstrual period gradually but slowly and irregularly increasing up to twenty-six days' duration, when, in September, 1874, the menses did not appear at all. In October they returned, but skipped November and December, only to return profusely in January, and then did not appear again till June, 1875, when the discharge was slight and of short duration. Since that time there has been no discharge of any consequence, and the climacteric may now be considered as safely passed.

The mental and moral sufferings of the patient during the year 1875 were unusually severe. She fell into a state of profound melancholy bordering upon insanity, from which, however, she has fully recovered, and her general health at this time, December, 1876, is very good. Upon a recent examination, I found the tumor decidedly smaller than it was five years since, and causing very little inconvenience. As before remarked, this case is the representative of a very large class of these fibroids developing about the period of middle life, and whose more serious symptoms are controlled, or at least palliated, by appropriate medication through the remaining years of menstrual life, after which they gradually shrivel in unison with the advancing atrophy of the uterus itself. I deem it good practice to regard all fibroids as belonging to this class until the occurrence of more serious symptoms proves to the contrary. In looking over the notes of this case, I find that twice the hemorrhage became so serious as to require the use of *Ergot Fl. Ext.* for its control, and that on one

occasion, where there was a persistent oozing which did not yield to the above remedies or to *Sabina* or *Ipec.* or *Crocus*, it was stopped by the injection of *Tinct. Ferri. Murialis*, twenty drops to an ounce of water, four ounces being thrown up by a fountain syringe.

[*To be continued.*]

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*A SUCCESSFUL CASE OF HERNIOTOMY.*

BY H. M. JERNEGAN, M.D.

ON Nov. 12 of this year I was called in consultation with Dr. A. H. Carvill, of Somerville, to the following case, a brief history of which I obtained at the time, and will here add. Wm. H. H——, the patient, was in his sixty-sixth year, and was a native of this country; he had always been temperate in his habits, was a mechanic, and had enjoyed health. Forty years ago, while lifting, had produced an oblique inguinal hernia upon the right side, which in a short time became scrotal, and for the relief of which he had ever since worn a truss. Of late, his truss had not held the hernia back so well as previously, and frequently it would enter the scrotum beneath the pad, but was always easily reduced. Early in the day preceding that on which I was called, he had been attacked with slight vomiting, and felt the hernia descending during the efforts made at emesis, but was unable to reduce it after the attack as usual. Having waited several hours, attempting to reduce it at intervals during the time, Dr. Carvill was called, and at once endeavored to accomplish the desired end by taxis; not succeeding, however, he summoned to his aid, during the evening, Dr. Dow of the same town, but their united efforts were not rewarded with success. When about noon of Nov. 12, I saw the patient, his pulse beat sixty-five to the minute; spirits good (though his father, at the same age, had been operated on for the same trouble and died), tongue slightly coated, and complained of pain in the sac, which had gradually increased in size, and had become quite red and slightly congested. Concluding that taxis would not accomplish the desired end, and seeing danger in delay, operative interference was decided on, and accordingly the patient was placed upon a table, ether administered, and the usual incision made in the presence of Drs. Carvill and Dow of Somerville, Drs. Houghton and Payne and Mr. Kelsey of Boston. The hemorrhage was very slight through-

out, the first incision cutting the superficial external pudic, which was at once secured by torsion and gave no further trouble. The sac was found much distended with peritoneal fluid, and was opened, and the intestine examined, and found considerably congested and even of quite a mahogany color, but nowhere softened. Cloths wrung from hot water, to which very little carbolic acid had been added, were covered over the intestines when exposed. The hernia-knife was next introduced beneath the stricture, and its cutting edge directed upwards with sufficient force to divide the compressed tissue, when the opening being found to be ample, the parts were thoroughly cleansed and the intestine returned. Deep sutures of silver wire were introduced above, while below the wound was left open to permit of drainage. Cloths wrung from warm water were applied over the wound and secured in place by the spica bandage, beneath which a pad was placed to prevent the intestine from again protruding, in case vomiting should supervene. I must not forget to mention, that while I was closing the wound Dr. Dow injected a little brandy into the rectum. The patient rallied well from the effects of the ether and exhibited no inclination to vomit. During the night there was some hemorrhage from the wound, but at four P. M. of the following day, when I saw him, the wound was looking well, slight pain in the back only, pulse 65 beats per minute, and spirits even better than the day before. *Liquor opii acetatis* was administered in small doses, and *aconite tincture* given every hour or two, a few drops being added to one-half goblet of water, one teaspoonful for a dose. A recent communication from Dr. Carvill informs me that Mr. H—— made an uninterrupted recovery, and is now up and about with his truss on. The successful issue obtained in this case would rather point to the necessity of early operative interference in such cases, in contradistinction to the prolonged attempts at taxis, which, if not harmful in themselves, tend to carry the case over the time when relief can be had from division of the stricture. The average mortality after such operations amounts to three in every five cases, and it is well for us to keep this proportion fresh in our minds, and consider when treating such cases whether or no this mortality be due to our lack of judgment or of proficiency in treatment and in decision. I feel that great credit is due to Dr. Car-

vill for his successful after-treatment of the case, as well as for his prompt decision that surgical interference was necessary. A table showing the variations of temperature and of the pulse has been sent me by Dr. Carvill, and includes seventeen days succeeding the operation. This shows the highest temperature to have been 100.8 and occurred four days after the operation in the evening, the pulse being only 64, while in the morning of the same day the temperature was 100.5 and the pulse 70. The most rapid pulse was 72 and the average for the five days succeeding the operation, taken evenings, was only 67½. The sixth day the pulse declined to from 62 to 64, and was not again over 60 while under treatment. The temperature was over 100 three days only, and then returned to the normal standard.

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VIBURNUM, — "CRAMP-BARK."

BY E. M. HALE, M.D., CHICAGO.

IN the early part of my practice, during my residence in the interior of Michigan, my curiosity was often excited by the significant and euphonious names applied by the country people to certain plants and shrubs. These "vulgar names" are worthy of notice, for they often convey important information relative to the curative properties of medicinal agents.

The name "cramp-bark" is applied to a species of viburnum, the *V. Opulus*, or "high cranberry." I have often known this bark to be used in domestic practice, and with singular success, in those muscular contractions known as "cramps," especially when occurring in women. For a time I was at a loss in fixing a definite sphere of action for this medicine. It was only after observing its effects in several cases when it effected a cure, and in others where it failed, that I arrived at the conclusion that it did *not* affect the spinal cord, as does *Nux*, *Calabar*, *Ergot*, or *Belladonna*, *i. e.*, directly, but was a direct sedative to the *reflex* nervous system. For this reason *Viburnum* is of no value in "cramps" from congestion of the cord or direct irritation of the cord. Its true sphere of action is in arresting reflected irritation, especially when the organ from which the irritation is reflected or originated is the *uterus*.

My observations of its effects do not enable me to state that it is useful in any other form of reflex irritation, except that which arises from a diseased uterus. It is probable, however, that an irritated *ovary*, and the remote effects resulting therefrom, might find its remedy in *Viburnum*. It does not seem to be curative or palliative in any other variety of reflex disorder than muscular contraction, cramps, spasms, etc., for I have not known it to be of any service in neuralgia of a reflex character.

As an illustration of its curative power in the above described condition, I offer the following case:—

A strong, large, florid servant-girl, aged twenty, applied for the relief of *sudden, painful cramps in the calves of both legs*, of such a severe character as to cause her to fall down wherever the cramps seized her. She thought the attacks were excited by standing too long, or going up stairs, and particularly after dancing. Further inquiry brought out the information that for several years she had been “irregular,” the menses being *too late, very scanty, and exceedingly painful*. The dysmenorrhœa was described as being spasmodic, consisting of violent “cramps in the lower bowels,” so intense as almost to deprive her of consciousness.

The cramps in the lower extremities occurred all through the inter-menstrual period, but were worse just before the menses, but did *not* occur *during* the menses. I did not procure an *examination*, but from some other symptoms, such as “pressing on the rectum, constipation,” etc., I believed she had a retroflexed uterus. I thought of *Sepia* and *Lilium*, but they had not the cramps in the legs, such as she described, of *Calc.*, *Verat.*, *Nux* etc., but they did not seem to suit the case. The *Viburnum op.* was prescribed, — fifteen drops of the tincture four times a day. She begun its use midway between the menstrual periods, and continued it until the appearance of the next menses. *From the day she commenced its use, she had no cramps in the calves, nor did she have the usual pains at the menstrual period.* She did not change her usual avocations, her diet, or mode of life. The medicine was taken once a day during the next month, with a like result.

Six months have now elapsed, and there has been no recurrence of the sufferings removed by the *Viburnum*.

Now, although we have no provings of this medicine, we are

justified in prescribing it in all reflex irritations originating in diseases of the uterus, and probably the ovaries.

This and other similar experiences should teach us that we ought not to reject the indication conveyed by the so-called "vulgar names" given to plants, for such names may convey information of great value to us, and aid us in selecting valuable agents wherewith to enrich our *Materia Medica*.

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### PUERPERAL CONVULSIONS.

BY GEO. BARROWS, M.D.

BEAUTY and truth characterized that remarkable exclamation of the great master, Hahnemann, in his introduction to the proving of arsenic: "Let every one who is deficient in mind, in reflection, in knowledge, in sense of duty, in tender sympathy for the welfare of man—in one word, who is deficient in pure virtue, stay away from the sublimest of all earthly professions, the profession of medicine. The practice of medicine ought to be a constant and pure act of worship." How fitting this sentiment to this branch of the physician's duty, the practice of obstetrics!

I will report a case of puerperal convulsions which occurred in my practice, May 27, 1876, the present centennial year. Mrs. P., aged twenty (primipara), quite well during pregnancy, excepting a good deal of mental anxiety, which, no doubt, contributed to increase the dropsy of the feet and limbs in the latter months of pregnancy, was taken in labor very early in the morning of the 27th. I was called about 8 A. M. Dilatation of the os very gradual; pains quite regular, but short. Towards noon, made complaint of dull headache. About 1 P. M. I noticed a wild look of the eye, and then a quivering and twitching of the muscles of the face, and directly a very severe convulsion. With a moment's reflection upon the situation and probable causes, I gave a dose of *Ignatia*. I had just given *Ipec.* to change, if possible, the character of the pains, which had become short and jerky; but the convulsions continued and increased in severity. I then gave *Bell.* and *Lach.* during the convulsions, and *Opium* during the coma, and dispatched a messenger for counsel and forceps. While awaiting the arrival of counsel, the convulsions abated,

grew less severe, and labor pains increased in efficiency, so that the use of forceps was dispensed with, and a living child was born about 5 P. M. ; but as the convulsions continued, I did not wait over ten minutes but took away the placenta, which I found adhering to the fundus of the uterus, just above an hour-glass contraction.

The convulsions continued through the night, although not as severe as before delivery, but the coma continued for three or four days, and she did not know that she had been confined for a week, and the first hope of recovery arose from some signs of returning intelligence. Intellect and memory suffer considerably, even now after the lapse of five months. The œdema of lower extremities continued for two or three months ; milk came sparingly in the breast after ten days, but dried up. Urine and fæces were discharged involuntarily and unconsciously for a week, so that I did not get a good opportunity to test the urine ; but I had no doubt the convulsions were uræmic. The dull, oppressive persistent headache, the obstinate dropsy, the continued very severe convulsions, the persistent coma, all proclaimed a hidden poison, the *causa morbi*. The mother's bodily health is quite restored, though memory is weak. The child thrives on a nursing-bottle. The remedies administered during the treatment of this case were *Ipec.*, *Cim.*, *Ign.*, *Bell.*, *Lach.*, *Phos. acid*, *Opium*, and *Zincum*.

The convulsions were modified by *Bell.* and *Lach.*, so that labor pains became more active and efficient. Delivery of the child and of the placenta also modified, but did not stop, the convulsions, from the severity of which we had little hope of saving the life of the mother or child.

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From the Homœopathic Times, December, 1876.

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*THE HAHNEMANN HOSPITAL.*

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LAYING THE CORNER-STONE.

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ADDRESSES BY SALEM H. WALES, WILLIAM CULLEN BRYANT, AND OTHERS.

THE corner-stone for the new building of the Hahnemann Homœopathic Hospital, on the east side of Fourth Avenue, between Sixty-

seventh and Sixty-eighth Streets, was laid Wednesday afternoon, Oct. 25. The ceremonies were in accordance with ancient Masonic rites, and were under the direction of Ellwood E. Thorne, Past Grand Master of the Freemasons of this State.

After the ceremonies Mr. Salem H. Wales, chairman of the Executive Committee of the Board of Trustees, delivered an address, of which the following is an extract:—

“The pamphlet I now hold in my hand, a copy of which has just been deposited in the corner-stone of this proposed edifice, contains a list of the officers and trustees of the Hahnemann Hospital, of the city of New York, with the charter and by-laws under which it has been organized. It also contains the constitution and by-laws of the Ladies' Hahnemann Hospital Association, together with its officers and managers. This hospital was originally incorporated by an Act of the legislature, passed April 12, 1848. It soon after acquired from the corporation of the city a lease for ninety-nine years of the twelve lots of ground upon which this edifice is to be erected, for the nominal rental of \$1.00 per annum. The Society acquired some money from private contribution, but not sufficient to justify an attempt to build a hospital.

“In the year 1871 the trustees of the New York Homœopathic College Dispensary held a meeting, in this city, to take the necessary steps to establish in connection with the Homœopathic College a surgical hospital, with the double object in view of affording means for clinical instruction to the students, and giving opportunity to persons belonging to the medium and poorer classes to place themselves in a hospital under care of homœopathic surgeons. Shortly afterward a few ladies became interested in the movement, and undertook to raise funds for the erection of a building. A great fair was held in the Twenty-second Regiment Armory, in the spring of 1872, which resulted in a net profit of at least \$35,000.

“The trustees purchased with the proceeds of this fund the large building, No 26 Gramercy Park, which was soon opened for the reception of patients. Violent opposition to it, however, arose on the part of the occupants of the neighboring houses. Steps were taken to dispose of the building, and a less objectionable location was sought for elsewhere. The building on the northeast corner of Thirty-seventh Street and Lexington Avenue was selected, but for good and sufficient reasons the purchase was not consummated, and the building now occupied by the Hahnemann Hospital, on Fifty-fourth Street, near Broadway, was leased for this purpose for a period of three years; and the hospital has since been in successful operation.

“At this time there existed in the city three district hospital organizations under the patronage of the friends of Homœopathy, namely, the Hahnemann Hospital, the New York Homœopathic Surgical Hospital and the New York Homœopathic Hospital for Women and Children. It was finally determined, after lengthy consultations by the friends of these associations, that they should be consolidated under one organization. This was finally accomplished by an Act of the legislature, passed March 20, 1875. Immediately succeeding this Act of corporate consolidation, the ladies organized and put in motion another large fair, from which was realized a net profit of \$25,000. These two sums, amounting to \$60,000, together with the \$15,000 held by the treasurer of the original Hahnemann Hospital, were deemed sufficient by the trustees to begin the erection of the central or administrative portion of the building, 65 by 68 feet, two floors of which will be devoted to wards for the sick. It is reserved for the future to erect the two pavilions on Sixty-seventh and Sixty-eighth Streets.

“In the progress of this benevolent undertaking we have received fresh evidence of the noble devotion of woman in giving help and comfort to the sick and suffering. In great patience, with untiring industry, in weariness often, and in the presence of many discouragements, these noble, large-hearted Christian women went forward in their humane mission; and to-day the trustees of the Hahnemann Hospital, with pleasure and gratitude, make public acknowledgment of the permanent value of these self-denying labors. The work has been done in the spirit of our Saviour, who said, ‘I was sick and ye visited me.’”

Mr. Wales then spoke of the success of the Homœopathic Hospital, on Ward’s Island, and referred in appreciative terms to the noble efforts of his Honor Mayor Wickham, and the Commissioners of Charities and Correction, in behalf of this enterprise.

Mr. William Cullen Bryant then spoke as follows:—

“I congratulate this assembly on the undertaking of which the proceedings of this day form a part—the founding of an hospital in which the treatment of patients shall be conformed to the law of cure laid down by Hahnemann. Of all modes of charitable relief the support of public hospitals is one of the worthiest and most necessary. I took up the other day Milton’s ‘Paradise Lost,’ and opening the volume at a passage in the eleventh book, where the Angel Michael is showing Adam what will happen to his posterity when they should multiply and fill the earth, I was deeply impressed with the frightful catalogue of diseases to which that posterity would be subject.

Michael was showing our great ancestor the interior of an hospital. Then the poet proceeds:—

“ A lazar house it seemed, wherein were laid  
 Numbers of all diseased ; all maladies  
 Of ghastly spasm or racking torture, qualms  
 Of heart-sick agony ; all feverous kinds ;  
 Convulsions, epilepsies, fierce catarrhs,  
 Intestine stone and ulcer, colic pangs ;  
 Demoniac frenzy, moping melancholy  
 And moon-struck madness, pining atrophy,  
 Marasmus and wide-wasting pestilence,  
 Dropsies and asthmas and joint-racking rheums.’

“ And then, after this appalling enumeration, the poet goes on to say that, amidst tossings and groans, the sick are tended by Despair, who passes busily from couch to couch, while Death in triumph shakes his dart over them, but delays to strike, prolonging their misery. No wonder that Milton should represent the ancestor of the human race as giving himself up to tears at so sorrowful a spectacle. Fortunately in our own time an hospital is provided with a thousand appliances in mitigation of the sufferings of disease which in Milton’s time were unknown, when the practice of medicine was far less rational than it now is. I saw the other day the account of a medical prescription which had been found among some old papers relating to the time of Oliver Cromwell, Milton’s contemporary. The patient was Sir John Throckmorton, and the prescription was—what do you think, my friends? You never would hit upon it ; it was a piece of a human skull reduced to powder! When physicians resorted to such absurd remedies, there could be no alleviation of the sufferings of disease, save what was derived from kindly and attentive nursing or the healing power of nature. These they have had in a greater or smaller measure ever since hospitals were established ; and you know, my friends, that they were not in existence before the Christian era.

“ In all the centuries which elapsed before that era, and while the Greek and Roman civilization were at the highest and proudest perfection, there were no such institutions. There were schools of philosophy in which the most subtle problems were discussed ; the useful arts were sedulously cultivated ; the fine arts flourished as they have not flourished since ; the sculptor hewed the marble to forms that seemed to breathe ; the painter produced pictures which were a perfect illusion ; the architect reared structures whose very ruins fill us with wonder ; the orator and poet left us works which we despair of equalling : but there were no retreats where the friendless sick, the

strangers struck down by disease, the old man consumed at once by age and illness, and the poor man wounded and mangled by accident while occupied with his daily task, could be received and kindly treated until his sufferings were ended by death or a cure. It was the religion of love and sympathy that brought in the hospital, and gathered into its friendly wards and laid on its comfortable beds, waited upon by experienced nurses, those who otherwise might have languished and perished by the wayside.

“In the spirit of this characteristic of the later ages of the world — the spirit of charity and sympathy, to which hospitals owe their existence — we welcome the establishment of one more in this community, where it is required by the rapid growth and crowded state of our population. Those by whom this undertaking has been set on foot believe that, with the promulgation of the law of cure laid down by the great physician whose name this institution is to bear, a new and auspicious era of the healing art has dawned upon the civilized world. If this should be a delusion, there is no more effectual way of exposing its fallacy than to put it to the test of experiment in a public institution like this, where its results cannot be kept out of sight, and where they may be compared with those of the older method of treatment. If, on the contrary, the conviction of which I speak have its foundation in truth, if the new and gentler methods of cure are surer and safer than the old, the daily trials of the new method will be so many proofs of its efficacy, and will commend it to general acceptance. Meantime, let me say that it is a worthy liberality, a generous compassion for the sick and suffering, that to-day lays the corner-stone of an edifice to which we all wish a fortunate and satisfactory completion, as the seat of an institution to which we also wish long years of usefulness in the task of lessening the sum of human misery.”

An address was also delivered by the Rev. Dr. William M. Taylor.

The trustees have sufficient money to build the central or administrative building, to which wings will be added when additional room is needed and the pecuniary resources of the institution permit.

## THE NEW ENGLAND MEDICAL GAZETTE.

BOSTON, FEBRUARY, 1877.

WE notice in the daily papers a rumor to the effect that if Drs. Wilder and Palmer, who delivered a course of lectures before the medical students of Bowdoin College last spring, continue to lecture to homœopathic students at Michigan University, their services will not again be required at Brunswick.

Should such rumor be true, it would be but one more instance of the narrow-minded bigotry characteristic of the dominant school to-day,—a bigotry inexcusable, inasmuch as it has not the plea of honest ignorance upon which to rest; a bigotry characterized, not by that mulish obstinacy which can learn but won't learn, but by that lack of moral courage which, through fear of ostracism, prevents it, having learned and appropriated, from acknowledging the logical truth of its investigations or confessing the source of its information.

The president of the Homœopathic Congress, held at Clifton, England, last year, said, "It is a matter of notoriety that the literature of the profession has for some years been largely imbued with our principles, and its practice enriched with our medicines." As an instance of the latter, one has only to examine Ringer's *Handbook of Therapeutics*. As an example of the former, he has only to turn to the *Boston Medical and Surgical Journal*, Sept. 28, 1876, page 378, where, under the title of "Recent Progress in Therapeutics," he will find an article on "Fuchsine; or, the Hydrochlorate of Rose-aniline." There it is recorded that Drs. Bergeron and Clouet reported a case of "the complete disappearance of a persistent albuminuria, after the injection of this purified coloring matter. During two months, the urine, though oftentimes tested, failed to give any signs of albumen." Again, "Dr. Feltz also reported a hospital case of an œdematous person, who had persistent albuminuria, in which *Fuchsine* was employed in doses of ten centigrammes (about a grain and a half). From this single case he deduced the following:—

"1. *Fuchsine* in the quantity ordinarily employed to color alimentary substances is perfectly harmless, provided it be pure.

"2. *Fuchsine* has a special effect on the character of urine secreted.

It increases the amount of the phosphates and *causes the disappearance of albumen.*"\*

Still another: "In another case of albuminuria, in which fifteen centigrammes (about two and a quarter grains) of *Fuchsine* were employed in a divided dose, the albuminuria disappeared, and was not detected four days after the second dose."

Here, then, are three accredited cases of albuminuria cured by *Fuchsine*. But to us the remaining portion of the article, appearing as it does in an eminently allopathic (?) journal, is still more interesting, so interesting that we cannot refrain from abstracting *in toto*. "At a subsequent meeting of the Académie des Sciences, Messieurs Feltz and Ritter made a further contribution to the toxicology of *Fuchsine*, which is used in large quantities at Nancy for the purpose of enriching the color of wines or for disguising the addition of water. The above-named physicians experimented on a robust man fifty years old, to whom they gave on an empty stomach two hundred cubic centimetres (about three pints) of wine, which contained fifty centigrammes (about seven grains) of *Fuchsine*. Fifteen minutes after drinking the wine his ears became red, his lips itched, and his gums were swollen. These symptoms and an irritation of the mucous surfaces disappeared in three days. He then drank, during twelve consecutive days, about a litre of wine colored with *Fuchsine*. The same symptoms were each time reproduced, and at the end of the twelfth day colicky pains and diarrhœa supervened, the urine which he voided assumed a rose color and finally became albuminous. Daily doses of sixty centigrammes of *Fuchsine* were given to dogs and were followed by rose-colored urine, emaciation of body, albuminuria (the urine also containing granular and degenerated cylinder epithelium), diarrhœa, and itching of the mouth. Intra-venous injections of *Fuchsine* in doses varying from thirty-five to sixty centigrammes, in some cases repeated daily for two or three days, were followed by congestion of the mucous surfaces. Two of the dogs died on the tenth and twelfth days, and another was killed on the twenty-first day. In all three the tissues were stained and the kidneys granular. *All the dogs experimented upon had albuminuria.*

The facts recorded in the above article, then, are simply these: *Fuchsine* cured three cases of albuminuria. Experiments by men of acknowledged ability (else why quoted by our able contemporary?) show that *the same drug Fuchsine* causes albuminuria. This is indeed not only "Recent Progress in Therapeutics" but recent progress in

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\* The italics are ours.

the *recent school* of therapeutics, in other words Homœopathy. We sincerely thank the journal from which we quote for the information received; and would only suggest that if it intends publishing such interesting items of recent therapeutic progress, for the sake of consistency at least, its title-page should in future read, "A Weekly Journal of (Homœopathic) Medicine and Surgery."

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From an article in the *Revue Hom. Belge* entitled the "History and Statistics of Homœopathy in France," we glean the following:—

The first Society was established in 1834 under the name of the "Institut Homœopathique." Its membership comprised Pétroz, Gueyard, Croserio, Léon Simon, Sr., Arnan, Leboucher, Curie, Sr., Daret Deezanche.

This Society in 1845 gave place to the "Société de Médecine Homœopathique," and by the side of this was established in 1846 the "Société Hahnemann." Both these societies in 1850 coalesced as the "Société Gallicane."

To-day there is in France a single Society, which in 1860 took the name of the "Société Médicale Homœopathique de France." It renews its bureau every year. It was composed as follows for the year 1876:—

*President*, Dr. Grunard. *Vice-Presidents*, Drs. Champeaux and Rafinesque. *General Secretary*, Dr. Molin. *Recording Secretary*, Dr. Claude. *Treasurer*, Dr. Partenay. *Curator*, Dr. Guinn Méneville.

#### JOURNALS.

The first journal in France devoted to the defence of Homœopathy was established in 1830, by Drs. Curie, Sr., and Simon, Sr. Since that time, various journals have been produced, as follows:—

#### PARIS.

1834. *Journal de la Médecine Homœopathique* and *Archives de la Médecin Homœopathique*.

1840. *Journal de la Doctrine Hahnemannisme*. Dr. Molin, Sr. *Revue Critique et Retrospective de la Matière Médicale*. Drs. Chargé, Pétroz, and Roth.

1842. *Annales de la Médecine Homœopathique*. Simon, Sr., Jahr, and Croserio.

1845. *Journal de la Médecine Homœopathique*. *Bulletin de la Société Homœopathique de Paris*.

1850. *Journal de la Société Gallicane de Médecine Homœopathique de Paris*. *Gazette Homœopathique de Paris*. Dr. Roth.

1857. *Le Propagateur Homœopathique.* Dr. Oriard.  
 1861. *Bulletin de l'Art de Guérir.* Dr. Jahr.  
 1868. *L' Hahnemannisme.* Léon Simon, Jr.

## AVIGNON.

1853. *Revue Hom. du Midi.* Dr. Bechet.

## BORDEAUX.

1847. *Gazette Hom. du Bordeaux.* Drs. Ehers, Moreland, and Gué.

## MARSEILLES.

1848. *Revue Hom. du Midi.* Dr. Chargé.

## NANTES.

1845. *L' Observateur Homœopathie de la Loire Inférieure.* Dr. Perussel, Sr.

## ROUEN.

1852. *Médecine Hom. des Familles.* Dr. Leconpeur.

## METZ.

1869. *Gazette Hom. de Metz.* Dr. Roussel.

## NIMES.

1875. *L'Homœopathie des Familles et des Médecins.* Dr. A. Paladin.  
 There are in France at present three monthly journals, published in Paris:—

1. The *Bulletin de la Société Médicale Hom. de France*, a continuation of the Bulletin of the Society called the "Homœopathique de Paris," established in 1845.

2. *L'Art Médicale*, founded by Tessier in 1855.

3. *La Bibliothèque Homœopathique*, founded in 1868, by Dr. Chargé.

## PUBLIC LECTURES.

The first lecture on the doctrine of Hahnemann was delivered on Jan. 26, 1835, at the *Athénée Royal*, by Léon Simon, Sen. He delivered a course from 1836 to 1845. In 1869 Léon Simon, Jr., delivered a course. Since that time various courses have, at different times, been given by Drs Jousset, Millicut, Frédault, Gounard, Granier, Arréat, and Imbert-Goubeyre.

## HOMŒOPATHIC CONGRESS.

1833. First Congress of Lyons, President, Dr. Guidé.  
 1835. Second Congress of Paris, President, Dr. Hahnemann.

1851. Third Congress of Paris, President, Dr. Petroz.  
 1854. Fourth Congress of Bordeaux, President, Dr. L. Simon, Sen.  
 1855. Fifth Congress of Paris, President, Dr. Petroz.  
 1856. Sixth Congress of Brussels, President, Dr. Carlier.  
 1867. Seventh Congress of Paris, President, Dr. Imbert-Goubeyre ;  
 Hon. Presidents, Bönninghausen, Varlez, Petroz.

The article concludes thus: "Such is the history of Homœopathy in France ; such is its present state. Left to its own resources, without assistance of any sort, without any element of influence except its daily successes, it has pursued its march so firmly and surely as to overcome the obstacles thrown in its path by prejudice, routine, and personal interest. To-day the ground is in a great measure cleared, hostile passions are more restrained, and the new doctrine makes rapid progress. Public opinion registers its remarkable cures and compares them with the reverse,—the impotence of officinal medicine. Neither raillery, injury, nor disdain are able to injure it, much less to break it down. If the majority of the physicians still disregard it, if the Faculties and academies persist intentionally in a diplomatic denial of justice, it finds its compensation in the intelligent suffrages of the *élite*, in the esteem and sympathy which have been born of the dignity of its attitude, the number and worth of the services it has rendered. Its position is affirmed for the present by the prestige of its good deeds, it awaits with confidence the decisive conquests that are in store."

THE death of Dr. Courtland Hoppin, of Providence, R. I. is heard with deep regret by all. He died of membranous croup, Oct. 19, in the forty-seventh year of his age. The profession can ill afford to lose such a man.

At a special meeting of the Rhode Island Homœopathic Society, held at its dispensary Oct. 21, the following resolutions were unanimously adopted:—

"*Resolved*, That we have heard with deep grief of the death of our friend and late associate, Courtland Hoppin, M.D.

"*Resolved*, That in his sudden and premature removal from earth at the very meridian of his usefulness, we recognize a serious loss as sustained by the profession, and by the community one irremediable.

"*Resolved*, That we shall ever cherish with profound respect his memory, as one whose life exemplified that broad culture and distinguished refinement, marked delicacy and perfect gentleness, rare honor and strict integrity, which should characterize those called upon to treat suffering humanity.

“*Resolved*, That we tender the bereaved family heartfelt expressions of sympathy and sorrow in this their sore affliction.

“*Resolved*, That as an indication of our regard for our late associate, we attend his funeral in a body.

“*Resolved*, That a copy of these resolutions, duly attested, be sent to the mourning family.”

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PRESIDENT WARREN'S third annual report to the Board of Trustees of Boston University shows the institution to have flourished in a degree never before equalled, we think, at least in this country. In all departments it has a corps of one hundred and one officers of instruction and government, a total of six hundred and twenty-seven students in attendance, and a total of graduates from all its departments of three hundred and sixty. Of the total number of collegiate students, sixty-six per cent are from Massachusetts, ninety per cent from New England, and ten per cent from outside New England. From the five hundred and five registered in its *schools*, fifty-nine per cent were from Massachusetts, seventy-three per cent from New England, twenty per cent from other American States and territories, and five per cent from foreign States.

From a careful statistical comparison of its various departments with those of Harvard and Yale, the following interesting facts are shown:—

“I. That last year the number of professional students in Boston University was forty-two more than in Harvard and one hundred and ninety-seven more than in Yale.

“II. That, counting all departments, the number of tributary collegiate and professional institutions was the same as in Harvard and five more than in Yale.

“III. That, taking the entire membership of the university, its percentage of graduate students was six higher than Harvard's and nine higher than Yale's.

“IV. That, counting out the academic element, and comparing the remaining departments common to the three, Boston's percentage of graduate students was but two below Yale's, while it was two more than double the percentage of Harvard.”

In reference to its school of medicine, Pres. Warren thinks it is distinguished from all others by “its scientific and practical catholicity.”

The contrasts between the “old-fashioned party school” and the new are thus summed up: (1) The old-fashioned one bars its doors to women, however admirably fitted for the study, but welcomes eagerly

young men, whatever their illiteracy: the new one fixes just educational qualifications, and impartially welcomes all who can comply with them: it not only welcomes women to the seat of the learner, but also to its chairs of instruction. (2) In the party school the whole administration is in partisan hands, and the interests of the party, more than those of science or of public welfare, control in all decisions and elections: in the new one, with governing boards in which every important scientific or medical stand-point is represented, such narrowness is impossible. (3) In the old-fashioned school of whatever party, the teaching is almost invariably narrow, exclusive, and illiberal: in the new one the professors protest against the establishment of "any creed or standard of orthodoxy or regularity" as "fatal to freedom and progress," and place among "the essential qualifications of a physician, a thorough and complete knowledge of all the direct and collateral branches of medical science, as it exists in all sects and schools of medicine." (4) In the party school the instructors are, with scarce an exception, men whose own professional training has been exclusively in the schools of the party: in the new school all the professors have enjoyed instruction in institutions of a different medical faith from their own, and a large proportion of them have also had the advantages of foreign study and observation. (5) In the school of a party the diploma of graduation simply represents the party: in the new school the diploma represents the non-partisan university corporation, and any incorporated State medical society in the United States which may be pleased to unite in the testing of the candidate's fitness for the degree.

The principles above enumerated, which account in a great degree for the unprecedented growth of its school, are, we think, no less applicable to the profession and accounts equally for its rapid advance among an intelligent people and for its progress in medical science. It is to this very catholicity, which invites and desires the closest scientific investigation and scrutiny in all directions, and having no fear that the results will weigh against its underlying principles, welcomes every new discovery from whatever source as so much added wealth, that the present standing of our branch of the profession is to be attributed. To the maintenance of this universality should our efforts be directed. Mere personal pride or ambition, non-vital differences of opinion between ourselves, should be submerged in our pride for our profession and our ambition for its promotion. The dangers that threaten us to-day are not so much from without as from within, and we should remember the advice the old philosopher gave to his sons, when upon his death-bed and they were gathered around him. Ordering a

bundle of tightly-bound rods to be brought, he wished them to notice that while they were so closely bound together it was impossible to break them, but being separated each was easily and quickly broken.

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THE *Revue Hom. Belge* thus laconically gives the history of a case of death by laudanum : A child who for some months had suffered from an obstinate diarrhœa was subjected to the action of laudanum, one drop every three hours. After the first drop the diarrhœa ceased. After the second, violent convulsions set in ; after the third, he died.

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THROUGH oversight on our part, the signature of the Secretary, Dr. E. P. Colby, was omitted from the report of the State Society Meeting in the January number.

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## CORRESPONDENCE.

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### A GREAT SANITARY REFORM.

MESSRS. EDITORS :— The late order of the Board of Health for the prevention of spreading contagious diseases (as published in the papers, Jan. 11) is a great step in the right direction. Henceforth, scarlet fever is to be guarded against as well as other kindred contagious diseases, for the suppression of which every means should be employed. It appears that the manner of their propagation has never been fairly appreciated until now. While small-pox is met with energy during its periodical returns, scarlet fever and diphtheria, which are among us all the time, particularly in cold weather, have never been opposed except by the exertions of physicians in their family practice. It must long have been apparent to physicians and other guardians of public health that scarlet fever especially is spread abroad principally from the public schools. Out of hundreds of cases under my observation, by far the greatest proportion was contracted by children attending public schools. The older children of a family are generally the first to become sick, and by them the younger ones who do not attend school are endangered. Fewer cases can be traced to private schools, and few are seen of which the source remains quite obscure. No conscientious physician who treats a family afflicted with scarlet fever would allow children from such a house to visit school, yet it fre-

quently happens that parents allow children who have recovered, and with regard to whom they "feel safe," to return to school while there are still fresh cases in the family. People who feel secure sometimes do not appreciate the danger of those have yet the ordeal to pass. But by far the greater danger proceeds from those who do not employ physicians or who cannot be controlled by them, especially the poorer class of the foreign population. Among them scarlet fever and diphtheria are at all times rife, committing fearful ravages in the teeming tenements. These families are crowded into single rooms. Several children are often sick with scarlet fever together in the same apartment, serving as kitchen, bedroom, and laundry. Bed-clothes, walls, utensils, and floors are filthy, absorbing and retaining all effluvia from the sick-bed. The clothes of the inmates become saturated with that peculiar odor of uncleanness so well known to those who have to visit such abodes. From them, children are sent to school, carrying the whole atmosphere with them which no wind can cleanse, no heat can destroy. The presence of one such child is easily perceptible in the atmosphere of a school-room. Hundreds of others inhale it or come into direct contact with the children from whom the miasma proceeds, and in consequence there is no end to scarlet fever, which week after week demands its victims. Since July, 1875, up to Jan. 6, 1877, there died in Boston 718 children of scarlet fever, and 864 of diphtheria. The general law obtains here that more or less permanent congregations of many persons generate and disseminate contagions. Had the centennial concourse at Philadelphia lasted but a short time longer, or had not the cold weather made its appearance at the usual time, a typhus-fever plague would have raged on this continent. Our public schools are so many miniature Meccas, — the starting-points of epidemics, contagions, and infections.

The ravages of small-pox only seem greater because limited to a shorter space of time ; but many who have met with scarlet fever in its most virulent and malignant form have learned to dread it as a disease quite as treacherous and pernicious as small-pox. The majority of cases of either disease are tractable, if not mild ; we may even dwell long in the belief that both are not so dangerous as people imagine, till we are suddenly aroused from our delusion by shocks so fearful that henceforth another cause of grave solicitude burdens our lives ; and, if physicians, we are made to feel that practice bears with it responsibilities greater than we would willingly bear.

Cases of sudden death from scarlet fever and diphtheria are very common, indeed much too common. It falls to the lot of physicians

to see the saddest of such calamities. In 1858 I attended a family in which the oldest child had been sick with scarlet fever contracted at school. Calling there one afternoon, I found another child with the premonitory symptoms, but seemingly not dangerously ill. Just as I was about to leave, two others came home from school. They had nausea and vomiting on the way home, were very pale and their pupils much dilated. They were put to bed and made comfortable. Early next day I found two of the children dead and another dying. One of the four survived. Nearly the same experience fell to my lot a few weeks ago. A boy in a family of several children had scarlatina, clearly traced to school. Soon two beautiful little girls showed premonitory symptoms; still they moved about the house and assisted in caring for their sick brother, from whom they could not well be separated owing to want of room in the house and the fear of neighbors. I did not leave the children till I had done all in my power to avert the danger; but on returning in the morning, found the youngest child a corpse, while the next oldest was just breathing its last. I know many physicians have met with similar unfortunate cases. Scarlet fever and diphtheria have destroyed over fifteen hundred lives during the past eighteen months. This, compared to the total number of deaths, is a large percentage, as will be found by reference to the mortality reports. The number of lives actually sacrificed is appalling; but the desolation of households is still more pitiful, and is only felt in its whole intensity by those upon whom the blow falls.

Now this danger has been among us for years, and the remedy, though at hand, has not been employed. Isolation of cases caused the ravages of small-pox to cease. A similar course will avert much of the danger of other contagious and infectious diseases. Stop children from infected households from going to school, is the remedy at our command. If every physician and parent will faithfully carry out the judicious order of the Board of Health, it is more than probable that three quarters of those lives would be saved that would be sacrificed under the old *régime*.

That this order of the Board of Health will be carried out to the letter, not only with regard to scarlet fever, but all contagious diseases, is my earnest hope; and assured that you share it with me,

I remain sincerely yours,

C. WESSELHOEFT, M.D.

## SOCIETIES AND INSTITUTIONS.

*BOSTON HOMŒOPATHIC MEDICAL DISPENSARY.*

THE annual meeting was held on Wednesday, Jan. 10, at the Dispensary Rooms, 14 Burroughs Place. The secretary presented the annual report. This institution was chartered by the State in 1856 and opened to the public in April, 1857. It occupied at first a small room in Tremont Temple, and was sustained for more than two years by the gratuitous daily attendance of a number of physicians. In March, 1859, a fair was held in Music Hall to raise money for a permanent fund; and with the money thus secured, and fortunately invested, the Dispensary has been supported and the funds have increased, so that up to the present time the public have not been called upon for any additional contributions. The number of patients who applied was at first very small, only 195 in the first year, and 218 in the second; but they steadily increased, and in 1873, 1062 patients were provided for. The establishment of the Medical School in connection with Boston University, and a branch Dispensary in its building in East Concord Street, and also another, during the last year at 61 Leverett Street, have added largely to the number treated. In 1874 this amounted to 2369, with 5777 prescriptions; in 1875, 3650 patients, with 9144 prescriptions; and during the year just passed there have been 7702 patients and 21,016 prescriptions. Since its beginning, the Dispensary has treated over 25,000 persons, and furnished over 80,000 prescriptions and medicines. The rooms at 14 Burroughs Place are open daily from ten to twelve; at 61 Leverett Street from ten to twelve, and the College Dispensary rooms from nine to twelve. In the College branch there are different departments, including medical, surgical, dental, and for diseases of the eye, ear, chest, and women. At all of the dispensaries orders may be left for those too sick to come to the rooms, and they will be visited gratuitously at their homes. If the funds would warrant, branches would be opened at South Boston, East Boston, Charlestown, and the Highlands, in all of which places great good could be done. When we consider that during the past year the outlay of money has been less than five cents for each prescription furnished, it would seem that there is no other charity that gives so much relief to the sick and destitute for the same expenditure. Such an institution ought not to lack funds to extend its usefulness as widely as possible.

The treasurer, H. C. Angell, M. D., made the annual report. The property of the Dispensary consists of the house, 14 Burroughs Place, and \$9590 invested in good securities. The expenditures the past year, besides paying some \$5600 on the house, have been about \$1000 for the current expenses of the three Dispensaries, in all of which the most careful economy has been exercised.

The corporation adopted a new code of by-laws, and the following-named were elected officers for the ensuing year: President, Hon. Otis Clapp; Vice-president, Hon. Charles B. Hall; Treasurer, Henry C. Angell, M. D.; Secretary, I. T. Talbot, M. D.; Trustees, Hon. Jacob Sleeper, George Russell, M. D., S. Whitney, M. D., S. Jennison, Chester Guild, Columbus T. Tyler.

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*ESSEX COUNTY HOMŒOPATHIC MEDICAL SOCIETY.*

THE Essex County Homœopathic Medical Society, by invitation of its worthy president, Dr. A. J. French of Lawrence, held its fifth annual meeting at his residence in that city, on Wednesday last, at one o'clock, P. M.

The following physicians were present: Dr. Hunter of Lowell, Drs. French, Lougee, Moore, and Scott of Lawrence, Dr. Moore of Haverhill, Drs. Cummings and Foss of Newburyport, Dr. Whiting of Danvers, Dr. Morse of Salem, Drs. Brown, Cushing, and Flanders of Lynn, Dr. Morse of Marblehead, Dr. Scales of Newton, Dr. Holt of Chelsea, Dr. Scales of Woburn, and Dr. Kimball of Andover.

The Society was promptly called to order by the president, and the secretary read the proceedings of the November meeting, which were approved, when Dr. Lougee proposed the name of Charles A. Moore of Lawrence, for membership. A ballot was now taken, and Isabella P. Haywood, M. D., of Lynn, and Wm. H. Cate, M. D., of Salem, were elected members, the same having been proposed for membership in November.

The treasurer then presented his fifth annual report, which showed a balance of \$9.98 in his hands. Dr. Cushing was appointed auditor, and reported the accounts correct.

The annual election of officers was next in order, and resulted in the choice of C. R. Brown, M. D., of Lynn, President; J. O. Moore, M. D., of Haverhill, Vice-President, and N. A. Morse, M. D. of Salem, Secretary and Treasurer.

A Clinical Session of the Society followed. Interesting cases were

presented and discussed by Drs. Cushing of Lynn, Scales of Woburn, Hunter of Lowell, Kimball of Andover, Whiting of Danvers, Flanders of Lynn, Moore of Haverhill, and Lougee of Lawrence.

The Scientific Session was opened at 3 o'clock, the first thing in order being the report of the committee on "Ophthalmology and Otolology" — Drs. Whiting of Danvers and Scott of Lawrence. Dr. Whiting read an able and poetical paper entitled, "Some of the Diseases of the Middle Ear," enumerating the nature and cause of those troublesome difficulties, which so often baffle the skill of the general practitioner, dwelling largely upon the special treatment of the same.

Dr. Cushing moved that the thanks of the Society be extended to Dr. Whiting for his interesting and valuable paper, and that a copy be requested for the archives of the Society. Unanimously adopted.

A brief discussion of the paper followed, participated in by Dr. Scott and others, when the good host, the president, announced that Mrs. French desired the presence of the members of the Society in her dining-hall. The Society promptly adjourned for the collation so bountifully provided.

After the tastes and appetites of all had been fully gratified, the Society again repaired to the spacious parlors previously occupied, when Dr. Cummings of Newburyport moved that the thanks of the Society be extended to the generous host, Dr. French, and his worthy lady for the elegant and bountiful entertainment. Unanimously adopted by a rising vote.

Dr. Cushing of Lynn moved that the thanks of the Society be extended to the retiring officers for the faithful manner in which they have performed their several duties. Adopted.

On motion of Dr. Morse of Marblehead, the Society voted to hold its January meeting in Salem. Adjourned.

The Society has held regular meetings during each month in the year, and they have all been well attended and of great interest and profit to its members. The Field Day and meeting in July last at "Centennial Grove," in Essex, was honored by the presence of several distinguished physicians, who have made frequent allusions to the pleasures of that day in various journals across the water.

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The Western Academy of Homœopathy and the Indiana Institute of Homœopathy will hold a joint convention on the 29th, 30th, 31st of May next, at Indianapolis, and from the arrangement and construction of business much practical good is anticipated as resulting therefrom. It is hoped the heads of departments will urge upon their associates

the necessity of being active in the matter, and work with a determination to render reports worthy of the highest approbation.

S. B. PARSONS, M.D.,  
*Pres. Western Academy of Homœopathy.*

W. L. BREYFOGLE, M.D.,  
*Pres. Indiana Institute of Homœopathy.*

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*THE NEW YORK OPHTHALMIC HOSPITAL FOR EYE  
AND EAR.*

CORNER 3D AVENUE AND 23D STREET.

Report for the month ending Dec. 31, 1876:—

Number of Prescriptions.....	2,104
“ new Patients .....	214
“ Patients resident in the Hospital .....	21
Average daily attendance .....	84
Largest “ “ .....	110

ALFRED WANSTALL, M.D.,

*Resident Surgeon.*

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*HOMŒOPATHIC MEDICAL DISPENSARY, BOSTON.*

Report of patients treated during the year ending Dec 31, 1876:—

	New Patients.	Prescriptions.
Central Dispensary, 14 Burroughs Place .....	1,686	4,827
Out Patients .. .....	330	1,191
West End Branch, 61 Leverett Street .....	1,238	3,146
Out Patients .. .....	213	1,016
College Branch, East Concord Street :		
Medical Department.....	3,060	7,041
Surgical Department .....	76	148
Eye and Ear Department.....	382	870
Heart and Lungs Department, } open 3½ months {	70	214
Women's Department, }	63	148
Dental Department.....	185	326
Out Patients .....	399	2,089
Total .....	7,702	21,016

H. C. CLAPP, M.D.,

*Superintendent.*

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REVIEWS AND NOTICES OF BOOKS.

*THERAPEUTICS OF DIPHTHERITIS.\**

WE have before us one of the most useful monographs that have been recently published The treatment of diphtheria has been quite

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\*Therapeutics of Diphtheritis, a compilation and critical review of the German and American homœopathic literature. By F. Gust. Cehme, M.D. Bœricke and Tafel, 1876.

varied, and the results, doubtful, indifferent, and excellent, have been scattered far and wide through all our periodicals. Their collection and compilation in a practical form deserves the thankful recognition of physicians.

The pamphlet is a sort of reprint from the *North American Journal of Homœopathy* where the articles first appeared. It begins with a diagnosis of diphtheritis and croup; and touching therapeutics we are promised only such cases as seem of interest, and the omission of all cures with medicines in alternation, or by the use of one drug internally and another externally. This rôle has been faithfully followed except with regard to alcohol, which heads the list of remedies employed. As commended and first used by the great theorist but better practitioner, Grauvogl, alcohol has sustained its reputation longer than most other local remedies, and is admitted as an exception on account of its non-interference with internal medication.

Besides alcohol, there are mentioned fifty-six other remedies which have been either recommended or actually used in diphtheria. But few of them seem to have attained a character of reliability.

The author mentions the following as chief remedies: *Apis*, *Carbolic acid*, *Kali bichrom.*, *Lachesis*, *Merc. hydrocyan.*, *Nitric acid*, *Phytolacca*, *Salicylic acid*, *Sulphuric acid*. To these is added alcohol as an adjuvant in the form of gargle or spray.

The remarks of the author on internal treatment are in accordance with the experience of many physicians. He says, "Although diphtheritis appears as varied as many other diseases, yet most physicians have entirely neglected to individualize. Many have chosen some *one* particular remedy, administered in *all* cases without distinction, and justified themselves by their success.

.....  
 "Hand in hand with lack of individualizing is the almost universal practice of using *unusually low attenuations*, with a tendency of going still lower. . . Both deviations from the usual method of homœopathic practice have been unmistakably caused by the presence of the fungous growth, which has been altogether too much of a bugbear to most physicians."

Practitioners will find in this little pamphlet all that has been successfully done in diphtheritis by homœopathic practice in America and Germany, through the field of which a general survey is now afforded them.

C. W.

## ITEMS AND EXTRACTS.

A REMEDY FOR THE PREVENTION OF SCARLET FEVER AND DIPHTHERIA. — The Chicago *Tribune* publishes a very interesting paper, written by Dr. G. D. Beebe of that city, upon scarlet fever and diphtheria, with some interesting observations on the entire class of contagious diseases. The *Tribune* has an editorial on the subject, in which it is stated that Dr. Beebe stands in the front rank of his school (homœopathic). That paper also asserts that the physician named is simply actuated by a desire to contribute to the general good in announcing that he has found a remedy in the treatment of the two diseases named, which have spread throughout the country in a very malignant type during the past few weeks. The following is a condensed statement of the series of facts and phenomena which led Dr. Beebe to the employment of the remedy, which is simply sulpho-carbolate of soda (a chemical combination of sulphite of soda and carbolic acid): —

The microscope has already revealed the terrible ravages of the parasitic animalculæ known variously as *bacterium*, *vibrio*, *penicillium*, *torula*, etc., in fermentation and putrefaction. Some of the most eminent scientific men of the day — Pasteur in France, Koch in Germany, Tyndall in England — have demonstrated that these infinitesimal organisms have vitality and powers of generation and transmutation that are at once marvellous, insidious, and frightful. Tyndall calls them generally ferments. They are carried through the air and they lie buried for months in unsuspected places, only to renew their ravages under the proper conditions. It is not strange, then, that medical men should have carried their speculations and experiments in the same direction beyond the vision of the microscope. “The disease,” says Tyndall, “bears as constant a relation to its contagium as the microscopic organisms just enumerated do to their germs, or, indeed, as a thistle does to its seed. No wonder, then, with analogies so obvious and so striking, that the conviction is spreading and growing daily in strength that reproductive parasitic life is at the root of epidemic disease; that living ferments finding lodgment in the body, increase there and multiply, directly ruining the tissue on which they subsist, or destroying life indirectly by the generation of poisonous compounds within the body. This conclusion, which comes to us with a presumption almost amounting to demonstration, is clinched by the fact that virulently-infective diseases have been

discovered, with which living organisms are as closely and as indissolubly associated as the growth of *torula* is with the fermentation of beer."

It was upon this hypothesis that Dr. Beebe began his search, as long as ten years ago in the case of diphtheria, and more recently in scarlet fever, for an agency that would attack and defeat the reproductive parasites which he believes to be destroying the essentials of the blood in those diseases. He first found that carbolic acid, administered internally, was effective as an antiseptic, but the objection to it was that it could not be diffused in sufficient quantities to ensure success without risking its poisonous effects. Sulphite of soda was found to be diffusive enough, but to lack energy. It was finally in a combination of the two—sulpho-carbolate of soda—that the desired agency was discovered, and its use this winter during the present epidemic of scarlet fever and diphtheria has abundantly demonstrated its efficiency. Dr. Beebe cites a large number of cases where, in towns or neighborhoods visited with the scourge, the use of this antiseptic has saved families from attack, while all those not using it were seized with disease. He freely communicates to physicians all that his own experience has taught him as to the manner of administering it and the quantity to be given.

LITHOCLYSMY: A NEW OPERATION FOR VESICAL CALCULUS.—Dr. Pignoni has designed an instrument by means of which he proposes to disintegrate and dissolve calculi while still in the bladder. He has found by experiment that nitric acid diluted with half its weight of water will rapidly disintegrate all forms of calculi, even those which contain cholesterine, the best solvent for which, however, is alcohol. Neither of these reagents exert any destructive influence on caoutchouc. In order, then, to destroy a stone while still in the bladder, it is only necessary to introduce a long caoutchouc bag into the bladder, to isolate the stone within this bag, to bring its open end out of the meatus urinarius, and to cause a double current of diluted nitric acid or of pure alcohol, if the calculus be composed exclusively of cholesterine, to pass through the bag. All this may be safely done with Dr. Pignoni's apparatus. It consists first of all of a straight tube,  $7\frac{1}{2}$  inches long, and open at both ends, through which a gum-elastic bougie passes. This is introduced into the bladder, and then the bougie is withdrawn, leaving the tube *in situ*. The bladder is then filled with warm water, and the isolating sound introduced. This sound consists of a long, metallic stem, to one end of which a flexible, elastic steel hoop is attached. The open end of a caoutchouc bag is fastened to

the hoop, which is then compressed with the fingers and pushed into and through the canula. Upon entering the bladder the hoop resumes its original form, and by careful manipulation the stone, provided it be not incapsulated, may be seized and imprisoned in the sac. The whole of the caoutchouc bag is then pushed into the bladder and the isolating sound withdrawn, bringing with it the open end of the bag, and leaving the closed end in the bladder enveloping the stone. The interior of the bag is greased, and three or four tapes are glued to it longitudinally to keep it from embracing the stone too tightly. The reagent is introduced through a gold or platinum double current catheter. If the stone be of moderate size it can be dissolved in a single seance; but if it be too large for that, the solvent should be evacuated, and the bag washed out with common water, and then split open.

An extensive experience with the operation has convinced Dr. Pignoni that the increased temperature caused by the action of the solvent upon the stone does no harm. Spontaneous rupture of the bag is impossible. Even if it should occur, however, little harm could result, for the bag being almost completely filled by the stone, the amount of chemical solvent contained in it would be small in comparison with the pint or more of water it would meet in the bladder.

The action of a voltaic current of electricity, a powerful agent for decomposing calculi, might also be employed in addition to the chemical solvents. When stricture of the urethra or an enlarged prostate interferes with the operation per urethram, lithoclysmus may be performed through the perineum or the rectum, or through the hypogastrium, in preference to lithotomy or lithotripsy. — *Le Mouvement Médical*, Nov. 18.

“IMPORTANT IF TRUE.” — An Englishman of some note sends to a Liverpool paper the remarkable statement that the worst case of small-pox can be cured in three days, simply by the use of cream of tartar. One ounce of cream of tartar dissolved in a pint of water, drunk at intervals, when cold, he says, is a certain remedy; it has cured thousands, never leaves a mark, never causes blindness, and avoids tedious lingering.

PREVENTION OF AFTER-PAINS. — Dr. Le Diberder (*Ann. de Gynécolog.*) believes that ergot suitably administered has the power of preventing after-pains. He gives half a drachm in divided doses directly after the expulsion of the placenta, with the object of bringing about a firm and consistent contraction of the uterus in place of the alternate contractions and relaxations to which he says after-pains are due. The

*Dublin Med. Press and Circ.*, in commenting upon this statement, calls attention to the opinion of Sir Charles Locock, that after-pains were due to the retention of coagula, and that firm manual pressure upon the uterus to promote their expulsion was never followed by after-pains.

THE EFFECT OF COLD ON CHILDREN.—We condense the following from a seasonable and practical article on this subject in the *British Medical Journal*:—

“The old and young, whose health and existence depend very much if not entirely upon others, are the chief sufferers at this period of the year. It is important, therefore, that those who have the care of either young or old should consider their responsibilities, and endeavor to carry out judiciously such precautions as may oppose the dangers of our winter season. The English mother has a love of hardy children, and thinks fresh air, or even the atmosphere of London streets, is of vital importance to their health. The idea of having no fire in the bed-room is another of her favorite maxims; and amongst the wealthier classes the luxury of seeing the arms, neck, and legs of those just beginning to walk seems to be peculiarly delightful. We do not certainly desire to see the system of swaddling introduced into England which prevails in France, nor that our young ones should, like those of Northern Europe, resemble little round bundles of clothes more than anything else. But we seriously think that many lives are sacrificed to ignorance and erroneous ideas. Amongst the poor, the scantiness of children’s clothing is quite remarkable. Winter and summer are not distinguished by any change of dress; short sleeves, bare necks and legs are not the exception, they are the rule; cotton or thin stuffs are not changed for woollen or flannel, and so on in all other respects; beyond a shawl or some such addition, there is very little difference between their clothing in summer and winter. And yet this system is not the result of carelessness. It has become a custom, and one that has many supporters. There is no doubt that, if used to test the character of the child, very much as we see a boy holding up a terrier by its tail or its ear to show its pluck by its silence, it has certain advantages.

“It does not occur to most people that the air inside their houses, if they are properly ventilated, is as pure as the air outside. We should say that no child too young to walk or run should be taken out when the external temperature is below 50°: that the rooms in which they live and sleep should never be below 58°; and the day-room should be three or four degrees warmer. The practice of wheeling children about in perambulators, sitting or reclining in one position without exercise,

is particularly harmful. We would earnestly appeal to mothers to put aside all feelings of vanity, or what is sometimes miscalled natural pride, and cover the arms, neck, and legs of their children as a simple sanitary precaution. High frocks, long sleeves, and warm stockings should be worn out of doors; hats which cover the head, and boots which keep the feet as dry and warm as possible. On coming in from our streets, nearly always damp, both boots and stockings should be changed; and if the feet be cold, a warm foot-bath should be used for a few minutes. The exquisite pain of chilblains could be saved to many children by this use of hot water for hands and feet. We see that flannel has yielded to merino, chiefly on account of the greater convenience of ready-made under-clothing; but there is nothing equal to flannel in the property of preserving warmth.

There is one important point which is the question of the day with mother and nurse, and that is the morning bath. Let the room be well warmed before the child is taken out of bed, and let those who think a cold bath an absolute necessity, remember that on a summer morning their children enjoy it; and if they keep the temperature of the water the same all the year round, that is, about  $55^{\circ}$  or  $60^{\circ}$ , they may obtain all the benefit possible. Let them think how unreasonable it is to take water not much above freezing point, and attack the nervous system, already depressed, by a shock which is followed by a reaction which requires the whole morning to recover from. We have no hesitation in recommending a warm bath early in the day, followed by a simple douche of cold water, as far preferable to the cold bath; or a warm bath at night for the sake of cleanliness, and none at all in the morning. It may be taken as a rule that, in the case of children, sudden changes of temperature are dangerous, and that  $58^{\circ}$  to  $60^{\circ}$  may be taken as the safe average temperature in which they should be constantly kept. — *Boston Journal of Chemistry, December, 1876.*

COXALGIA. — Prof. Lewis B. Sayre draws the following conclusions as regards the etiology and treatment of this disease: 1. That *morbus coxarius* is a disease peculiar to early childhood or the age of reckless indifference. 2. That it is almost always of traumatic origin and not necessarily connected with vitiated constitution. 3. That rest and freedom from pressure of the parts involved, while at the same time the rest of the body is allowed free exercise in the open air, and a nutritious diet, is the best treatment that has yet been devised for this disease. 4. That if this plan of treatment is adopted in the early stages of the disease, the majority of cases will recover with nearly if not quite perfect motion and without deformity. 5. That in advanced *second* stage

of the disease, when absorption cannot be produced, it is better to puncture or aspirate the joint and remove its contents, than to leave it to rupture by ulceration. 6. That in the third stage of the disease, when treatment recommended in this paper has been properly applied without satisfactory improvement, but progressive caries continues, then *exsection* of the diseased bones is not only justifiable but absolutely necessary. 7. That the operation of exsection of the hip is easily performed and attended with no danger. 8. That after exsection of the hip-joint in cases of caries, the recovery is much more rapid and certain, and infinitely more perfect as to form, motion, and the usefulness of the joint and limb, than when left to the slow progress of nature's exfoliation.— *Proceedings of International Medical Congress. (Dublin Journal of Medical Science.)*

A NEW METHOD OF TREATING EXTERNAL ANEURISM. — Dr. Walter Reid, R. N., gives the detail of a case of popliteal aneurism, which he successfully treated with Esmarch's bandage. He had already tried flexion and Cartè's tourniquet, but these means failing he proposed to try the elastic bandage. It was passed very lightly over the tumor and carried as high as the junction of the lower and middle thirds of the thigh. After fifty minutes the patient having complained of severe pain above the seat of the constriction, a Cartè's compressor was applied to the femoral at the pelvic brim and the elastic tubing removed. The compression was used as a precaution to prevent the blood-current through the main artery from breaking down and washing away the newly-formed clot which it was expected had formed in the sac. When the compressor was raised a few minutes afterwards no pulsation could be detected in the aneurism. The cure was complete.— *Dublin Journal of Medical Science.*

EXCRETORY FUNCTIONS OF THE LIVER. — At the recent meeting of the International Medical Congress, Prof. Austin Flint, Jr. read a paper on the above subject. The conclusions he arrived at are reported as follows: 1. Cholesterine exists in health in the bile, the blood, and nervous matter; also in the crystalline lens, in the spleen, and in the meconium. 2. Cholesterine is found for the most part in nervous matter, from which it is passed into the blood. The blood gains cholesterine in its passage through the brain. Its formation is constant and it is always found in the blood. 3. Cholesterine is separated from the blood by the liver, and is discharged with the bile. It pre-exists in the blood, serves there no useful purpose, and if it is allowed to accumulate, blood-poisoning results. 4. The bile has two separate

and distinct functions to which the so-called biliary salts, glycocholate and taurocholate of soda, contribute. These do not exist pre-formed in the blood, but are the products of secretion. The second function of the bile is excretion with depuration, this being accompanied by removal of cholesterine, which it obtains from the blood. 5. Normal fæces do not contain cholesterine. The latter substance is represented by stercorine, formerly called steroline, into which it becomes converted in its passage down the intestine. The conversion of cholesterine into stercorine does not, however, take place when digestion is arrested, or when it is not necessary, as is shown by the presence of cholesterine in its own form in the fæces during fasting, and in the meconium. 6. The difference between the two varieties of jaundice — one mild, the other severe — is dependent upon obstruction of the bile ducts in the one instance, with re-absorption of biliary coloring matter, while in the other, there is retention of cholesterine in the blood in consequence of destruction of the parenchyma of the liver. 7. That condition of the blood dependent upon the presence of cholesterine in the blood I call *Cholesteræmia*. It is characterized by symptoms referable to the brain, and may or may not be attended with jaundice. 8. Cholesteræmia does not occur in every disorder of the liver, because even when a part of the organ is disordered, there may remain a portion still capable of performing the function of excreting cholesterine. 9. In case of simple jaundice, even when fæces are decolorized, there is an accumulation of cholesterine in the blood. 10. Cholesterine bears the same relations to the liver as urea does to the kidney. — *Boston Medical and Surgical Journal*.

NEW METHOD OF ASCERTAINING THE MOVEMENTS OF THE PUBIC BONES DURING PREGNANCY. — Examining a pregnant woman who has suffered a lesion of the symphysis pubis, Budin (*Medizinskori Abozrence Moscow, April, 1876*) recognized the movements of this articulation by a method which has not yet been described by others. Causing the woman to stand up, the author introduced a finger into the vagina and extended it to the inferior margin of the articulation. He then made her walk a few steps. At every step, the finger introduced into the vagina plainly felt the movements of the bones; thus, for example, he felt that the branches of the pubis were sometimes elevated, sometimes depressed. He noticed that the highest bone corresponded to the leg that was advanced at that moment, and *vice versa*. Deambulation was very difficult and the patient experienced great pain in the symphysis pubis. Ten days after parturition, walking was somewhat easier, but the movement of the bones could still be felt. Taking advantage of

this method the author desired to resolve the question whether the movability of the pubic bones takes place in normal pregnancy. It is well known that a diversity of opinion prevails with regard to this question. Some deny this mobility; others, on the contrary, admit that it occurs not only in the symphysis pubis, but also in the sacroiliac articulation.

The author has examined eighty pregnant women by the method described by him and has arrived at the following results. During the later months of pregnancy a certain degree of mobility existed in the pubic symphysis in all cases. This mobility increased in proportion as the pregnancy approached its termination. The degree of mobility was in the greater number of cases proportionate to the number of parturitions, but this cannot be stated absolutely. In the contracted pelvis no increased mobility has been observed, as has been noted by Geraud and Anseant. Except in pregnancy, no mobility of the bones has been found in women who have not had children; in women who have borne children, this mobility was observed only for a longer or shorter time after parturition. Finally, the author concludes that these observations may prove that a change takes place in the articulation of the pubis during pregnancy. — *Lo Sperimentale (N. Y. Medical Journal.)*

THE *Wiener Medicinische Presse* of Oct. 15, 1876, has the following regarding the danger of kerosene smoke. A merchant returned home about two o'clock at night, and found his wife lying on the bed groaning heavily and unconscious. She was waiting his return, and at last, tired out, laid herself on the bed, after turning down the wick of a lighted kerosene lamp as low as possible without extinction. In this position of the wick, if the oil is bad, a vapor mixed with an innumerable quantity of specks of soot diffuses itself through the apartment, and so covers the eyes, nose, and respiratory organs that one runs a danger of suffocation while falling asleep. It is advisable, therefore, to allow the lamp to burn brightly or to extinguish it entirely.

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## PERSONAL.

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A. H. ALLEN, M.D., Homœopathic Physician, 8 Broad Street, New London. Office Hours, until 9 A. M.; 12 to 3, 6 to 7 P. M.

Dr. H. B. CLARKE has given up his Boston office and returned to New Bedford.

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*HOMŒOPATHIC TREATMENT OF PNEUMONIA.*

BY DR. KAFKA.

[From his great work *Die. Hom. Therapie.*]

[Continued.]

SECONDARY CROUPOUS PNEUMONIA.

THIS develops itself during the course of an acute disease, sometimes under its direct influence, sometimes independent of it. It then passes through its stages in the same time as the primary disease.

We observe it more frequently —

*First.* Following traumatic or mechanical causes, violent blow upon the chest, contusion, wounds of the thorax, pleura, or lungs, occlusion of the bronchi in the course of bronchitis; foreign bodies introduced into the bronchi.

*Second.* Following inflammatory processes in neighboring organs, for example in the pleura, the mediastinum, œsophagus, heart, pericardium, larynx, diaphragm, etc.

*Third.* In the train of certain acute or chronic diseases, for example, the acute exanths (roseola, variola, scarlatina, etc.), typhus, puerperal fever, pyæmia, alcoholism, which gives to the pneumonia a particular character; finally in the train of morbid processes more slow in their evolution, and in the course of which we encounter the hypostatic development of pneumonia.

The treatment ought to be directed according to the indications which we have given *apropos* of the primary form. We cannot shorten the course of the disease in pneumonias which develop themselves in the train of other inflammatory processes, for example, in the course of bronchitis, pleurisy, acute exanths, in commencement of typhus, the onset of puerperal fever, etc. It is very advisable to treat symptomatically pneumonias

which develop themselves more slowly in the course of these diseases.

*Apropos* of the treatment in the primary form of croupous pneumonia, we have given the indications and the remedies which ought to be used. We refer you to that lecture, only adding that we have not any facts sufficiently conclusive as regards pyæmia and the pneumonia which arises intercurrently in that disease; but we must say that all the vaunted remedies against the pyæmic process, *Sulph.*, *Hepar. s. c.*, *Graph.*, *Sil.*, *Phos.*, *Ars.*, *Lach.*, and in the last stages *Apis* and *Kali hydriod.*, have not given us any results.

Puerperal fever presents equally great difficulties in point of treatment. When pneumonia shows itself in the beginning *Kali hydriod.* is a remedy which succeeds in a great many cases, principally because that remedy corresponds to the cerebral symptoms of the puerperal fever; but when the disease is more advanced, when there is great inflammation, continual delirium, and the general sensibility is almost gone or very much diminished, pneumonia is an intercurrent disease against which, no more than against a very intense puerperal fever, have we ever obtained fortunate therapeutic results. The best chosen remedies, for example, *Bell.*, *Bryon.*, *Rhus*, *Phos.*, *Nux. v.*, *Calc.*, *Ars.*, *Hyosc.*, *Stram.*, etc., have always been without success. Other practitioners have made the same acknowledgment.

The pneumonia of typhus generally follows an extension of bronchial inflammation into the pulmonary alveoli. It yields ordinarily very quickly to *Phosphorus*, a remedy which is able to render great service in the more advanced stage of typhus.

Pneumonia of drunkards may be bettered by the symptomatic use of *Nux. v.*, *Opium*, *China*; but when alcoholism is well developed, these remedies, as indeed most others, produce no effect.

Against hypostatic pneumonia *Phospor.* ought to afford amelioration; but we must confess that all the hypostatic pneumonias which we have observed have had a fatal issue.

#### CATARRHAL PNEUMONIA.

This always develops itself by an extension of the inflammation from the bronchi to the pulmonary vesicles; it is frequently lobular.

As soon as the first signs of fever and dyspnœa appear, we administer *Aconite* <sup>3d</sup>, and frequently, principally when the cause is change of temperature, we see abundant perspiration follow, the fever and dyspnœa diminish, and the disease is arrested in its development; yet we would not wish to say that in a similar emergency *Aconite* should be the anti-pneumonic remedy, because the certain signs of the affection cannot yet be established. Even well-marked dyspnœa, with fever, oppression, increase of cough, and even sputa streaked with blood, do not furnish a certain diagnosis of pneumonia. The stethoscopic signs alone can give such a degree of certainty. When they are manifest, there is nothing to be expected from *Aconite*, which corresponds only to the onset of the pneumonia, to the hyperæmic process. Catarrhal pneumonia, as soon as there is infiltration, even when the fever is very strong, demands the employment of *Phosphorus*. A few doses of this remedy can arrest the progress of infiltration as well as *Tartar emet.* in pleuro-pneumonia, or the iodides in the croupous form. The greatest dyspnœa, the most intense fever, the most violent cough with bloody sputa, diminish at the same time, in from six to seven hours; a gentle perspiration supervenes, the skin becomes moist and cool, the pulse falls from 120 or 100 to 90 or 80; the sputa are more easy, the cough less tenacious; the thoracic pains decrease; and after six or seven doses of the medicine, the disease is found in a very satisfactory state. If we then examine the chest we still find signs of infiltration, but the inflammation is arrested in its progress and the period of resolution quickly follows.

With this medicine, as with *Tartar emet.*, we have been for a long time in doubt; we have asked ourselves if such effect could positively be attributed to *Phosphorus*; in order to convince ourselves, we have administered in certain cases of catarrhal pneumonia other medicines, such as *Bryon.*, *Sulph.*, *Tartar emet.*, etc. The disease continued its cyclic course in spite of the employment of the medicine, and never was it arrested or shortened. Since then this remarkable action of *Phosphorus* has been confirmed an incalculable number of times, and we believe we have a right to advance that this medicine is specific in catarrhal pneumonia. We would draw the attention of physicians of all schools to it, and invite them to experiment.

We generally give *Phosphorus* in the third dilution, 4, 6, or 8 drops in half a glass of water, and make the patient take one or two teaspoonfuls every half-hour or hour, according to circumstances. For physicians who have not homœopathic medicines, we have given in an article on "Croup" a recipe for the *Tincture of Phosphorus*. The dose is half a drop, or a drop in an ounce of distilled water.\*

*Apropos* of bronchitis (broncho-pneumonia), and to many other passages of our book, every time there has been a question concerning catarrhal pneumonia we have strongly insisted upon the action of this remedy. In the article on "Broncho-pneumonia," following bronchitis, we have indicated it as the only remedy in a condition quickly and surely to arrest its progress. We repeat it here, and we add with full certainty of its being the truth, that there exists no other medicine which can so surely and so completely arrest catarrhal pneumonia. By *shortening the duration*, we mean *preventing the development* of the disease. When a medicine constantly produces a like result, then only can we consider that medicine as curative, properly so called; whilst when a remedy serves only to palliate through all the stages of a disease, it has no more than a symptomatic action. If under the influence of *Phosphorus* we do not see, at the end of six, eight, or twelve hours, the symptoms of catarrhal pneumonia diminish, if on the contrary they appear to increase in intensity, we can be certain that a fibrinous, croupous exudate is forming, and then in the place of *Phosphorus* we prescribe without waiting *Iodine*<sup>3</sup> or *Kali hydriod*, and in obstinate cases *Brom.*<sup>3</sup> according to the indications which we have given in the article on "Croupous Pneumonia."

For the rest we proceed according to the recommendations which we have indicated *apropos* of bronchitis and croupous pneumonia, subject to the intercurrent symptoms and complications which may arise.

We ought also to note here that the majority of catarrhal pneumonias cause a great loss of strength and a condition of anæmia. Low diet, therefore, ought not to be too prolonged, but as soon as the fever subsides and the pulse falls below 80, we should prescribe as far as we are able a strengthening regimen.

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\* R Phos. amorph., centigrams V.  
Spir. vin. absolut., grams XV.

When a chronic cough persists after catarrhal pneumonia, we should fear either pulmonary abscess or chronic catarrh of bronchi. In the first case, order a strengthening diet, and prescribe *China, Ferrum, Sulphur*, sometimes *Silicea* <sup>6</sup>. In robust subjects we frequently obtain a cure, while cacochymic patients become phthisical, and die in spite of the most skilful care.

To treat chronic catarrh of the bronchi, follow the advice we have given in the article "Chronic Bronchitis."

[*To be continued.*]

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*THE LARYNGOSCOPE AS AN ADJUVANT IN THE TREATMENT OF THROAT AFFECTIONS.*

BY D. G. WOODVINE, M. D., OF BOSTON.

As I take into consideration how thoroughly the laryngoscopic field has been gleaned since the reaper first put in his sickle and gathered the grand harvest, I realize that a vast amount of diligent, hard work has been done in order to bring the instrument, with its appurtenances, to its present state of perfection, and consequently I naturally shrink from suggesting anything new as an improvement, either upon the instrument itself or in regard to the manner in which it may be used. If, however, by diligent search, I may have found, in some nook or corner of the field, a few grains of truth which have escaped the argus eyes of my predecessors, I know that the profession will rejoice with me if I succeed in showing you that anything but "tares" has been gathered.

The laryngoscope is an instrument so well known and understood by the profession that a description of it would be quite out of place. I shall, therefore, content myself by referring to such portions of it as may serve to illustrate some of the ideas which form the basis of this discussion.

The thoughts which have occasioned the writing of this paper will be presented for your consideration in three divisions, viz.: *First*, a new mode of illumination, based upon the same principles as those already in use, viz., the laws of reflection. *Second*, the dark lantern as an illuminator in diseases of the throat. *Third*, the laryngoscope considered as an aid to the diagnosis and treatment of diseases of the upper air-passages.

The new method of illumination may be realized by placing the patient to be examined before a window facing toward the north. The laryngoscope, having been previously warmed, is introduced into the pharynx, and, when properly adjusted, will reveal to you a very satisfactory view of the vocal organs. It must be understood, of course, that this operation will require bright, sunshiny weather.

This idea was first suggested to the writer by the fact that dentists prefer a northern light in all operations within the oral cavity. I have also observed in myself, for several years, that, when sitting before a window facing toward the north, the light was so strong as to require me either to change my position or draw the window-shade for protection to the eyes. Also, when reading, sitting with my back to a northern window, I have observed the light to be so strongly reflected from the book that severe pain was produced in the eyes.

Those who have used the laryngoscope know that it has many embarrassments to its utility. It has been suggested by some that we use direct sunlight. To make it practical, we require a heliostat, which, to adjust, requires too much time, is too expensive, and, beside, is not conveniently portable. If we use the common illuminator, viz., the student's lamp, with the head-band and reflector, we find more or less difficulty attending its use, when pressed for time, to light up and adjust.

Dr. Tobbold, by the introduction of his invention, — a case of double convex lenses, — has greatly increased the power of artificial illumination, but made it more difficult of transportation.

When we take into consideration the little time some have at their command, and the inconvenience of carrying about so much apparatus, also the effect to frighten timid patients, we still find ourselves embarrassed and wish that the instrument might be simplified. I have seen timid persons imagine that the whole apparatus was to be introduced into the throat, until assurances to the contrary would induce them to allow an examination.

If for ordinary examinations of the throat the simple instrument were all that was necessary, we should certainly increase the probabilities of its universal application. This, we think, can be, in a great measure, accomplished by utilizing the north-western, the northern, and northeastern lights in the manner before described.

The method requires but little explanation to be easily understood. The facts are these: We take the most powerful luminary in nature, the sun, and nature's great reflector, the northern atmosphere and white clouds which may be passing at the time, and use them instead of the common reflector and artificial light in the examination of the throat. It is a fact commonly known that the sun lies to the southward more or less, and consequently, during the motion of the earth on its axis from west to east, shines most powerfully against the northwestern sky in the morning, and at noon directly north, and during the afternoon northeast. The steadiness and clearness of these reflected lights are apparent. The quality of the light is such as to enable one to see the parts quite distinctly, although there will not be a glare of light, as in the use of the direct rays of the sun or a Tobbold's illuminator. This light is very much stronger when reflected from light, feathery clouds passing in the northern atmosphere. When the whole horizon is beclouded with white clouds, they are no great hindrance to an examination of the throat with this light. I have been able to see, without any artificial illumination, the vocal cords and several rings of the trachea, also with the use of the rhinoscope, the pharyngeal entrances to the Eustachian tubes, the septum of the nose, and the convolutions of the turbinated bones at one view. If the light be directed properly into the throat of the patient, there will not be any trouble in getting a good view.

The advantages of this light are as follows: first, a more truthful representation of the natural or diseased parts than could possibly be given by artificial means; second, a freedom from appurtenances which so often prevent its use; third, simplicity of the instrument, freed from artificial illuminators, recommends itself to all, and will, if once used and persevered in, no doubt greatly increase its utility. I am so well pleased with it that I use it in the majority of instances, in preference to all others, unless the day be dark or an examination be required in the evening.

A word of caution at this point is necessary. In making a first examination with a reflected northern light, you will probably be disappointed. The parts will not look as brilliant as you expected, but there will be something satisfactory when you con-

sider their normal appearance, compared with the same under artificial illumination. By artificial light we have always to make a discount from the condition in which the parts appear and what they really are. This can be proved, not only by an examination of the same case at the same sitting by both methods, but also by means of direct sunlight, by the use of the heliostat or otherwise.

These suggestions do not propose to do away entirely with the illuminators already in use, but to hold them rather as *derniers resorts* in emergencies.

This brings us to the consideration of the second division of our subject, viz., the dark lantern as an illuminator. One of the great objections to the use of the laryngoscope among young practitioners is the expense in obtaining an outfit. This may appear a small matter to mention here, but with the burden which is from necessity imposed upon most young men in making up a complete outfit in all the departments of medicine and surgery, the expense has frequently been a hindrance to its use. Where artificial illumination is necessary and the expense is an objection, we recommend the dark lantern. It is equal to if not much superior to the common lamp and concave headband reflector, and costs but a dollar or a dollar and a quarter, according to the size. This, for convenience, may be filled with melted lard for a supply of carbon, the advantage being that when the lamp is cool it can be put in an ordinary satchel with other articles, and carried with but little inconvenience and with perfect cleanliness. The simplicity and utility of this illuminator will be apparent when we take into consideration the fact that the country practitioner may use it to guide him through the dark at night, and as an illuminator at the bedside of a patient suffering from some throat disease.

The third division of our subject brings us to the consideration of the laryngoscope as an aid in the diagnosis and treatment of diseases of the upper air-passages.

Those who believe in the law of similars have frequent opportunity to witness the wonderful manner in which the carefully chosen homœopathic remedy overcomes the progress of disease in the human organism; they know also that sometimes when they have, according to the totality of the symptoms, selected a

remedy which is a perfect picture of the disease invading the system, that they have failed to cut short the disease. This we do not recognize as a defect in the law of cure, but a defect in our ability to discern the proper relations between the remedy and the phenomena of disease, when the objective symptoms are similar in two cases, arising from different causes. It is with the idea of elucidating such phenomena, connected with the respiratory organs, that we bring the laryngoscope to our aid.

The difficulty of breathing, aphonia, and peculiar brassy cough terminating in a hissing noise, — accompaniments of an advanced state of acute laryngitis, — are not in many respects unlike a case of membranous croup, yet the pathological conditions are different and the natural objective symptoms present to the unexperienced or careless practitioner a true picture of *Hepar Sulphur*, *Kali-Bich.*, or *Spongia*, while an examination of the larynx with the laryngoscope will show the symptoms to be in consequence of œdema of the epiglottis and ventricular bands, and also prove that the glottis is nearly closed, and that an operation of tracheotomy or scarification is an immediate necessity to insure the life of the patient.

If the case were one of membranous croup, the membranous deposit would be plainly seen, the diagnosis confirmed, and confidence in the treatment greatly strengthened ; while in the former condition, if an operation were not necessary, we should see a necessity for a change to *Apis. mel.* or that class of remedies. When œdema of the glottis occurs, as a result of pressure on some of the blood-vessels, or as a symptom of Bright's Disease, we have an absence of inflammatory symptoms, and are not as likely to be misled ; but even then the use of the laryngoscope will better confirm our suspicions than the old method of running the finger down the throat to learn if the epiglottis be enlarged or edematous.

Aphonia is an accompaniment of many diseases of the larynx, and liable to mislead us, without great care in the selection of appropriate remedies. We have already seen that from œdema of the glottis the vocal cords are so interfered with as to destroy their vibrating capacity. This is also the case when condylomatous growths and polypi have their location on or near the vocal cords, also in paralysis of one or both of the vocal cords, or in

cases of ulceration of the surrounding parts. The lodgment of foreign bodies in the hyoid fossa, and the ventricle of the larynx, have been known to give rise to diseased conditions of the larynx, which have finally resulted in death, the cause being apparent at a post-mortem examination.

I have in mind a case of what was supposed to be laryngeal phthisis, occurring before the discovery of the laryngoscope. The case was treated by several careful practitioners of both schools, without success, and finally resulted in death. On making a post-mortem examination, it was discovered that a piece of bone had become engaged in the ventricle of the larynx in such a manner as to occasion all the phenomena of disease. Had the laryngoscope been known, and used in making an examination of the case, a valuable life would have been saved.

Deafness of long standing, which has not been benefited by ordinary treatment, may, on examination of the pharyngeal orifices of the Eustachian tubes with the rhinoscope be found to be caused by a closure of one or both of those openings by means of polypi. A correct diagnosis being made, the deafness sometimes can be speedily cured by a removal of the tumor. Without the use of this instrument as an aid to the diagnosis, the difficulty might remain during a lifetime.

The difference between a case of ozæna and polypi of the posterior nares by means of the rhinoscope may be easily diagnosed, while without the use of it the physician would probably be deceived, the symptoms of the diseases being so nearly alike.

Whatever means can be used to elucidate the phenomena of disease during its progress, by showing the pathological condition of the parts, we claim and joyfully adopt as aids in the practice of homœopathy as much as any of the opposing schools in their treatment of disease.

There is need of caution, however, in the treatment of diseases of the upper air-passages, by means of the laryngoscope and rhinoscope. The local application of remedies should not be resorted to if the disease can be reached through the general system. If these instruments are aids to the diagnosis of diseases of the upper air-passages, we ought to be better able to treat those diseases, without local applications, by means of remedies selected according to the law of "*Similia similibus curantur.*"

*PREVENTION OF RHUS RADICANS (IVY) POISONING.*

BY DR. W. B. CHAMBERLAIN, OF WORCESTER, MASS.

TWENTY or more years ago, a farmer, Mr. C. R. Colony, of Keene, N. H., applied to me for something to prevent his being poisoned in the hay-field by poison ivy. He stated that there were two seasons in his life that he had escaped being poisoned when he had worked in the hay-field. The poisoning had been repeatedly so bad that he could not see. He had heard that applying lard over the entire person daily, before going into the field, would prevent getting poisoned by the ivy. He tried two seasons with success, but it was too much trouble to rub himself all over with lard before going to his work, therefore he applied to me for a more easily applied article. Having heard that the United Society of Shakers, in Canterbury, N. H., had an ointment which was composed of purified lard and a few young leaves of the poison ivy, that prevented patients from being poisoned by applying to the wrist, face, neck, and ankles before going into the region of the ivy in the fields, I said to my patient, "I will try to prevent your being poisoned; at least I will not do you any harm"

I took a quart bottle and put in half a drachm of *Rhus tox.*, then I added a pint each of alcohol and water. A spoonful of this was to be applied to the face, hands, wrists, and ankles every morning on rising. This sufficed, for he had no poisoning for some years, whenever he would take the pains to use that wash. I suppose it to be the *Rhus tox.* wash that prevented the poisoning. Give it a trial, gentlemen and ladies, and tell us the results of your observations.

## RHUS RADICANS IN BOILS AND ABSCESSSES.

In 1852, while I was with my friend, Dr. S. M. Cate, in the city of Augusta, Me., he showed me a badly nourished infant that was about eight months old, that had been badly afflicted with ascarides. He had been relieved of the worms by the administration of two or three doses of the third trituration of *Podophyllum*. When I saw the child it was badly emaciated, and was covered with abscesses, most of them of a bloody character. The child certainly appeared as if it would shortly die, but under the use of *Rhus radicans*<sup>6th c.</sup> it rapidly recovered.

The juice of the *Rhus rad.* stalk was applied to the pit of the stomach, by a friend of mine ; in less than two weeks he had an awful carbuncle just where the ivy juice had been applied. I once used *Rhus rad.* <sup>6th c.</sup> in a case of abscess of the liver. The *shooting pain*, that had been of two weeks' standing, was relieved permanently in twenty-four hours by *Rhus rad.*

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*SCLEROSIS OF STOMACH.—ARSENICUM.*

BY J. C. GALLISON, M. D., OF MEDWAY.

MR. M——, aged 72, whose health had been gradually failing for the past two years, with no marked local lesion or great functional disturbance, presented the following condition : great emaciation ; weak pulse, small and frequent ; tongue glazed and very red ; much thirst, with intense burning in the epigastric region. For the last six weeks there had been frequent vomiting of ingesta, together with a glairy, intensely acid mucus tinged with black flakes ; worse at night. Much aversion to food, with a longing for cool acid drinks, which were vomited almost immediately after they became warm in the stomach.

*Arsenicum* <sup>3d dec.</sup> was prescribed in powders of about three grains each, one to be taken dry on the tongue every eight hours. Visited the patient one week later, and was much surprised to learn that the vomiting ceased immediately after taking the first powder, and that there had been no return of it for one week.

Notwithstanding the marked improvement under *Arsenicum*, *Carbo. Veg.*, etc., the patient failed slowly and died.

Autopsy revealed extensive fibroid degeneration of the stomach, fully three fourths of the substance of the viscus being invaded by the deposit, which seemed to occupy the textures which intervene between the mucous and serous coats, thus interfering with the processes of digestion and assimilation, and affording an explanation of the gradual exhaustion and final death from inanition.

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*HYSTERIA RESULTING FROM SPINAL IRRITATION.*

BY C. L. KINGSBURY, M. D., SPENCER, MASS.

CASE OF F. F., A YOUNG MAN FIFTEEN YEARS OF AGE. — During the summer of 1872 he fell from a load of hay, striking the lower

part of his spine upon the cart-wheel. After the immediate pain occasioned by the fall had subsided, no further symptoms were developed, and no notice was taken of the injury.

The lad continued at his work, and with the exception of an occasional sensation of numbness, followed by a dull, heavy pain at the seat of injury, he, for the succeeding five months, experienced nothing unpleasant as the result of his fall.

In the following January he began to suffer from severe pain in the lower part of the spine, of a sharp, darting character, which soon seemed to communicate itself to the intestines, and the whole abdomen became the seat of constant, sharp, and convulsive pains.

The bowels became obstinately constipated, appetite diminished gradually, amounting to almost complete anorexia, and the boy so rapidly lost flesh and strength that within a few months he became bedridden.

A cough soon developed itself, which was dry, hacking, and constant, while profuse night-sweats, combined with almost utter sleeplessness, served still further to deplete and emaciate the patient.

In addition to this he soon began to suffer from a spasmodic condition of the muscles of the throat. At first this but slightly interfered with deglutition, seeming rather to affect the organs of speech, and resulting in the production of all kinds of chirping, squeaking, and guttural sounds. Some of these became so constant, and in character so closely resembled the peep of a frog, as to even lead to the belief, upon the part of many who saw him, that he had in fact swallowed a frog, which was still living in his stomach, and, of course, from its presence there was the cause of his troubles.

Soon deglutition became more difficult, and it was with the greatest effort that the smallest quantity of food, in either liquid or solid form, could be swallowed. The process was exceedingly laborious and painful, and while attempting to swallow but a spoonful of broth, the greater part would be regurgitated through the nostrils.

The patient now refused food altogether, from sheer inability to take it, and nourishing enemata were resorted to. In this way life was sustained, though the boy rapidly emaciated, until July, 1874, when I saw him for the first time.

It is needless to remark that he had already "suffered many things of many physicians"; doctors far and near had treated him for a countless number of diseases, and I was summoned apparently with no expectation on the part of friends that I would be able to afford him any help, but from an evident desire of his to see me, as I was then a new-comer in the place. The treatment had heretofore been allopathic.

Upon entering the house I found on the bed a young man nearly seventeen years of age, of large and well-developed frame (being nearly six feet in height), but emaciated to a mere skeleton. I learned that it was then some fourteen months since he had been moved from the bed, except as they had lifted him on a sheet from time to time, as it became necessary.

He had taken no food into his stomach in any appreciable quantity for months, and his weight could not have exceeded sixty pounds, while I could easily clasp the thickest part of his thigh with my thumb and middle finger.

He was unable to articulate, and had been so for more than a year, making known his wants wholly by signs.

A dry, hacking cough produced a constant jargon of indescribable sounds, which had given rise to the most absurd theories regarding the possible cause of his troubles.

The skin exhaled a fetid odor and was moist and clammy to the touch.

The bowels had not moved naturally for more than eighteen months, and it had been necessary to give enormous quantities of cathartic medicine to produce any effect whatever. At times two dozen of Ayer's Cathartic Pills, administered within twenty-four hours, had failed to produce the desired effect.

Sleep seemed impossible without the use of opiates, which had been administered regularly in large quantities.

After possessing myself of the history of the case, in substance as I have already given it, I proceeded to carefully examine my patient.

I found the pulse slow and feeble, with the temperature considerably diminished. The countenance was extremely emaciated and pallid, and but for the wide-open, peculiarly brilliant eyes, and an occasional feeble movement of the lips, one might easily suppose himself looking at the face of a corpse. A care-

ful examination of the abdominal organs failed to reveal any departure from a normal condition. There seemed to be, if it might be so expressed, a peculiar *lifeless* feel throughout the entire abdomen. Pressure failed to elicit any indications of sensitiveness and soreness; in fact, the hand seemed to meet with no response as from a living thing, but the sensation experienced was most unpleasantly suggestive of a lifeless body.

Pressure along the spine revealed exquisite sensitiveness throughout the lower portions, and also near the second lumbar and vertebra prominens.

I now turned my attention to the chest, expecting to find evidences of disease there if nowhere else; but in this too I was disappointed. Though respiration was feeble and incomplete, the vesicular murmur could be distinctly perceived throughout the entire extent of the lungs, while percussion elicited the most perfect resonance.

Whistling and rasping sounds were to be heard in the region of the larger bronchi, but, for the most part, the peculiar sounds already mentioned seemed to arise from some difficulty at the throat. There was no evidence of disease of the heart. The sounds were normal in character and the rhythm perfect. In short, as the result of a most careful examination, I could discover no trace of organic disease in any of the vital organs.

With the exception of the sensitiveness of the spine, together with the throat symptoms, there seemed to be nothing tangible upon which to base either diagnosis or treatment.

I felt convinced that the entire trouble had its origin in the injury to the spine (though, in their diagnosis and treatment, physicians who had previously attended him had seemed to ignore or lose sight of this), but what was the *modus operandi*, or by virtue of what morbid condition there had all these symptoms been developed, I could not fairly decide in my own mind. My experience with troubles resulting from spinal irritation had been quite too limited to enable me to see in this a cloak sufficiently large to cover this "multitude of sins." It seemed to me that there must be some organic disease too obscure for me to diagnose, and I had but little if any hope of seeing benefit follow the application of medicine.

As the initial step in treatment I determined to relieve, if pos-

sible, the distressing throat symptoms. With a view to this, and also because I thought the remedy indicated by other symptoms as well, I put him upon *Lachesis*<sup>30th trit</sup>, a powder, three times daily. I also directed that he should be taken from the bed every day and placed in a sitting posture upon an adjustable reclining-chair, and that beef-tea and wine in small quantities be frequently administered and persisted in, despite the difficulty of swallowing. At the expiration of a week I thought I detected slight improvement; but with a view to removing more speedily the distressing throat symptoms, I gave, in addition to *Lachesis*, *Sambucus*<sup>3d</sup> in water, a teaspoonful every two hours. Under this remedy visible improvement was manifested in a short time, and at the end of three weeks all difficulty of swallowing had ceased.

The patient now took food in larger quantities; beef-tea, wine, milk, and milk-punch were given freely.

I discontinued the *Sambucus*, and gave *Rhus Tox.* in alternation with the *Lachesis* every three hours. I ordered dry rubbing with the hands daily, and careful kneading of the bowels. I gradually withdrew the opiates, soon stopping their use altogether. The patient continued steadily to improve, and gradually the power of articulation returned, though it was six months before it was fully restored.

The first sign of its return was an almost imperceptible whisper, increasing in strength and intensity until the full, natural tone was reacquired. I continued the *Lachesis* and *Rhus* at increased intervals; these in fact were almost the only remedies used throughout the entire treatment, others being prescribed from time to time merely to relieve some incidental symptoms.

As the difficulty of swallowing diminished, more solid food was resorted to; and as his strength increased, the patient was encouraged to make as much effort to aid himself and to attend to his own wants as possible.

The bowels were moved once in three or four days by means of a light cathartic, until gradually the normal tone of the intestines returned, and it became unnecessary to make further use of it.

In six months from the time I first saw him he could get from the bed without help, and by leaning heavily upon some person could make his own way across the room.

In twelve months from commencement of treatment, he was able to walk about with the aid of a cane, ate and slept naturally and well, had no difficulty whatever in swallowing or in articulating distinctly. His weight had increased to one hundred and twenty-five pounds, pulse and temperature normal, and the bowels greatly improved, though still more or less inclined to torpidity. The countenance had resumed its natural look, and had acquired a fulness of outline quite in excess of other parts of the body. The arms and lower limbs were still much attenuated, though considerably larger than before.

At about this time (one year from commencement of treatment) he was taken sick with measles, but made a rapid and complete recovery. After this *Lach.* and *Rhus* were still given, but at intervals of a week or more. The dry rubbing was also continued, and daily exercise insisted upon.

Some six months later he came down with scarlet fever. The disease assumed a malignant form, and for several days the result seemed doubtful. Three other members of the family died at this time of the same disease; he, however, recovered after a long and tedious sickness.

With these exceptions, his recovery has been steady and uninterrupted from the first. He has taken no medicine for several months, and is apparently as well as ever.

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CAFFEIN. — J. Perretti confirms the observation of Binz that caffein causes a considerable increase of temperature for a short time. During the increase the animal is in a state of muscular tension, and Perretti thinks that a direct excitation of the spinal cord and an increased innervation of the motor apparatus dependent thereon cause the great production of heat. The pulse is increased, saliva is profusely secreted, the sensorium is excited, the respiration is rapid and is paralyzed by fatal doses. He found with Upensky that artificial respiration can avert death; and spasms, arising from poisoning with caffein, as a rule do not take place when artificial respiration is kept up. When the dose is so large that paralysis of the respiratory centre is induced, the rise of temperature does not take place and rigor mortis does not occur. Alcohol is a valuable agent in poisoning with caffein, but if given in too large doses its effects are united to those of caffein. — *Centralblatt für die Med. Wiss.* (*Edinburgh Medical Journal.*)

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# THE NEW ENGLAND MEDICAL GAZETTE.

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BOSTON, MARCH, 1877.

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JUDGING from the reports of two meetings of the Albany Homœopathic Medical Society, recently held, we think the physicians of that city are thoroughly alive to the importance of disputing the claims of allopathy, and that they have set an example which should be imitated by practitioners of our school in all parts of the country.

It seems that the Common Council of the city of Albany has been requested to grant to the trustees of the Albany Medical College (allopathic) the use of the college building, free of rent. The Society, at a special meeting (Dec. 30, 1876), drew up a set of resolutions protesting against the passage of any order to that effect. The protest was based on the ground that it was manifestly an act of injustice to grant to one portion only of the medical profession such important privileges, especially since the two rival systems of practice are now nearly equally represented in every intelligent community. The Society asked also that some provision might be made for the appointment of one or more professors of homœopathic principles and practice on the faculty of the college, inasmuch as a course of instruction which does not embrace *both* systems must necessarily be considered incomplete.

The other meeting, a report of which appears in our columns, was the annual meeting of the Society, held Jan. 9, 1877. A set of resolutions, relative to the efforts of the allopaths to establish a State Board of Health, was presented and adopted.

We take pleasure in seconding the ideas contained in these resolutions, and wish to add our voice to the protest of our Albany brethren, for we consider that the questions at issue are of deep interest to us all.

The petition in regard to the Albany college asks for nothing more than any individual, corporation, or sect, religious or medical, has a right to demand in a republican government, the fundamental idea of which is that there shall be no taxation without representation. The request that Homœopathy should be taught in the college has nothing unreasonable in it, for it only implies that tax-payers wish to have a voice in the expenditure of public money.

We are well aware that the allopaths will oppose this as strenuously

as they have all attempts at the establishment of homœopathic wards in the various city hospitals, and for the same reason, viz., fear that the results of the experiment will be more favorable to their opponents than to themselves.

The course of the two schools has always been widely different: the new school has courted investigation, asked for a fair trial side by side with its opponents, that the question of superiority might be decided by the results of the treatment, and has never made any claim to the *exclusive* control of any public institution; the old school, on the other hand, has always shrunk from this comparison, has settled the question for good and all by declaring that Homœopathy was a humbug and its practitioners fools, even though those same men might have been formerly leaders in the "regular" ranks, and, unable to stand on its own merits alone, has been and still is propped up by partisan legislation.

The matter of the State Board of Health is earnestly advocated by the allopaths, not because they are particularly solicitous about the physical well-being of the community, but because they see in it a stepping-stone to the establishment of a monopoly in medicine. When both schools can be equally represented on such a Board, it should be established, and it would be our duty to urge the matter; but until such an arrangement can be made, it is equally our duty to oppose the movement with all the energy at our command.

We wish the physicians of New England would take some *concerted* action in the same direction, in order that the old school may learn the falsity of the remark made by one of its number, — that Homœopathy is fast dying out in New England, — and that the same may never be said of us, in reproach, by members of our own school. In our zeal for the minor questions of dose and potency, we should not be led from the main point at issue, remembering that every cure, whether made by the highest attenuations or the mother tincture, is only one more proof of the truth of the homœopathic law. There should be no wrangling among ourselves, but each practitioner should allow to his neighbor that liberty of thought and action which he exercises himself. By so doing we can maintain the dignity of our school, and be the better prepared to defeat the plans of our opponents.

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THE ladies of Albany seem to be as full of energy as the physicians, if we may judge by the success which attended their efforts in connection with a promenade concert and ball given recently in aid of the

Homœopathic Hospital. A very enjoyable evening was passed by all present, and the net receipts amounted to more than \$1,000.

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WE are informed by G. B. Peck, Jr., M. D., Secretary of the Rhode Island Homœopathic Society, that it is his intention to report in the GAZETTE the proceedings of that Society, the meetings of which are held quarterly, and also to send the best papers which may be read at the different meetings. This is a move in the right direction, and we earnestly hope that the secretaries of the other State societies will follow the example of Dr. Peck.

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THE *Boston Medical and Surgical Journal*, in its prospectus for 1877, assumes again the arrogant position of being the *only* medical publication in New England. We protest against that assumption as the coolest piece of impertinence with which our able contemporary has favored us for some time.

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“HOMŒOPATHIC MEMBERS OF STATE EXAMINING  
BOARDS.”

“THE Medical Society of the county of Travis, Texas, is much exercised over the prospective appointment of a homœopath as a member of one of the Medical Examining Boards of the State, and has published a long and earnest protest against it. It appears that one of the district judges, who has the power to make such appointments, has signified his intention of having at least one representative homœopath as a member of the Board. As regards his right so to do, there can hardly be a question, since the law regulating the practice of medicine in that State merely requires an examination of candidates ‘in the elementary branches of medicine, anatomy, physiology, chemistry, surgery, and obstetrics, which are understood alike by all schools, and does not require examination on those branches involving difference of opinion.’ The claim of the Medical Society is, in substance, that a competent Examining Board cannot be secured with an *irregular* upon it. This is, however, so clearly, in the eyes of the law at least, a matter of opinion, that it cannot be accepted with the force of a fact. If the irregular is acknowledged to be competent to examine in the prescribed branches, not the most liberal interpretation of the purposes of the law can prevent his appointment to any office in which the mere exercise of such functions is required. We sympathize with the Society in their laudable efforts to contend against quackery, but in the present instance

we can see no help for them. It is, after all, another illustration of the inutility of legislation in matters purely medical."

The above is taken from a recent issue of the *Medical Record* and speaks for itself. We commend the action of that district judge, whoever he may be, and sincerely hope that the appointment will be made, for it is an entering wedge which may open the way for something like equality; it is probable, however, that the allopathic members of the Board, unwilling to compromise their dignity by associating with a "quack," will refuse to serve.

As to the claim of the Society that it is impossible to obtain a competent Examining Board with an "irregular" upon it, we think it is not only a matter of opinion in the eyes of the law, but an assumption which will be disputed by all right-minded people. We imagine it is possible for a man to learn and to apply what he has learned, even if he happens to be a homœopath; we think there are a few members of the dominant school, here and there, who have not absorbed *all* the knowledge on medical subjects.

The acknowledgment by the editor of the *Record* that there is no help for the Society has a plaintive ring to it which is amusing. We sympathize with our allopathic brethren in this bitter trial. A judge ought not to be impartial in matters "purely medical."

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## CORRESPONDENCE.

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### HOMŒOPATHY IN VERMONT.

MESSRS. EDITORS:—

The introduction and progress of Homœopathy within the State of Vermont affords a study both entertaining and instructive.

Its welfare, its sacrifices, and its triumphs have been perhaps commensurate with those of other States, but its trials, it seems, have been peculiar to itself and such as to necessitate throwing the mantle of charity over many communities for refraining from dealing summarily with *some* incompetent representatives; and indeed had not its foundation been laid by high Heaven itself, and had it not been invincible from its very truth, it would long ere this have been uprooted from among us, or, what is more probable, it could never have taken root within this matter-of-fact and sternly practical Commonwealth. Ever since its introduction it has had hangers-on, who, obtaining from some unknown source a smattering of medical cultivation, or in many instances none whatever other than the dictates of perhaps average

common-sense and some homœopathic work upon theory and practice, or some other fountain of this kind, and armed with a well-filled case, have proceeded, perhaps on foot, to some unsuspecting community, and cast upon the breeze their banner of John Smith, M. D., Homœopathic Physician and Surgeon, and demanded from this indulgent community a share of public patronage. Being called; they stammer through the case, which, if nothing severe, becomes in time convalescent, which paves the way for another case to be treated in a like manner; and so they continue until some development reveals the true status of the men, and between two days they flee to some other and distant locality, leaving board unpaid and a financially suffering community. This has been the constant and we may say the increasing experience of our suffering and bleeding cause in different localities of the State ever since its introduction, and how long the same shall continue God only knows. I would by no means be understood to ignore the many worthy physicians, among my acquaintance who have had too little of this world's goods to continue study with all the expenses incident to graduation, but who, as their means would admit, have expended time and money in study with some worthy and well-educated physicians, and with one or more courses at accredited medical colleges, have been compelled to stop just before reaching the goal of their wishes or the summit of their ambition, and who, with honest hearts and aim, have striven and are to-day striving for a name among the best physicians of the land and for the good of their race. Many are the representatives of this class of physicians among us, and who to-day rank second to none within the State, and who also, with a competence behind them and the blessings of their fellow-men upon their heads, are resting upon their laurels, and only practising because they cannot say nay to friends who have stood by them in sunshine and storm, and whose confidence they possess to-day to a greater extent than anything wearing the human form.

Such has been the experience not only of our own school of medicine, but that of many others represented among us, until at a recent sitting of our Legislature an Act was passed "*Regulating the practice of medicine and surgery in Vermont,*" which provides that each and every medical society, organized under a charter from the General Assembly of the State of Vermont, should at each annual session thereof elect a Board of Censors, consisting of three members, who shall hold their office until others are elected, which Board shall have authority to examine and license practitioners of medicine, surgery, and midwifery. Said Act also affixes a penalty for the first and every succeeding violation of its provisions, the first being from \$50 to \$200,

and for all subsequent ones from \$200 to \$500 each; hence now as never before is presented an opportunity for purging from our ranks any and all unworthy members, and a time all true men, who hold the welfare of our communities in esteem, should hail with rejoicing, while representatives of our bleeding cause which has been, despite noble men and endeavors, so long trailed in the dust, should with fresh zeal and courage buckle on the armor, and with this new and potent weapon within the grasp "head to the line" and "leave no stone upon another that shall not be thrown down" which shall prove a weight in ascending the ladder, or one spot which shall tarnish the proud armor of Homœopathy, or hinder its standing bright as the noon-day sun, and until every one shall bow to acknowledge its supremacy as freely as he labored for its overthrow.

My dear brothers in the cause of Homœopathy in Vermont, shall we not accept this opportunity which Heaven has placed before us to cast all dead weights from among us? Shall we not each attend to this matter as one of individual importance, while we see to it that men shall be elected as censors of our societies who shall allow merit, and merit alone, to influence them in the examination of their candidates, — men whom fear or favor shall not daunt from doing their duty, their whole duty, and nothing but their duty, praying God so to guide that justice may be done in every case, in declining as well as in accepting for the general good of mankind and for the elevation of the cause we have espoused and pledged ourselves to maintain and uphold? Shall we not render the matter a personal one in bringing every member of our acquaintance or knowledge, who does not bear the staff of graduation, to a proof of his efficiency or non-efficiency, each individual standing or falling as his attainments shall be? From this present time Homœopathy must be known by its representatives, henceforth it is known only by the success or failure of its practitioners; and are we willing, bearing this in mind, that inefficient men should dispense it? It is no time to fold the arms, to sleep, thinking we have ourselves a good and lucrative business, and our community a good homœopathic physician. Others are suffering all around us and cries are coming from all quarters, "Come over and help us!" We have inefficient practitioners, and no others will come while they remain, and thus it is. God has placed the means of our purification within our reach, and if we fail to stretch forth the hand and grasp it, to fight our way to efficiency, and to become a power in the land, it will be withdrawn from us and allowed to develop and attain the proud station for which it was created in more worthy hands. Hoping and praying that all may awake to the great interests before us, and laboring with all the earnestness the magnitude

of the cause demands, we rest the issue, believing our sufferings and trials have not been in vain, but that the lessons learned will enable us to do and to be, as practitioners of medicine and representatives of Homœopathy, all that God, our own consciences, and the Commonwealth demand.

J. M. SANBORN, M. D.

EAST HARDWICK, VT., Jan. 28, 1877.

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PHILADELPHIA, Jan. 27, 1877.

EDITORS OF NEW ENGLAND GAZETTE:—

I was much pleased to see Dr. J. C. Fanning's note on that "case of Metrorrhagia." If we look at the *Symptomen-codex*, or at Allen's *Encyclopædia*, we find under *Bovista* "flowing only at night" or "mostly at night" or "coming on in the evening after lying down." So much for the special local symptoms. Probably concomitant symptoms decided Dr. Fanning in favor of *Bovista* rather than *Magnesia Carb.* This latter medicine being far richer in the above local symptoms, I am led to think of it very often. Herein lies the beauty and perfection of the practice of *pure* Homœopathy. All characteristics or "key-notes" must be in harmony with and be confirmed by the totality of the accompanying symptoms before we have sufficient reason for prescribing.

H. N. GUERNSEY, M. D.

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## SOCIETIES AND INSTITUTIONS.

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### *RHODE ISLAND HOMŒOPATHIC MEDICAL SOCIETY.*

#### ANNUAL MEETING.

THE twenty-seventh annual meeting of the above Society was held last evening, Jan. 26, at the residence of the president, Dr. James L. Wheaton, at Pawtucket. The attendance was quite large, and the members were called to order at six o'clock by the president.

The records of the meetings held during the year were read by the secretary, G. B. Peck, Jr., M. D., and were approved.

Dr. Charles Hayes, of Providence, was unanimously elected a member of the Society.

Dr. T. H. Shipman, of Bristol, was proposed as a member of the Society, and his name was referred to the Board of Censors.

The election of officers was the next business in order, and resulted as follows: —

*President.* — Dr. James L. Wheaton.

*Vice-President.* — Dr. Wm. Von Gottschalk.

*Secretary.* — Dr. George B. Peck, Jr.

*Treasurer.* — Dr. George S. Wilcox.

The president appointed the following Board of Censors: Dr. T. H. Mann, of Woonsocket; Dr. F. W. Bradbury and Dr. E. B. Knight, of Providence.

Dr. Gottschalk read the report of the Committee in charge of the dispensary. The report was referred to a committee consisting of Drs. Knight, Sawin, and Wilcox, to examine the several suggestions it contained, to report to the Society as soon as possible.

The Committee on the Dispensary, Drs. William Gottschalk and William Hall, were unanimously re-elected for the ensuing year.

The resignations of Drs. Wm. B. Greene and Wm. J. Smith, as members of the Society, were presented and accepted.

The report of the Special Committee on the subject of Medical Ethics was presented, recommending the adoption of the Code of Ethics of the American Institute of Homœopathy, with only such alterations as shall substitute the name of this Society when the American Institute of Homœopathy is used in that document. The report was received and their recommendation adopted.

A communication was received from Dr. Bushrod W. James, of Philadelphia, calling attention to the preparation of the climatology of the State, and asking that a Bureau of Climatology be appointed to present a report at the next meeting of the American Institute of Homœopathy. The matter was referred to Dr. G. B. Peck, as a Special Committee to report on the subject at the next meeting of the Society.

The report of the Special Committee on Hay Fever, appointed at the last quarterly meeting, was presented and read by Dr. T. H. Mann. The report says that it is a well-known fact that on or about Whit-Sunday, in the country, when apple-trees are plenty, and at that time are in full blossom, a peculiar kind of catarrh, or influenza, attacks about every other person. The feeling as it comes on is as if all the pores of the body were fully opened during the whole day, and about nightfall all the symptoms of a severe cold attack every muscle, bone, and tissue of the body. The cause of this epidemic has never been disputed, or thought of sufficient importance to engage any serious inquiries. This catarrh attacks only about every other person. There are very many whose vitality is sufficient to resist the morbid influence. The autumnal catarrh is no doubt caused by some such influence, and

the pollen of the ambrosia artemisiæfolia doubtless exercises the greatest influence, and is one of the exciting causes.

The emanations from the drying and curing of clover in June is the principal cause of the hay asthma of the old writers, or the rose cold as it is now termed. It is claimed by some that the poison which the pollen transmits to the mucous membrane during one season is sufficient to produce the same results for successive seasons without a fresh inhalation, but that conclusion is probably incorrect, although the severe irritation produced by it one season leaves the mucous membrane susceptible to the minutest breath of it the next season. The predisposition to autumnal catarrh exists in the individual, and generally we find it existed in some of their ancestry. It is not confined to any particular temperament or complexion, but attacks all temperaments alike. Those who are confined or labor through the winter in rooms heated by coal stoves or furnaces are the almost exclusive subjects. The hay fever of May and June is not so severe nor are its attacks so long lasting as the autumnal catarrh, but in other respects the two epidemics are very similar, and the former attacks that class of persons with the same predispositions as the latter. Very often those who have suffered with hay fever in June have been attacked with autumnal catarrh in August. After an attack of the latter, the attacks of the former gradually lessen and finally stop altogether, while the autumnal catarrh of August takes its place every year thereafter. The report drew out considerable discussion. Mr. Russell A. Dennison gave a somewhat extended account of his experience with the disease, of which he was a periodic sufferer.

Dr. Ira Barrows read an extended and interesting paper entitled "Comments on Diphtheria : Its Cause and Cure."

Remarks were made on the subject by Drs. Gottschalk, Peck, Hicks, Brown, and McKnight, after which the meeting adjourned.

At the close of the business of the Society all proceeded to the dining-room and partook of a generous repast, prepared under the direction of Caterer Dispeau, of which the president invited his guests to partake. After the cloth had been removed, Dr. George B. Peck was chosen as toast-master, when the following toasts were offered :—

"*Pawtucket* : The child of double parentage, she inherits the energy of both." Response by P. E. Tillinghast, Esq.

"*The Clergy* : Heaven's *Porters*." Response by Rev. E. H. Porter.

"*The Press* : The champion of the weak, the instructor of the ignorant." Response by A. D. Nickerson, Esq.

"*Our Militia* : The great military school ennobles by the achievements of its graduates." Response by Surgeon-General J. C. Budlong.

*ALBANY HOMŒOPATHIC MEDICAL SOCIETY.*

THE annual meeting of this Society was held at the Homœopathic Hospital, North Pearl Street, Tuesday evening, Jan. 9, 1877.

The names of Drs. J. M. Bradley, of Adamsville, G. P. H. Taylor, of Stillwater, and Burdett Warren, of Albany, were proposed for membership.

The officers elected for the ensuing year were : President, Dr. James F. McKown ; Vice-President, Dr. W. E. Milbank ; Secretary and Treasurer, Dr. W. H. Van Derzee ; Censors, Drs. L. M. Pratt, C. E. Jones, and H. L. Waldo.

Delegates to the State Medical Society, Drs. Milbank, Waldo, Van Derzee, and C. E. Jones.

Recommended for permanent membership in the State Medical Society, Drs. George A. Cox, C. E. Jones, W. E. Milbank.

Delegates to the American Institute of Homœopathy, Drs. Milbank, Waldo, and Van Derzee.

Delegates to the Homœopathic Medical Society of Northern New York, Drs. H. M. Paine, C. E. Jones, and H. L. Waldo.

Committee on Climatology, Drs. H. M. Paine, W. E. Milbank, C. E. Jones, H. L. Waldo, and W. H. Van Derzee.

Committee on Legislation, Drs. H. M. Paine, L. M. Pratt, and H. L. Waldo.

A resolution offered by Dr. C. E. Jones was adopted, requesting the Board of Trustees to appoint a Supervisory Committee of the Hospital, consisting of three physicians.

Dr. Paine presented the report of the Committee on Climatology, covering the period from July to December, 1876, and compiled from the weekly reports of about forty observers residing in fifteen counties in the northern and eastern parts of this State. The report is arranged in the form of tables, showing the prevalence of forty-two acute diseases ; also, in connection therewith, a weekly summary of meteorological observations, conducted by the Signal Service Department. The report was accepted, and referred to the Committee on Climatology of the State Society for publication.

The following resolutions relative to a State Board of Health were adopted :—

*Whereas*, Strenuous efforts have been made during the past few years to enact a law creating a State Board of Health, worded so as to provide for the appointment in said Board of allopathic physicians only ; and,

*Whereas*, No good reason exists why the control of all sanitary affairs of the State should be intrusted to one school of physicians to the exclusion and detriment of another ; and,

*Whereas*, Such exclusive control would form an indorsement of one school or system, thereby indirectly establishing a monopoly in medicine ; therefore

*Resolved*, That while we earnestly advocate the enactment of such sanitary measures as have for their end the prevention of disease and the lengthening of human life, we urgently protest against the passage of any health bill providing for the appointment of medical men which does not recognize an equal numerical representation by name of the two dominant systems of medical practice.

*Resolved*, That we cordially assent to and respectfully request the passage by the Legislature of a law securing equal representation from both the allopathic and homœopathic schools of medicine.

*Resolved*, That copies of these resolutions be forwarded to State officers, members of the Legislature, officers of State and county Medical Societies and their legislative committees, also the Committee on Legislation of the American Institute of Homœopathy.

The Society then adjourned to the first Tuesday in February.

WM. H. VAN DERZEE, *Secretary.*

### ESSEX COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

#### MEETINGS, COMMITTEES, AND OFFICERS FOR 1877.

JANUARY MEETING. — *Clinical Medicine and Diseases of the Chest.* Drs. Scott, of Lawrence, Walker, of Chelsea, and Gale, of Newburyport.

FEBRUARY MEETING. — *Laryngology and Zymotic Diseases.* Drs. Holt, of Chelsea, Wardwell, of Beverly, and Cushing, of Lynn.

MARCH MEETING. — *Microscopy and Diseases of the Genito-Urinary Organs.* Drs. Kimball, of Andover, Morse, of Gloucester, and Brown, of Lynn.

APRIL MEETING. — *Physiology and Diseases of the Skin.* Drs. Warner, of Lowell, Cummings, of Newburyport, and Moore, of Lawrence.

MAY MEETING. — *Obstetrics.* Drs. Conant, of Gloucester, Woodman, of Lynn, and Wilcox, of Lawrence.

JUNE (SEMIANNUAL) MEETING. — *Materia Medica and Proving.* Drs. Thompson, of Lowell, Scales, of Woburn, and Sherman, of Salem.

JULY MEETING. — *Annual Excursion and Field-day.*

AUGUST MEETING. — *Gynæcology.* Drs. French, of Lawrence, Flanders, of Lynn, and Abbie S. Morse, of Gloucester.

SEPTEMBER MEETING. — *Pædology.* Drs. Morse, of Salem, Hunter, of Lowell, and Hayward, of Lynn.

OCTOBER MEETING. — *Surgery and Electro-Therapeutics.* Drs. Cate, of Salem, Morse, of Marblehead, and Foss, of Newburyport.

NOVEMBER MEETING. — *Diseases of the Brain, Nervous System, and Psychological Medicine.* Drs. Holt, of Lowell, Moore, of Haverhill, and Lougee, of Lawrence.

DECEMBER (ANNUAL) MEETING. — *Ophthalmology and Otology.* Drs. Worcester, of Peabody, Whiting, of Danvers, and W. H. Cate, of Salem.

Regular meetings, fourth Wednesday of each month.

#### OFFICERS.

CHARLES R. BROWN, M. D., of Lynn, *President.*

J. O. MOORE, M. D., of Haverhill, *Vice-President.*

NATHAN R. MORSE, M. D., of Salem, *Secretary and Treasurer.*

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## REVIEWS AND NOTICES OF BOOKS.

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THE ELECTRIC BATH: ITS MEDICAL USES, EFFECTS, AND APPLIANCE.

By George M. Schweig, M. D. New York: G. P. Putnam's Sons.  
1877.

The author has had a large experience in the use of the bath, and the little work contains the results of that experience. No time is spent in theorizing, and the book is in no sense a compilation. We recommend it to all interested in the subject of Electro-Therapeutics.

REPERTORY TO THE NEW REMEDIES. BASED UPON AND DESIGNED TO ACCOMPANY HALE'S SPECIAL SYMPTOMATOLOGY AND THERAPEUTICS. By C. P. Hart, M. D. New York and Philadelphia: Boericke and Tafel. 1876.

## OBITUARY.

DR. MOSES RUST PULSIFER, of Ellsworth, Me., died of typhoid pneumonia, Jan. 27, 1877. The following details we gather from local papers, forwarded by his son, Dr. N. G. H. Pulsifer, of Waterville, Me., and from Drs. Payne and Bell:—

Dr. Pulsifer was born at Portland, Me., in 1799; studied medicine at Bowdoin and Dartmouth Colleges from 1820 to 1823, taking his degree at the former. After pursuing the practice of the allopathic school for thirty years, he attended a course of lectures at the New York Homœopathic College. He was converted to homœopathy, it is said, by witnessing the treatment of a case of scrofulous ophthalmia in a small infirmary in New York. His enmity to alcohol, which he considered the foundation of allopathy, assisted in his conversion. In 1851 he began the practice of homœopathy in Ellsworth, as the first homœopathic physician in Hancock County, and to the time of his death was untiring in his efforts to introduce it among the people of this county.

He was enthusiastically devoted to his profession, and to the last of his life not only had a large practice of his own, but was often called long distances in neighboring towns. Only six weeks before he died he visited his son, Dr. Pulsifer, of Waterville, sick with typhoid pneumonia, the disease of which he himself afterward died, and returned to his home in Ellsworth to attend the professional calls which had accumulated in his absence. The increased labor, the rigor of the climate, and his advanced age of seventy-seven years proved too much for his vital powers, and he died quite suddenly of typhoid pneumonia, the disease from which his son is now recovering, though he was unable to be present at the obsequies.

On two subjects Dr. Pulsifer was firm, even to radicalism. He had a decided belief in the principles of homœopathy, and his experience had given him a violent antipathy to what he considered the errors of the older school. Hence he was strictly uncompromising in his practice, and preferred to meet loss of business, and often bitterest hostility, rather than yield a jot to what he thought an unreasonable prejudice. The other subject was that of total abstinence. Early experience had shown him the evils of intemperance, and from the time of his escape from them he was radical in his views of the sale and use, even as medicine, of anything which could intoxicate. He never hesi-

tated to express these views in the plainest terms, and with no respect of persons.

Yet, for all his positive nature, he had a depth of sympathy for real need and suffering which was often lost from sight under his rugged manner. Many a family that summoned him as a physician kept him as a true friend. Few doctors have had such implicit confidence placed in their judgment, and few have been followed by such success, affection, and regret. When he was a friend, he was a strong and faithful one. Hypocrisy and cant in religion, and social evils which fashion, indolence, or ignorance tolerated, he had no words too strong to condemn.

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DIED. — In Providence, R. I., of diphtheria, Jan. 27, CHARLES PARKMAN LORING, M. D., only son of David R. and Sarah A. Loring, of Auburn, Me., aged 42 years.

At a special meeting of the Rhode Island Homœopathic Society, held at its Dispensary, on Jan. 31, at 2 P. M., the following preamble and resolutions were unanimously adopted :—

Since it has pleased the Supreme Arbiter of destinies so soon to remove from among us another associate, in the meridian of his power and usefulness,

*Resolved*, That we deeply realize He is no respecter of persons ; that we all alike await the inevitable hour ; and that, therefore, we should keep our house in order, prepared for instant and final departure.

*Resolved*, That in the death of Charles P. Loring, M. D., we mourn the loss of a faithful and devoted friend, an active and zealous assistant in every measure promotive of our common cause.

*Resolved*, That in this hour of darkness and sorrow, we tender earnest expressions of sympathy to her who has lost a fond and true companion ; to that large family circle which has parted with its brightest ornament ; and to those numerous friends who to-day drop the silent tear over the remains of their gentle, trustworthy family physician.

*Resolved*, That we attend, as a Society, the funeral of our late associate, to indicate our respect and esteem.

*Resolved*, That copies of these resolutions, duly attested, be sent to the bereaved family and friends.

GEORGE B. PECK, JR.,  
*Secretary Rhode Island Homœopathic Society.*

## ITEMS AND EXTRACTS.

ON THE EFFECTS OF CHLORHYDRATE OF PILOCARPINE. — Dr Adolph Weber, of Darmstadt, states in a communication to the *Centralblatt f. d. Med. Wissenschaften*, that he had been for some time in the habit of using an infusion of jaborandi in his ophthalmological practice with great success, and that he lately received a preparation labelled "Pilocarpium muriaticum" from E. Merck, which is supposed to be the alkaloid of jaborandi. It was a white, transparent, crystalline salt, of a slightly bitter, puckering taste, and soluble in an equal weight of water to a colorless solution. It was obtained from the so-called Pernambuco jaborandi, while the Brazilian variety is said to be devoid of alkaloid. The yield from 100 kilos of jaborandi is 70 grammes of the muriate *in crystals*; a portion remains in the mother-liquid and cannot be recovered, and another portion is lost by decomposition. Merck estimated the loss from both of these causes at 30 to 40 grammes per 100 kilos, which statement, however, appears to the author somewhat doubtful, because in this case the hypodermic injection of the pure alkaloid would only have the same effect as the infusion of an equivalent quantity of the leaves, contrary to the well-established fact that alkaloids act in proportionally much smaller doses than an *equivalent* quantity of the crude drug.

Dr. Weber's experience has proved to him that the effects of one cub. centm. of a two per cent solution of chlorhydrate (muriate) of pilocarpine are equal to an infusion of five gm. jaborandi leaves in 120 gm. water.

The experiments which he made with this alkaloidal salt confirm the statements of other practitioners as to the peculiar effects of jaborandi, namely, production of profuse salivation and perspiration.

The first and most constant symptom which appears even after the administration of the smallest doses (0.5 c. c. or about 8 min. of a  $\frac{1}{2}$  per cent solution) is *increased secretion of saliva*; it begins three to five minutes after the subcutaneous injection and lasts generally several hours longer than the second symptom, namely, *profuse perspiration*. The average dose to produce the latter promptly is 1 c. c. (about 16 min.) of a 2 per cent solution, equivalent to an infusion of 5 gm (about 77 grs.) of the leaves. The duration of this diaphoretic effect is about one hour, if the patient remain out of bed, but may be prolonged to two or three hours by placing the patient between blankets. The increase

of *pulsation* is about five to ten beats per minute, but increase of *temperature* is rarely over  $.5^{\circ}$  to  $1^{\circ}$ . The sensation of *depression* which has been observed after the administration of an infusion of jaborandi is very transient after the subcutaneous injection of pilocarpine, and nausea (never, however, vomiting) occurs only if the saliva is not all ejected. *Contraction of the pupil* makes its appearance later, but it outlasts all the other effects by about twelve hours. The average durations of the effects upon the eye of one drop of a two per cent solution are: commencement of contraction after ten minutes; maximum reached after twenty to thirty minutes; duration of maximum contraction three hours; duration of general noticeable contraction twenty-four hours. The *loss of weight* after a profuse salivation, lasting two or three hours, is on an average two kilogrammes; and in one case a loss of even four kilos was observed.

The chlorhydrate of pilocarpine was used by Dr. Weber chiefly on account of its great power — superior to any other remedy — of inducing change and motion of organic matter in the body; it was never resorted to on account of its myotic effect, for which latter eserine is abundantly sufficient. Now, although it would lead too far, in the opinion of Dr. Weber, to suggest all possible diseases in which this remedy might be indicated, he desires particularly to draw attention to its use in cases of opacity of the corpus vitreum, after chronic irido-choroiditis: in such cases a topical application, repeated ten or twelve times, has been found to produce remarkably rapid recovery. He also mentions the case of a child of three years, suffering from croup, upon which tracheotomy had been performed, and which was in the last stage of asphyxia, from pulmonary œdema, five days after the operation. After the hypodermic administration of a two per cent solution — the child being placed on its side, with depressed head — a profuse perspiration and salivation set in, at the cessation of which all symptoms of asphyxia had disappeared, and perfect recovery took place after three weeks.

The injections are painless and do not produce any bad local effects. The solution of the alkaloidal salt, if carefully kept, remains entirely clear and effective for a long time.

THE REVIEWER REVIEWED. — In your last number “One who has made ophthalmology a study” has done me the honor to publish a review of my work on *Diseases of the Eye*, occupying six and a half pages of your valuable quarterly. This is a favor rarely accorded a medical work in its fourth edition, and I beg to express my cordial thanks to T. W., not only for his elaborate article, but for the kindly

interest taken in my book and its readers. In view, however, of the fact that he "has made ophthalmology a study," I feel obliged to request the privilege of examining a few of his positions. Taking his strictures as a whole, I may say that they are sufficiently met by the few words of my Preface distinctly stating that the work is intended, not for specialists, but for general practitioners and students preparing for general practice. Fulness of treatment can therefore be expected in no part of the book. A thorough exposition of anatomy and physiology alone would require a volume twice the size of mine, while a complete work on ophthalmology would make a book ten or twenty times as large. There is, therefore, no force whatever in such criticism as this: "If we are to have a text-book, let us have one which can govern us all, and by which we can all be guided, and not all of us be compelled to send our patients to him for treatment and for operations." My book is not intended to teach general practitioners to operate by any means. I will now consider such of the special points made by my reviewer as I think need attention.

T. W. says, "From his (my) description of the capsule of Tenon, one would suppose that he knows nothing whatever of the subject upon which he writes." He then quotes from my book where the Tenonian capsule is described as beginning near the point *where the ciliary nerves pierce the sclera*, and terminating *in the conjunctiva* near the cornea. T. W. says, "When, in reality, as every anatomist is aware, the capsule of Tenon *commences at the optic foramen*, . . . being finally lost on, rather than inserted *into, the sclerotic*, close to the cornea"! Now let us look at the *Graefse-Saemisch Handbuch*,\* and we find this: "Es findet sich das sie vorne mit der *conjunctiva verwächst* und so eine kurze Strecke hinter der cornea endet. An der hinteren Hemisphäre des Bulbus *trifft ihr Ansatz an demselben mit dem Eintritt der ciliar nerven und Gefässe zusammen*," that is, it begins and ends as stated by me. To describe this capsule as "loosely embracing the optic nerve" is going pretty far back into the optic foramen as well as back into history. Indeed, the description by T. W. bears rather strong evidence of having been copied, nearly word for word, from a paragraph written by Stellwag, for the first edition of his book, published in Vienna fifteen years ago.

T. W. says, "Is he aware that, in order to accurately ascertain the

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\* Handbuch der Gesammten Augenheilkunde, Leipsic, 1874, Vol. I. Part I. p. 57. This work, still in course of publication, will comprise everything of importance in ophthalmology. There will be seven volumes, of two parts each, the whole reaching, in size, a work of perhaps nearly 5,000 pages. Professors Arlt, Wecker, Becker, Hirsch, Iwanoff, Manz, Merkel, and others contribute also.

degree of tension, we must invariably use *two* fingers upon the one eye, and make pressure with them alternately, and if he is aware of it, why does he not say so, and not leave one in the dark?" I answer, No, and surely my bold anatomical friend is not afraid of the dark. I am accustomed to press *very gently* with my forefinger upon the centre of the eyeball, and then press in the same way upon my own eye. I consider this an excellent way of ascertaining the degree of tension.

T. W. says that the article in my book on accommodation of the eye "is *most lame* throughout." He then goes on to emphasize his disappointment thus: "Not only are his statements incorrect, but they do not sufficiently approximate the truth to convey to the mind of any one a proper conception of the *simple mechanism of accommodation*. In very truth, accommodation is *not* brought about by the action of the ciliary muscle upon the crystalline, but by the action of the ciliary muscle upon the ciliary processes." What logical *finesse*! Because the muscle does not act *directly* on the lens, therefore it does not act on the lens! Let us see to what terrible condition this logic will bring him. Suppose, for example, that T. W. were a wicked Hottentot with a ring in his nose, instead of the gentle and learned critic that he has shown himself. Let me assure him that I mean no disrespect by this illustration. I do not know even if wicked Hottentots are in the habit of wearing rings in their noses, but we may suppose it. Let us suppose further that a good Hottentot, meeting the other, inserted his forefinger into the ring aforesaid and tweaked the wicked Hottentot's nose. Now, would the wicked Hottentot say that the *ring* tweaked his nose or that the good Hottentot tweaked it?

He speaks of the "simple mechanism of accommodation" as though everybody knew all about it (except myself possibly), and yet nobody knows precisely how it is brought about. Arlt\* says, "Wir sind noch im Unklaren ueber den Vorgang durch welchen die, Formveränderung der Linze zu Stande kommt." (The way in which the alteration in the form of the lens is brought about is not yet clearly known to us) Stellwag † says, "The exact manner in which the ciliary muscle causes an increased convexity of the lens is still uncertain."

The *Meyer-Block Handbuch*,‡ after stating the difference of opinion as to the way accommodation is produced, says, "Soviel aber ist sicher die einstellung für die nähe geschieht durch vermittelung der linse und des ciliarmuskels." (We are certain of only this, that accommodation is produced by means of the lens and ciliary muscle.) C. S. Fenner §

\* Ueber die Ursachen und die Entstehen der Kurzsichtigkeit, Wien, 1876, p. 32.

† Am. edit., p. 636.

‡ Handbuch der Augenheilkunde, Berlin, 1875, p. 345.

§ Vision: Its Optical Defects, etc. Philadelphia, 1875.

says, "The precise manner in which the ciliary muscle acts in producing accommodation is not yet satisfactorily determined." Carter\* says that accommodation is effected "by increasing the strength of the lens by the action of the ciliary muscle." He is careful, like most other writers, to state only what he knows. Five years earlier than this I said that "accommodation is brought about by the action of the ciliary muscle upon the lens, the surface of which is rendered more convex," etc. I supposed then that long before this we should know the exact mechanism of this action, but I was mistaken.

T. W. says, "As the muscle contracts these processes *are lifted off* from the zonula Zinnii," etc. I regret exceedingly to remark here that my accomplished critic is far beyond his depth once more. This is stated as a fact by him, while the real fact is that no man, living or dead, ever saw anything like a lifting off of the ciliary processes. What is really known about the movement of the ciliary processes is this: Coccius † saw the processes in accommodation press inwards and forwards. Sattler saw the space between the processes and the edge of the lens more clearly during accommodation. Becker ‡ saw that the distance between the two was considerably greater during accommodation. Hjort § had an opportunity of examining an eye which had lost its iris from a wound. Repeated examinations showed that during accommodation the ciliary processes moved forward and inward, while the distance between the processes and the edge of the lens remained the same.

It is known that there is a movement of the ciliary processes: exactly how this movement renders the lens more convex is not yet demonstrated. It seems highly *probable* that the lens assumes an increased convexity by virtue of its own elasticity. We know that in youth the lens is plastic, and it seems very probable that it may be elastic as well. The presumption is that it *is* elastic. We know that in accommodation it is made to assume a more convex form, and that its anterior surface is pushed slightly forward, without, however, changing its place *in toto*.

T. W. says, "It is *not pushed* slightly forward, as he states" (and he puts the "not" in small capitals), "but moves forward by virtue of its own elasticity." I think I have clearly stated that no one at present knows the exact way in which the ciliary muscle produces a convexity of the lens; but even assuming the movement of the lens to

\* Diseases of the Eye. By R. B. Carter, F. R. C. S. London, 1875.

† Mechanism of Accommodation. Leipsic, 1868.

‡ Medicin. Jahrbuch. Vienna, 1863.

§ Klin. Monatsblätter für Augenheilkunde, 1876, p. 205.

be due to its elasticity, is it not correct to say that its anterior surface is pushed forward? Is not elasticity a force?

“Strange all this difference should be  
'Twixt tweedledum and tweedledee.”

The paragraph in my book on accommodation was written six years ago, and there have been since then some advances in positive knowledge concerning this matter. I will state one or two facts, so that in case I do not properly revise the article in my fifth edition, T. W. may have a safe vantage-ground from which to overlook my shortcomings.

Coccius \* noticed a change of position in the globe during accommodation, but Donders † saw in accommodation a decided movement forward of the eyeball, so that the upper lid was raised thereby.

The action of the ciliary muscle causes also a forward movement of the anterior choroid, the motion extending as far back as the equatorial region of the eyeball. (Völkers.) ‡

The sum, therefore, of all that is *known* in regard to the changes in the eye during accommodation, to state it concisely, is this: —

- a. Contraction of ciliary muscle.
- b. Change of form in lens.
- c. Contraction of pupil, which is pushed forward while the periphery of the iris moves backward.
- d. Ciliary processes move inward and forward.
- e. Forward movement of the anterior choroid and of the eyeball.
- f. Convergence of the optic axes.

I should have been glad to give in my work a detailed sketch of the various *theories* regarding the mechanism of accommodation, including the interesting and plausible one of our distinguished colleague, Dr. Dudgeon, of London, but the scope of my book forbade it.

T. W. then gives us some ingenuous remarks on the optical condition of the eye in hypermetropia and myopia, though his reason for it is not apparent. Probably when one has acquired the habit of accurate and felicitous expression it is hard to break off rudely, even if one happens to have come to the end. When arriving at presbyopia, however, he gets unsteady again. Presbyopia is an incurable affection caused by senile changes in the lens and ciliary muscle. The optical defect is neutralized by the use of convex glasses. T. W. says, “It arises from *one or both* of two causes.” His first cause is “partial or complete paralysis of the ciliary muscle.” It would be extremely

\* Op. cit., page 53.

† A. F. O., xvii., p. 100.

‡ Ibid., xix., p. 156.

interesting to see a case of presbyopia due to paralysis of the ciliary muscle alone.

T. W. writes long and ably, as usual, on the treatment of accommodative asthenopia. He assures us that my advice to prescribe glasses of thirty and forty inch focus, in some cases of hypermetropia of  $\frac{1}{8}$ th or  $\frac{1}{50}$ th, would "literally ruin the patient's eyes." They "absolutely need a 60, and with it they can use their eyes by the hour without tiring." Then he adds, "How manifestly injurious to furnish these patients with strong glasses," etc., and finally ends by the *naïve* remark that I am "not the only oculist" who has overlooked this point. These last words were probably thrown in to relieve the minds of numerous other oculists, who might not unreasonably suppose that T. W. was devoting himself exclusively to me. Well, when I look back down the dim vista of a dozen years, and see in imagination a long line of asthenopic patients, each innocent nose of them bearing its injurious thirty to forty-eight inch eye-glass, a sad and weeping column, with only a "plus sixty" between it and happiness, I ask in my despair why T. W. so long preserved his cruel silence.

As I cannot afford myself the pleasure of following T. W. further, I go back finally to his allusion to my improvised ophthalmoscope. I said that in order to see into the eye it is necessary to throw light into it, and then to so place your own eye as to catch the returning rays. I said further, that with a bit of window-glass we could fulfil these conditions. Of this, T. W. says in his quiet and unassuming style, as usual, "Does he mean this, or does he mean with a bit of looking-glass, with a small, central spot of amalgam erased, through which to look? With the former he would *utterly fail*," etc. "Why make such grievous errors?" etc. In the year 1862, Professor von Jaeger, of Vienna, brought one evening to his private class in ophthalmoscopy a bit of window-glass, with which he informed us we could see the optic disk, and he thereupon demonstrated the truth of his statement. We all saw the disk, but of course indistinctly, as the amount of light thrown in and reflected back into the eye of the observer is small. As Professor Jaeger remarked, such an ophthalmoscope would answer to diagnose a beginning cataract or other opacities of the transparent media. One might reasonably infer, I think, from what T. W. says, that he is not familiar with the fact that *all* the rays of light do not pass through glass, even when it happens to wear no amalgam on its back. Some of the rays are absorbed, and some are reflected from its surface. Any school-boy will confirm this. The famous Jaeger ophthalmoscope, indeed, is provided with a plane glass for weak illumination, as well as a mirror with a hole in it. — H. C. ANGELL, in *North American Journal of Homœopathy*.

SUNLIGHT NECESSARY TO HEALTH. — In his last quarterly report, Dr. John Liddle, the Medical Officer of Health for the Whitechapel District, says: "In building a new class of houses, for the better accommodation of the working classes, it is, in my opinion, essentially necessary, as tending not only to promote their health, but to improve their moral condition, that every room should be light, that there should be no dark corners for the accumulation of dirt, and that the houses should not exceed four stories in height; for unless the streets are made proportionally wide, the higher the houses the greater will be the absence of sunlight, and thus interfere with the proper ventilation of the rooms. High houses on each side of narrow streets, in which little or no sunlight is admitted, are not healthy. It is true that the current of air, without the accompanying heat of the sun's rays, cannot be considered as proper ventilation. A current of air passing through a tunnel may, perhaps, by some persons, be considered as efficient ventilation; but I apprehend that few persons with any regard to their health would like to reside therein. I firmly believe that many persons who are compelled to occupy rooms in which the rays of the sun never enter soon lose their health, and find it necessary to change their residence; and this remark applies, although perhaps with less force, to those who are confined to counting-houses during the day in which no sunlight is admitted. Sunlight is especially necessary for the healthy existence of children; and this is strongly pointed out in the evidence of the late Mr. N. B. Ward (the inventor of the 'Wardian Cases,' for rearing plants in towns, and conveying them to and from distant places, — a gentleman of great eminence in the medical profession, and who has given much attention to the influence of the temperature, of air, and light on the health and growth of animals and plants), who says, in his evidence before the commissioners appointed for inquiry into the state of large towns and populous districts, that, as the result of his experience, the influence of light is a matter of the highest importance to the proper physical development of the human species, and whatever stints the growth of a child certainly operates upon his physical capacity for labor; that the amount of disease among persons occupying light rooms is infinitely less as compared with that in dark ones; and that the influence of light, especially solar light, in preventing the fatal termination of disease, is a fact well known to him. In further illustration of this subject, Mr. Ward quotes a fact stated on the authority of Sir James Wylie, 'that the cases of disease on the dark side of an extensive barrack at St. Petersburg have been uniformly, for many years, in the proportion of three to one to those on the side exposed to strong light.' " — *Public Health.*

IN the *Journal* for April, 1876, we gave a brief summary of the facts concerning the use of propylamine for rheumatism, from the time when it was first thoroughly tested by Awenarius at St. Petersburg, in 1854, down to the present year, when it has been highly commended by Dr. Lee in the London *Lancet* and by Dr. Gaston in the Indiana *Journal of Medicine*. The Russian physician had tried it successfully in two hundred and fifty cases and Dr. Lee in twenty-eight, while Dr. Gaston had used it for eight years, during which period it had failed to effect a cure in only two cases, and in these it afforded decided relief. To these witnesses in its favor we might have added such eminent names as Drs. Bucheim, Dujardin-Beaumetz, Leo, Petit, and W. H. Spencer. Professor Bartholow, in his recently published *Materia Medica and Therapeutics*, says of it:—

“ Thus far almost the only application made of trimethylamine is in the treatment of *acute rheumatism* and *gout*. In some cases, it appears to produce almost complete relief after the administration of a few doses, but generally a longer time is required (Awenarius, Dujardin-Beaumetz, Spencer, Leo). It moderates, at once, the fever and the joint-pain, and very decidedly shortens the duration of the disease. It is said to diminish the tendency to cardiac complication.

“ This agent, having so decided an influence on the pulse, temperature, and excretion of urea, will in the future, doubtless, be applied to the treatment of other diseases.”

We cite, for the benefit of our professional readers, what the same authority says concerning the “ antagonists and incompatibles ” of the agent:—

“ Chemically trimethylamine is incompatible with the mineral acids, the salts of the metals, the alkalies (chlorides), and vegetable infusions. It should always be prescribed alone, in solution, in some aromatic water. Therapeutically, it is antagonized by the stimulants opium, belladonna, digitalis, etc.” — *Journal of Chemistry*.

MORTALITY OF DIFFERENT DISEASES IN DIFFERENT MONTHS OF THE YEAR 1876.— Dr. John T. Nagle, Deputy Registrar of the Health Board, has compiled a very elaborate table of all causes of death during the past year in the city, showing the effects of temperature and meteorological changes upon monthly mortality.

He concludes that “ the month of January was one of the most fatal months to persons suffering with small-pox, diphtheria, membranous croup, and puerperal diseases ; February, to those who had small-pox and whooping cough ; March, to measles, puerperal diseases, phthisis pulmonalis, bronchitis, pneumonia, apoplexy, Bright’s disease, and

nephritis, and persons seventy years old and more ; April, to scarlatina ; May, to typhus fever ; June, to suicides ; July, to diarrhœal diseases, alcoholism, scrofula and marasmus, tubercular meningitis and hydrocephalus, encephalitis and infantile convulsions, diseases of the brain and nervous system, drowning, sunstroke, and diseases of children under five years of age ; August, to suicides ; September, to typhoid fevers ; and December, to cancer and diseases of the heart. The actual mortality for the year 1876 was 29,152 : of which 7,170 were under one year, 10,692 under two years ; 14,208, or 48.74 per cent of the total, were under five years ; and 1,739 were persons seventy years old and more. The month of July, however, is the unhealthiest month of the year, having caused 4,164 deaths, and is especially destructive to children under five years, and particularly those suffering from diarrhœal complaints : the number under five years that died during this month was 2,708, of which 1,713 were from diarrhœal diseases ; August and March following next, with 2,750 and 2,729 deaths, respectively ; the former month caused 1,572 deaths in children under five years, of which 805 were from diarrhœal diseases, and the latter month caused 1,238 deaths of children under five years, of which but 34 were from diarrhœal diseases. Hence, while the winter months produced a very small number of deaths from these causes, they contributed largely to the excess in the summer mortality. Most prominent of all the causes of death for the year, phthisis pulmonalis, or consumption, stands first on the mortality list, 4,194 persons having died from this dreadful disease, which has as yet baffled all medical skill for its cure. This disease was most fatal in the month of March, and least fatal in June, having caused 415 deaths in the former and 309 in the latter month. Following in numerical order are diarrhœal diseases, which caused 3,782 deaths, of which 3,412 were children under five years of age. Diseases of the brain and nervous system caused 2,664 ; pneumonia, 2,542 ; diphtheria, 1,750 ; bronchitis, 1,214 ; Bright's disease and nephritis, 1,132, and disease of the heart, 993 ; or 62.67 per cent, or more than three fifths of the entire yearly mortality was from these eight diseases.

“The deaths, as they are distributed by wards, according to the table here presented, will also prove instructive in showing the effects of density of the population and overcrowding upon the mortality. Thus, it will be seen that in the fifteenth ward, with a population — according to the State census, taken in June, 1875 — of 25,543, the total deaths were 467 ; while the fourteenth ward, with a smaller area, and a population of 26,471, had 733 deaths, or with but 928 more inhabitants, it had 266 more deaths.” — *Medical Record*.

NITROGEN AND ELECTRICITY.—Recent French investigations indicate that atmospheric electricity may have an important influence on the absorption of nitrogen from the air by plants. At a meeting of the Academy of Sciences at Paris in October, a paper was presented by M. Berthelot, describing some experiments he had been making, which shed light on this subject. He availed himself of the normal electric tension of the atmosphere. A closed tube of thin glass was placed within another; in the former was a roll of platinum connected with a conductor electrified by the atmosphere, at a height of two metres, or about six feet and a half, while a thin sheet of tin surrounding the outer tube was connected with the earth. The space between the tubes contained either pure nitrogen or atmospheric air, along with moist strips of blotting-paper, or a few drops of sirupy solution of dextrine. Twelve of these double tubes were exposed to the air from July 29 to Oct. 5. In all of them nitrogen was fixed by the organic matter, though in varying quantities. In two cases green spots of microscopic algæ were found on the strips of moist paper in tubes containing nitrogen alone, showing a greater fixation of nitrogen in these. The experiments are of much interest as suggesting an influence in vegetation hitherto unsuspected, and we shall await further investigations with no little curiosity. — *Journal of Chemistry*.

GRINDELIA ROBUSTA. — A few months since a very interesting article appeared in the *North American Journal of Homœopathy*, by Dr. Hall, upon the action of *Grindelia*. About the same time the readers of the *Times* will recall an article which appeared in this journal on the same drug, by Dr. Seward, in which a lengthy extract was given from a California medical journal. In all these statements several well-marked and positive symptoms have given us characteristics of the drug.

A few weeks since I was making daily visits to Irvington, in consultation with Dr. Fanning, of Tarrytown. The patient was a man broken down with years and sickness, with organic disease of the heart, and just rallying from a pretty severe attack of pneumonia. There was so little vital force about him that we entertained no hope of his recovery. One morning I received a telegram from Dr. Fanning to bring up on my afternoon visit some *Grindelia*. I found the patient almost in a sitting position in bed, with a peculiar interrupted breathing, which entirely prevented sleep. Every time he dropped into a doze the breathing would become so interrupted that he would have to be aroused. The half-paralyzed pneumogastric nerve, the weak action of the heart, pointed very strongly to *Grindelia*. Its administration was

followed by prompt and immediate relief. But here was developed a new symptom with which I was not familiar. A few hours' use of the drug was followed by an active diarrhœa, without pain, of a watery character, which disappeared very shortly after a discontinuance of the drug. I have given the *Grindelia* in several cases in severe frontal headache, involving the optic nerve, also in those cases of lung, heart, and stomach trouble arising from a deranged or deficient action of the pneumogastric nerve, in every case with benefit, and in every case with a marked action upon the liver and bowels, as shown by free, liquid, and bilious stools. I am inclined to think it will be a very valuable remedy in troubles mentioned above. — *Egbert Guernsey, M. D.*

A SUCCESSFUL CASE OF GASTROTOMY.—At the meeting of the *Académie de Médecine*, in Paris, on Oct. 24, M. Verneuil reported the first really successful case of gastrotomy that has yet been recorded. M. Verneuil stated that the operation had previously been performed fifteen times for simple and malignant strictures of the œsophagus, but had always been followed by death. Dr. Pooley, of Ohio, however, as alluded to above, has collected eighteen cases, in one of which the patient lived thirteen days after the operation. M. Verneuil's patient, a boy seventeen years of age, swallowed by mistake a solution of caustic potash, on Feb. 4, 1876. For two weeks he suffered from the symptoms of an acute œsophagitis, after recovering from which he had great difficulty in swallowing. This difficulty constantly increased, and on May 24 he was admitted to M. Verneuil's ward at the Pitié. He was then exceedingly emaciated, could scarcely swallow anything, and was almost dying of starvation. Catheterism revealed an impassable stricture, two and three quarter inches below the upper orifice of the œsophagus. External œsophagotomy was consequently out of the question. The patient was fed per rectum, and futile efforts to pass the stricture were repeatedly made. One day the patient stated that he could swallow a little fluid at night, although deglutition was absolutely impossible during the day.

Convinced by this fact that there was muscular spasm in addition to cicatricial stricture of the œsophagus, M. Verneuil administered to the patient two drachms of chloral per rectum, and as soon as the narcotism was complete, the stomach-tube was passed through the stricture without much difficulty. Although the passage of the catheter caused intense pain, the patient was, for some days afterwards, able to swallow *bouillon* and pap. The catheterism was repeated every second day, until July 10, when the stricture again became impassable. The patient after this rapidly became weaker in spite of the nutritive ene-

mata, and finally gastrotomy was determined on, as there was danger of death from inanition. On July 26 he was placed under the influence of chloroform, and an oblique incision about two inches in length was made parallel to the cartilaginous border of the false ribs. The skin, subcutaneous cellular tissue, muscles, and peritoneum were successively divided, and then the stomach presented itself in the gaping wound. This organ was at once transfixed and held in the wound by two long acupuncture needles, and this was done so rapidly that the abdominal cavity was not exposed to the air for more than fifteen or twenty seconds. Fourteen metallic sutures were then passed through the skin, parietal peritoneum, and wall of the stomach; the sutures were about one quarter of an inch apart, and were twisted over a tube of lead and a button. The acupuncture needles were then withdrawn, and a small incision made through the wall of the stomach, which had by that time assumed a purplish color in consequence of the constriction by the sutures. The wall was remarkably thick, much more so than it usually is in the cadaver. Two small jets of blood followed the incision, but they were immediately controlled by the application of hemostatic forceps, which were left in position until the evening. The incision was not more than one third of an inch in extent, just large enough to admit a large gum catheter, which was secured in position by tapes and collodion applied over the abdomen. While applying the sutures the parietal layer of the peritoneum was secured by a dozen or more pairs of hemostatic forceps, which were left on until all the sutures were in place. The operation was exceedingly simple, and was attended by no untoward accident. The antiseptic method was strictly followed, all the instruments, etc., having been steeped in a solution of carbolic acid, and a carbolized spray kept constantly playing on the wound.

For some days subsequent to the operation the patient complained of circumscribed pains in the left hypochondrium and right shoulder, and of oppression of breathing from the collodion, and he became jaundiced. There was no fever, however. The sutures fell out spontaneously, and a small portion of the gastric wall, included between the sutures, sloughed so that the opening became larger than at first. The patient was fed through the catheter with *bouillon*, soups, milk, eggs, wine, etc., etc. On Aug. 20 he was able to get up, and on Sept. 10 the fistula was rounded and encircled by a border of mucous membrane. He had then completely regained his strength and energy. On Aug. 18 he weighed seventy-five pounds, and on Sept. 14 he weighed eighty-six pounds. He experiences hunger, and feeds himself with all sorts of food. After injecting this food the

flow of saliva is increased, but as the stricture of the œsophagus remains impassable, he is obliged to spit it out. It is probable that in course of time the cavity of the œsophagus will be completely obliterated, and the patient will consequently be obliged to feed himself through his gastric fistula during his entire life. — *Gazette Médicale*. (*Medical Record*.)

A CASE of intussusception with sphacelation and subsequent recovery is reported in the *British Medical Journal*, by E. A. Fox, F. R. C. P. The patient, a boy aged four and one half years, on the 18th of July complained of pain in the bowels and had persistent vomiting. He continued to suffer till July 23, when the vomiting began to diminish, the tympanites lessened, and flatus passed per anum. The next day there was a small, loose evacuation without blood, and on the 25th he had four copious pale evacuations; with the last there was a lump of fleshy-looking substance, which upon examination proved to be a foot of the large bowel turned inside out, with the vermiform appendix, which also was turned inside out, attached. On slitting open the ascending colon it was found to contain nine inches of small intestine, showing that the intussusception began at the ileo-cæcal valve. The whole of the separated bowel was quite black and gangrenous. The patient gradually improved, and on Sept. 30 he was quite recovered and strong. During the course of the disease there was absence of inflammatory symptoms except pain. The separation did not take place until the tenth day, and the expulsion not until the twelfth. The sphacelated bowel measured twenty-one inches in length. — *Boston Medical and Surgical Journal*.

EXTRAORDINARY SURGERY. — The operation of recto-vesical lithotomy has lately been successfully performed a second time by Dr. Edward H. Dixon, of New York. A stone as large as a pullet's egg was taken from the bladder by an incision of less than an inch, made from the rectum or lower bowel directly upon the stone, which was extracted by the simple device of a long silk ribbon passed into the bladder and drawn over the stone by a loop of tough wire; this made a smooth surface, and the stone, though over an inch and a half in diameter, passed without lacerating a wound less than an inch in extent. Dr. Dixon's first case was published, with a plate, ten years ago, in his journal, the *Scalpel*. Both cases had been for years believed to be enlarged prostate gland, producing stricture and obstructing the natural outlet of the bladder. They had been progressing for ten and twenty-five years, the stone in each having, by its increasing weight,

formed a sac out of the bladder, and only communicating with the upper portion by a small opening. The recto-vesical operation was, therefore, the only resource, as the obstruction would allow no instrument to be passed. These cases are said to be the only ones on record in this country. They will furnish valuable precedents for future operations. — *Baltimore Evening Bulletin*, Jan. 25.

**SODIUM SULPHATE AS AN ANTISEPTIC.**—Dr. Minnich (*Gaz des Hôpitaux*) proposes the use of sodium sulphate, which he prefers to both carbolic and salicylic acids, not only for surgical dressings, but also as an excellent application in erysipelas. Aside from its cheapness, it has various advantages not possessed by the other remedies. He applies it in the same shape as Lister's dressings. The solution usually employed contains 1 part of sodium sulphate, 9 parts of water, and 1 part of glycerine. A large number of successful cases have proved its efficiency.

**OXYGEN IN HYDROPHOBIA.**—The following case of apparently successful treatment of hydrophobia is reported in the *Allgemeine Medicinische Central-Zeitung*: A girl of twelve years was bitten in the hand by a rabid dog. The wound bled but little, and extended into the cellular tissue. It was immediately cauterized with nitrate of silver, and healed almost completely within seven days. About this time the child was seized with an unusual irritability. On the seventeenth day distressing dyspnoea set in, with free inspiration, but groaning and spasmodic expiration, and swallowing was almost impossible. The pulse was accelerated, the flexor muscles of the fingers were contracted, and no evacuation of either rectum or bladder took place for twenty-four hours. A quantity of about three cubic feet of oxygen gas was administered by inhalation, which afforded almost immediate relief, and produced complete cessation of the symptoms within two hours and a half. On the next day the child had another attack, with clonic cramps of the muscles of the back and extremities, dyspnoea, and complete coma, all of which symptoms were removed after forty-five minutes by the administration of oxygen. Slight attacks of dyspnoea recurring during the next ten days were treated in the same manner, and camphor monobromide was administered for three weeks more.

**THE TREATMENT OF ABSCESES BY HYPERDISTENSION WITH CARBOLIZED WATER.**—This method of treating multilocular abscesses is advocated by Mr. Callender (*Brit. Med. Journal*, Nov. 4, 1876),

who is of opinion that by it we are enabled to bring carbolized water into contact with the surface of multilocular cavities more freely than by any other means. If no sinus exist, an opening is made of sufficient size to admit one finger. The pus is allowed to escape, the abscess being emptied as completely as possible. The nozzle of a syringe is then introduced and an amount of carbolized water (one part in twenty diluted to one in thirty by the addition of warm water) is injected in excess of the quantity of pus which has been evacuated. When distension has been effected the fluid is allowed to escape, and if much pus be mingled with it, a second injection may be practised. An elastic drainage-tube is inserted, and over the end of this and over the wound a piece of lint twice folded and soaked in carbolized oil (one in twelve) is laid, this covered with a sheet of gutta-percha tissue and some tenax. Subsequent treatment consists in the renewal of these dressings, probably daily. The tube is gradually shortened as the abscess wall contracts, and through its canal, if there be any sign of puriform discharge, a little carbolized water may occasionally be injected. Under this treatment the discharge of pus ceases; a limited serous fluid in small quantity drains away, and presently only a sinus remains. In cases which he gives, the best results were obtained.—*Dublin Journal of Medical Science.*

LEAD PARALYSIS. — M. Raymond has published a communication of which the following is a *resumé*. 1. Saturnine paralysis may begin in the extension proper of the little finger, or of the index. 2. In case of painters, the muscles of the right and left hands may be equally paralyzed. 3. Muscular contractibility may disappear progressively in the different fasciculi of the deltoid. 4. The short extensor of the thumb often preserves its power of contraction when other muscles are paralyzed. 5. The biceps is sometimes paralyzed. 6. The loss of the electric contractibility may precede that of the muscular. 7. Hemiplegia may result from lead poisoning. 8. Choreic lead poisoning may occasion other cerebral troubles, such as chronic and ataxic movements, etc., etc., which are capable of cure. 9. Mercury may produce forms of paralysis similar to those produced by lead. 10. The seat of lead colic is in the coats of the intestine, but muscular pains in the abdominal walls sometimes accompany it. — *Le Progrès Médical (Dublin Journal of Medical Science).*

FILIARIOSE: AN AFFECTION PRODUCED BY A NEW KIND OF CUTANEOUS PARASITE. — Dr. da Silva Aranjó describes, in a memoir with the above title, a new parasite disease of the skin in Brazil, produced

by a nematoid worm, which he calls *filaria dermatemica*. The animal is filiform, 0.25m. in length, and of an opaque white color. The egg of the worm penetrates the glandular openings of the skin, and, acting as a foreign body, produces the inflammation characteristic of the disease. The eruption is papular and vesicular, but never pustular, and is accompanied by intense itching, which is increased on exposure of the skin to the air. By scratching, the parasite and its eggs are transferred to other parts of the surface, and thus the disease becomes general. The worm always remains, when undisturbed, in the vesicle, from which it is easily extracted. The disease may be cured by the local use of carbolic acid.—*Boston Medical and Surgical Journal*.

TEMPORARY GLYCOSURIA DURING LACTATION.—The following are the conclusions of a paper on this subject, communicated to the *Société de Biologie*, by M. A. Gubler:—

1. Glycosuria is not a normal phenomenon of the state of lactation.
2. It is met with after the suspension or premature suppression of nursing, provided the nurse be in good health, or at least be not suffering from any serious disturbance of the important functions of life.
3. In other words, glycosuria only appears as a consequence of a disturbance of the equilibrium between production and consumption, which causes a lactosæmia, comparable to the superalbuminosis of the blood, which leads to dyscrasic albuminuria.

A transitory albuminuria does not accompany the glycosuria under these circumstances, partly because albumen, being a colloid substance, passes through an animal membrane much less readily than sugar, which is a crystalloid substance; partly because albuminuria presupposes at least a renal hyperæmia, while glycosuria is produced without any anatomical modification of the gland; finally, because the quantity of albuminoid matters taken back into the blood in the resorption of the milk is small compared with the amount of sugar of milk.—*Gazette Médicale de Paris*, Nov. 25, 1876. (*Medical Record*.)

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## PERSONAL.

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REMOVAL.—G. M. PEASE, M. D., has removed his office and residence from No. 10 to No. 123 Ellis Street, San Francisco, Cal.

DIED.—JOSIAH BARTLETT GALE, M. D., Salisbury, Mass.

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“THE PHYSIOLOGICAL INTERPRETATION OF SYMPTOMS.”

BY M. J. RHEES, M. D., NEWTONVILLE, MASS.

THE above caption is manifestly an absurdity. A physiological condition is a condition of absolute freedom from symptoms ; consequently, it is impossible to interpret physiologically that which has no physiological existence. Notwithstanding the absurdity of the caption, however, it is adopted here for the purpose of directing attention to an interesting discussion which was published under it in the *Hahnemannian Monthly*, for September, 1875. The leading participator in that discussion gave expression to the idea that the covering of symptoms, which constitutes homœopathic therapeutics, is a “mere art” ; something so vastly inferior to a science that it needs to be “raised” to the dignity of a science. Now, although it is rather late to recur to that discussion, it is never too late to expose fallacy. We may, therefore, consider whether it is possible to change therapeutics into a science ; and, if it were possible, whether therapeutics would thereby be “raised.”

Preliminary to this consideration, let us inquire, What is the difference between an art and a science ?

The fundamental root meaning of the word “art” is “skill in joining or fitting,” and an *art* is “the employment of means to accomplish some desired end ; the adaptation of things in the natural world to the uses of life ; the application of knowledge or power to practical purposes ; a system of rules serving to facilitate the performance of certain actions,—opposed to science, or to speculative principles.” *Science* is mere “knowledge ; penetrating and comprehensive information ; the comprehension

and understanding of truth or facts ; investigation of truth for its own sake ; pursuit of pure knowledge ; knowledge duly arranged and referred to general truths and principles, on which it is founded and from which it is derived ; philosophical knowledge ; complete knowledge ; true knowledge. *Science* is literally *knowledge*, but more usually denotes a systematic and orderly arrangement of knowledge. In a more distinctive sense, *science* embraces those branches of knowledge of which the subject matter is either ultimate principles or facts, as explained by principles or laws thus arranged in natural order. *Art* is that which depends on practice and skill in performance." "In *science*, *scimus ut sciamus* ; in *art*, *scimus ut producamus*. And, therefore, *science* and *art* may be said to be investigations of truth ; but *science* inquires for the sake of knowledge, *art* for the sake of production ; and *science* never is engaged like *art* in productive application. And the most perfect state of *science*, therefore, will be the most high and accurate inquiry ; the perfection of *art* will be the most apt and efficient system of rules, *art* always throwing itself into the form of rules."

Does medicine concern itself with the pursuit of knowledge and "investigation of truth for its own sake," or for the sake of the benefit that knowledge and truth may confer on mankind ? Does it depend merely "on the comprehension and understanding of truth or facts," or on "practice and skill in performance" ? Is it only a speculative, philosophical study, a matter of so trifling importance that one of our colleagues calls it "our fun, our play," or is it the conscientious "employment of means to accomplish a desired end" ? Is it inquiry for the bare purpose of satisfying curiosity, or is it an "apt and efficient system of rules" ?

Medicine is an art, whether we adopt the fundamental meaning of the word or its more elaborate signification. It is "the application of knowledge to practical purposes, the adaptation of things in the natural world to the uses of life." It is the "fitting" of the remedial means, which the Author of all good has given us, to their proper places in the cure of disease. It is the "skilful joining" of the healing powers of medicines, to the efforts of nature to cure. To sum up the consideration of this first fallacy, viz., that medicine can be changed from an *art* to a *science*,

let us quote the very first aphorism of the father of Homœopathy: "The first and *sole* duty of the physician is to restore health to the sick. This is the true *art* of healing," and must necessarily continue to be to the end of time, whatever changes and improvements may be made in the practice of the art.

The second fallacy is that by changing medicine from an art to a science, you give it an elevated position. Dr. Lilienthal says, "What harm can it do homœotherapeutics if some of its adherents try to raise it from a mere art to a higher science?" But how can you raise what is already highest? How can you raise an inestimably useful art by placing it on a level with a speculative science? That would certainly be a change of level, but in the wrong direction. While it must be admitted that art is aided and improved by the discoveries of science, it would almost be true to say that without art, science would be completely useless to mankind, — useless at least in promoting his material comfort, his physical welfare. Science carefully, laboriously inquires into the facts of nature; but without art those inquiries would be barren of results, the facts discovered would be fruitless. Art seizes those facts and makes them productive of good. Science discovers the convertibility of water into steam, which is of itself a barren and useless fact: art grasps the fact, and gives us the steam-engine. Science develops the existence and capabilities of electricity and shows us how to generate it: art utilizes it, and gives us the electric telegraph. Science reveals the facts of physiology and pathology; it studies and classifies the facts of botany; it inquires into and discloses the truths of chemistry; and it shows the toxicological and remedial relations of various substances, which we call drugs and medicines, to the animal economy: but the art of medicine takes all these facts and truths, arranges them, discovers the rules which govern and combine them, and by rule applies them to use, to the good of the human race. And just so far as use is superior to speculative philosophy, so far is the art of medicine superior to any mere science.

The gentlemen of the physiological, or pathological, or pathogenetic, or pathopoetic school, or whatever they please to call it, tell us by the mouth of their spokesman, Dr. Lilienthal, that they do not select, or advocate the selection of, the remedy by the aid

of physiology. They go so far as to say that "we do not need physiological studies for the selection of the remedy." They are merely amusing themselves, as is the wont of scientific men, in trying to find out, simply for the satisfaction of their curiosity, how medicines act, what physiological or pathological changes they produce. Gentlemen, we have no objection to your amusement. On the contrary, we will thank you if you discover anything that will aid us in the practice of our art; we will give you due credit if you succeed in elevating any of the mere sciences which are auxiliary to the medical art, or in making useful (which is to impart life to) any of the dead facts already discovered or to be discovered within the range of any one of those sciences. But you cannot impart life to them, you cannot make them useful, until you pass them over to the domain of medicine; and when that is done, they have ceased to belong wholly to your science, and have been "raised" up to become part and parcel of our noble *art*.

To whom does Dr. Lilienthal refer when he speaks of those "who consider symptom-covering the all in all of medical knowledge"? Does he mean to say that men like Hering, Guernsey, Lippe, Dunham, and hundreds of others less known, consider symptom-covering the all in all of medical *knowledge*? Symptom-covering is no part of medical knowledge, it is exclusively the function of medical art; and the gentlemen above referred to probably give due weight to all the sciences auxiliary to medicine; but they believe there is something higher than mere knowledge, something more important than the "mere facts" of science. It is more important to combine those facts, to discover their mutual relation, and to apply them to the cure of disease. It is more important to cure, which is the function of *art*, than to speculate, which is the prerogative of *science*.

In all that has been said, there has been no intention of detracting from the value and importance of the medical sciences. Without those sciences there could have been no medical art; but without the art there could have been no practical, useful application of the sciences.

Let us now consider more particularly the object of our colleagues of the physiological school in their researches, and what practical benefit their investigations can result in to the practice

of medicine. They claim that, aside from the amusement their studies afford them, their only object is to discover "why a medicine cures." They deny that this knowledge has yet aided them in making cures or that they use it in symptom-covering. They seem to hope, however, that it will aid them, and that they can use it in the future. Apparently they wish to discover whether medicines have really produced meningitis, pneumonia, gastritis, etc., etc., etc., in the healthy subject before they will consent to use them in disease; and as the provers of medicines will hardly consent to undergo dissection for the purpose of deciding the question, they resort to trials upon dogs and other animals, ignoring the fact that many drugs which are almost innocuous to some animals are capable of producing serious toxicological effects, and even death, in man; and further, ignoring the reasonable inference that, owing to the difference in organization between man and animals, such experiments can scarcely establish a sound basis for the use of drugs in disease. The fact that medicines produce all the various symptoms of disease, down to the most minute, is not enough; it must be proven by ocular demonstration that they have actually begotten the pathological condition and the histological changes. But suppose it possible to satisfactorily establish all this in regard to each individual medicine; how shall we make use of it? How are we to know our patient's pathological condition, except through the totality of his symptoms? And of any half-dozen medicines which may be known by dissection to have produced a given pathological condition, how shall we decide which one to give, unless we carefully consider the minute and characteristic symptoms? Again, if it were possible to utilize this pathological knowledge in prescribing for the sick, how would that elucidate the question, "why it cures"?

This question, "why it cures," is as deep as the mystery of life. For the purpose of illustrating the apparent impossibility of ever reaching a satisfactory solution of it, suppose we consider the subject of *inflammation* as being a common, abnormal condition, on which the effects of medicines are as likely to be understood as on any other. The pathologist tells us that inflammation is caused by "stasis" or stagnation of blood; but he acknowledges that this is not the ultimate cause. There is something back of this which he does not understand. Hear Handfield

Jones: "We saw reason to believe that the tissues, in virtue of their nutrition power, exercised an influence on the movement of the blood; that in active hyperæmia their attractive force was increased; and we would now add that it is through the failure of this nutrition power that we believe stagnation takes place. The exact nature of the influence exercised by the tissues over the blood which traverses the capillary system is unknown. All that we can discern is, that it is such as promotes its free passage through them, and therefore, when it is in abeyance or greatly altered, it is to be expected that the circulation will be interrupted also. More than this we cannot gather from the observed phenomena, and we would only offer the remark, in conclusion, that in coincidence with the establishment of complete stasis, cessation of the natural function of the part occurs, and other processes commence, — the exudative, in which the plasma, that in a healthy state would have ministered to and maintained healthy action, is consumed in wasteful or even destructive changes. Whether the stasis depend solely on a persistence and exaggeration of the attraction of the tissues for the blood, which exists in active hyperæmia, or upon this and an abolition of the natural, non-aggregative tendency, or even repulsive tendency of the red corpuscles for each other and for the walls of the vessels, must remain uncertain; but the coincidence above noticed must be allowed to give considerable support to the main point, on which we would insist, viz., that the nutrition power of the tissues is chiefly concerned in the production of the flow of active hyperæmia and the stasis of inflammation." Our author concedes that there is something back of the stasis, which is a derangement of the nutrition power, that stasis is only one stage of inflammation. But what caused the derangement of the nutrition power? We must know this before we can know what caused the inflammation. In this, as in all other abnormal conditions, something has produced a change in the mode in which the vital powers accomplish sensation and action. But what is that something? How has it effected that change? And what is really the difference? Have the most minute microscopical researches shown us what life is, or what peculiar dynamic change has occurred in the vital powers previous to the commencement of disease? If you cannot discover this, if you cannot learn why the patient is sick, it

seems to be beyond the range of possibilities that you can ever discover why medicines cure. Do you say in regard to inflammation that your medicines cure by removing the stasis? But how can it remove the stasis without first removing the cause of the stasis? And how can it regulate the nutrition power of the capillaries without first curing the vital force upon which the action of the nutrition power depends? But the vital force is imponderable, immaterial, and incognizable by any of the senses, however aided, except through its effects. In disease we only know that it is disarranged and acting unnaturally, "by symptoms which are perceptible to the senses." The symptoms, whether subjective or objective, are the manifestations of disturbance of the vital force. The pain, redness, heat, and swelling of inflammation depend upon the stasis; but the stasis is the result of disturbance of the nutrition power, and if you cannot discover and understand how that is disturbed, how can you hope to learn in what way your medicines act when they regulate and restore it to its normal condition? As well might you expect "by searching, to find out God," as to discover, by your most minute researches, the mysterious modifications of the vital force of which all disease consists.

The difficulty of the inquiry, "why it cures," is greatly enhanced by the fact that we do not and cannot know anything regarding the dynamics of our remedies. We may and do know much of their effects, both in health and disease. As we know that life is present by the continuance of its normal processes, or by abnormal manifestations, so also we know that the medicine has power by its effects; but what the power is, or how it produces its effects, we can scarcely hope to know. It is equally as imponderable, immaterial, and incognizable as life itself. If there is any truth in homœopathic therapeutics, if the numerous reports of cures by the two hundredth or even those by the thirtieth potencies can be depended upon, the essential, peculiar power of each remedy is absolutely separated from all material substance in which it had its origin. It is impossible to conceive of matter being so subdivided as that the minutest atom of the original substance can be present even in the thirtieth potency; what shall we say, then, of the hundred thousandth and millionth potencies, which are lauded by excellent men as far superior in

virtue to the thirtieth? The conclusion is irresistible, that if those potencies have produced cures, they must have done so by means of power altogether independent of, and separated from, the original drug substance. The medicinal virtue, the "dynamic power" as Hahnemann calls it, must have been evolved and severed from the crude substance by friction during the processes of trituration and dilution, and subsequently potentiated by the long-continued, frequently repeated dynamization.

That it is possible so to develop an energetic power from crude and inert substances, we have a proof in the fact that electricity is evolved and disconnected from glass by friction, and from metals by dissolution, and made to traverse other metals. This is a fact beyond dispute. Another fact equally indisputable is, that chemistry eliminates from crude drugs and fixes in the various alkaloids the essential principles of those drugs; pharmacy concentrates the medicinal properties of other drugs in extracts, tinctures, and essences,—both thereby proving that the imponderable, immaterial, dynamic power of medicines can be separated from the crude substances to a great extent. Why should it be deemed less possible to go a step higher in the elimination, and separate the dynamic power entirely from the original substance? Innumerable facts prove that the peculiar medicinal properties of Peruvian bark reside in an intense degree in Quinia; that the soporific power of opium is intensified in the salts of morphia. Facts almost as multitudinous prove that the thirtieth and two hundredth potencies of our medicines are capable of curing serious diseases when given in accordance with the homœopathic law. We **do** not know why the Quinia is antiperiodic, or why morphia is soporific; but we positively know that they do possess those qualities. With equal certainty we do know that the thirtieth and two hundredth potencies cure the abnormal conditions, to the symptoms of which they are homœopathic, although we do not know why they or any other potencies cure.

In conclusion, it may be worth while to ask if we have not been discussing a verbal error. Does not Dr. Lilienthal mean to say that he wants to discover *how* a medicine cures, instead of *why* it cures? The foregoing argument is pertinent to the *how*; but it would seem unnecessary and superfluous for a true

homœopathist to attempt to find any other answer to the *why*, than that which is already established. It is as old as Homœopathy itself. If anything is certain in the medical art this is certain, *that a medicine cures because it has been administered in strict accordance with the immutable law of nature*, SIMILIA SIMILIBUS CURANTUR.

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### WHAT IS SCARLET FEVER?

BY E. M. HALE, M. D.

THERE is an evident tendency in both schools of medicine toward gross theoretical doctrines relating to the causes of infectious and contagious diseases. This tendency is unfortunate, as it will lead to the grossest materialism in treatment, and prostitute our practice to a level with ancient therapeutics. The doctrine that the blood in certain diseases is swarming with animal or vegetable parasites or fungi is as gross as the old humoral pathology, and the idea that by saturating the blood with a so-called disinfectant the disease can be prevented or arrested is a phantom of the imagination.

The question at the head of this article involves others, namely:—

(1.) Is the poison of scarlatina an impalpable, intangible agent?

(2.) Is it a kind of ferment?

(3.) Is it a species of parasite?

Before the theory of zymosis was broached, the poison of scarlet fever, and in fact of all contagious diseases, was supposed to be a purely dynamic force, and that all the morbid changes which took place in the body during the progress of the disease were due to the malign influence of this immaterial agent, which penetrated every portion of the body. After this came the theory that the cause of the disease was a ferment; that the invisible microscopic germs were taken into the body through some avenue, generally the lungs; that it entered the blood, and then acting as does the yeast-plant, propagated to such an extent that a violent effort of the organism to rid itself of this ferment resulted in the phenomenon which is called scarlet fever. The third theory, which is of later date, originating fifteen or twenty

years ago, is that some parasite of an animal or vegetable character gains entrance into the blood, and, once there, propagates to such an extent as to invade all the tissues, and in the end destroys the integrity of the blood, until it no longer sustains the vitality of the organism.

The most potent of these organisms is supposed to be bacteria, a low organism which is always associated with decay of animal solids or fluids, and found in any disease where there is waste of organic material.

All these theories, however, have been in time abandoned by the foremost minds in scientific medicine. One after the other, they have been subjected to the most exhaustive investigation, until not one of them can claim to occupy an indisputable ground.

In fact, the careful reader of medical literature will observe that another and a new theory bids fair to occupy the minds of the great investigators.

It is the theory that the virus of contagious diseases is an albuminoid substance, not an organized ferment or bacteria, etc. To prove this theory, experiments have been brought forward which have resulted in substantiating it.

In one series of experiments it was proved that "in order to reproduce the diphtheritic process by inoculations, it is necessary to take one of the fragments of false membrane from the air passage of man and place it in contact with or under the epithelial covering of the mucous membrane of animals," and from this it may be fairly inferred that a similar method of inoculation would result in communicating diphtheria to individuals previously in good health; further, that in the false membrane of diphtheria, and not in the bacteria, vibriones, etc., present in this disease, the peculiar poison of diphtheria is to be found. The experiments of Duchamp, Hiller, Jacobi, and others further prove that the real virus of infectious disease is carried by certain corpuscles, or granules, not recognizable by the unaided eye, but visible under the microscope.

An experiment made by Onimus seems very striking and conclusive. He placed putrifying blood in a bag made of dialytic membrane, and immersed the whole in distilled water, which, after a few hours, was found filled with bacteria. Inoculations

with the blood produced the usual results, namely, putrid or septic form, while inoculations with the water, *i. e.* the bacteria, caused no septic symptoms. Again, he removed all the bacteria from the blood by other means, and the blood still retained its virulence.

The experiments of Curtiss and Sanderson, in the Twelfth Report of Medical Officers of Privy Council, 1869, proved, (1) that the virulent principle of infectious diseases is soluble, or at least suspended in water, and the liquid, which is rendered poisonous by its presence, may be clear to the eye, but contains granules under the microscope; (2) these granules have not produced bacteria in a number of instances when they have been placed in a suitable condition to do so.

We are, from these experiments and others, led to conclude that in many diseases of infectious type the *rôle* played by bacteria has been misinterpreted. They, in themselves, are not the causative agent of these maladies, but are rather, as Hiller asserts, only a frequent accompaniment of septic action, and the only part they play in contagious diseases is that they may act as carriers of contagion.

It will be seen by these experiments and deductions that the mistake has been made of confounding effect with cause, or, in other words, of mistaking the result of contagion for the contagion itself.

We now come to the question which heads this paper, namely, Is there any preventive treatment for scarlet fever?

We must throw out the presence of bacteria, micrococci, as causative agents in the production of the disease. We must accept the latest theory, substantiated as it is by the most trustworthy experiments, namely, that the contagion has its home in certain corpuscles or granules which in themselves possess no trace of life, but are merely the vehicles of the poisonous virus. These corpuscles are capable of being carried in the air to any portion of the city and to any distance; they adhere to clothing and to any article or may float in any fluid; they are not destroyed by any degree of heat short of boiling, or any degree of cold whatever; nor are they destroyed by any known anti-septic. The experiments of Dr. Dougal, of Glasgow, proved that the infecting property of vaccine lymph is unaffected after being

buried for thirty-six hours in an atmosphere of concentrated carbolic vapor ; and Drs. Curtiss and Satterthwaite went still further, for they have established that even if salicylic acid be mixed in concentrated form with tongue scrapings, it had no effect upon their poisonous matter, and that when inoculated, septic infection was produced, and the lesion of disease, though without the bacteria, was produced !

Now we are all familiar, says Dr. Robinson (*Journal of Obstetrics*, June, 1876), with the remarkable property of carbolic and salicylic acids, proved by so many observers, by which they are able to prevent the formation of bacteria in putrescible substances during considerable lapses of time, and this they will accomplish effectively in relatively weak solutions. Hence their almost constant employment by many eminent practitioners to destroy all organized germs ; and yet the experiments of Dougal and Satterthwaite suggest, as their authors state, " that salicylic acid and carbolic acid, while excellent preservatives and antimicrophylics, are, perhaps, not disinfectants at all, in the strict sense of the term. In other words, the true poison of the virulent disease will remain unaltered by their action, even though lower organisms are destroyed and the power taken away by which their reproduction is effected. If this be true of the noxa (poison) of virulent disease, it is probably true, also, of the poisonous principles of zymotic affections in general. In these diseases, therefore, when, by the most perfect and thorough employment of antiseptics, we have taken it for granted that we have destroyed their special cause of transmissibility, we have probably tended rather to preserve it intact than to annihilate it." This able writer concludes with the following emphatic assertion : " There is, in reality, no good reason for believing that any one of these drugs (the antiseptics) will affect, in the smallest degree, the poisonous entities " (the corpuscles, granules, etc.) " which are found in contagious diseases."

To those who now believe in the germ theory of zymotic affections, I would say that no publication has yet appeared which contains any proof that antiseptic agents, given by the mouth and taken into the stomach, have been able to arrest the production of bacteria in any tissue and liquid of the body.

We are told by the advocates of the germ theory of disease

that all we have to do to prevent or avert scarlatina is to saturate the blood of the patient, — keep it free from germs, — and the disease cannot affect the body. Let us see if this can be done, and safely done.

Robinson offers the following problem: “The weight of the blood, in proportion to the entire weight of the body, is, we are aware, as 1 to 8, and the body of a healthy man, weighing one hundred and forty-five pounds, will therefore contain, on the average, about eighteen pounds of blood. Now, of all the disinfectants, there are few, if any, that we can give in anything like the proportion necessary to interfere notably with the vitality of the bacteria, etc., without producing injurious effects.”

But the volume of the blood is not all that we have to disinfect. The fluids of the body constitute one fourth of its weight. If we take from this the one eighth for the weight of the blood and one eighth for the weight of fluid, which need not be reached by the antiseptic agent, we still have remaining to be purified one half of the weight of the body. Now, a child of from six to ten years of age will average fifty pounds' weight. We shall have thus twenty-five pounds of fluid to be purified and disinfected.

Let us enumerate the drugs which are supposed to have the most powerful disinfecting power; they are, permanganate of potash, sulphurous acid, carbolic acid, salicylic acid, chlorine, and a few others of the stronger class. These we can throw out as absolutely unsafe. Then there are the sulphites, hyposulphites, sulpho-carbolates, and salicylites, and quinine. These are all relatively unsafe. The safest of all is doubtless the salicylate of soda. But not one of them could be given in sufficient quantities to saturate the blood and fluids so thoroughly as to destroy all the bacteria or other organized germs of disease. Even if the germ theory be true, these agents could not be administered in sufficient quantity to destroy them and arrest or prevent the diseases to which they are supposed to give birth.

It requires at least one part in one thousand of carbolic acid to destroy infusoria and other microscopic organisms in any fluids.

The sulpho-carbolate of soda is four times as weak as carbolic acid. It will require, then, four parts in one thousand of this sulpho-carbolate. But such is the rapidity of the elimination of

this salt that it would really require much more, say ten parts in one thousand. But taking the lesser quantity, it would require over two ounces to disinfect the four hundred ounces of fluid in the body of a child. Does any one pretend that such a quantity would be safe, repeated every day, as it would have to be? And if they cannot do this, they certainly cannot destroy the virus, existing in the corpuscles, which causes the disease from which the bacteria result.

It is said by the enthusiastic and irrational supporters of the germ theory and its antiseptic treatment, that the alkaline salts of carbolic acid can "be given in any quantity with perfect safety."

I contend that it is not only absurd and unscientific to make such assertions, but that it borders on the criminal.

What do we absolutely know about drugs that we dare make such assertions? Do we not remember that the same assertions were once made relative to the bromides and iodides and hypophosphites of alkalis? And do we not know that they are all poisons, when given for any length of time in large doses? The sulpho-carbolates are not any less innocuous than the agents just enumerated. In fact, when we consider the acids, we may justly agree with Dr. Robinson, "that we should be chary of their use."

*Sulphurous acid* cannot be taken into the stomach with impunity, but it is not as powerful and dangerous as carbolic acid, which is classed among the most violent poisons. Even in small doses, — as a few grains (eight or ten), repeated several times a day, or a single dose of thirty or sixty grains, — it has been known to destroy life in a child. When fatal poisoning is escaped, the victim suffers from various symptoms and pathological lesions, among which may be enumerated vertigo, headache, delirium, congestion of the brain, apoplexy, convulsions, inflammation of the throat, stomach, bowels, and congestion and inflammation of the lungs. It destroys the vitality of the blood, paralyzes the heart and the vaso-motor nerves, arrests the active movements of the blood-globules, and produces a stasis, or stagnation of the blood, in every organ of the body, especially the kidneys. These organs are obliged to eliminate and carry out of the body all the acid which is not eliminated by the lungs. So powerful is its action on the kidneys that it has been known, in quite small doses, to cause bleeding from the kidneys, albuminuria, and nearly all the symptoms of Bright's disease.

Now it will be observed that nearly all the above symptoms caused by carbolic acid are frightfully similar to those symptoms and conditions found in malignant scarlet fever.

In view of these facts relating to carbolic acid, let us examine the unproven assertion that the sulpho-carbolates can be given to a child with impunity. It is advised by all the authorities, and is the practice among physicians who give this drug, to give a child from ten to thirty grains a day of the sulpho-carbolate of soda, which is estimated to be equivalent to one fourth that quantity of carbolic acid. A child, therefore, who takes ten grains of the soda salt actually takes into its stomach nearly three grains of the acid.

It is admitted that this quantity of the acid, if taken in its pure state, would be dangerous to the life of a child, but it is explained that, taken in the form of a sulpho-carbolate, it is harmless. Why? "Because," they say, "it is rapidly absorbed and projected throughout the system. In the blood or the tissues, this double salt is decomposed, the sodium sulphate being set free in the tissues and ultimately excreted by the kidneys; the carbolic acid also liberated in the textures eventually, and eliminated by the lungs and kidneys."

Another reason given why it does not poison is, "that there is a gradual evolution of the *carbolic acid*, which is at no time in sufficient amount to manifest its poisonous action." But I must here remind you that this supposed behavior of the sulpho-carbolate is mere theory. The human body is not a chemical laboratory, a crucible, so that we can say a drug will act in this or that manner when put into it. The body is a vital organism, whose mechanism we may think we know, but of whose functions and actions, when under the influence of chemical agents, we are comparatively ignorant.

Even suppose this drug to behave in the average healthy body in the manner described, can we be assured it will act in all cases in this manner? Suppose the lungs or kidneys refuse to eliminate the carbolic acid as rapidly as necessary? What happens? The toxic agent accumulates in the body until it infringes upon some vital organ, the brain, the spinal cord, or the kidneys, when an explosion occurs, and the patient is attacked with congestion, spasms, or paralysis.

Even if the greater quantity of the carbolic acid is carried out of the system, how do we know that enough is not left to precipitate some of the serious symptoms which usher in scarlet fever? Its action is so similar to some of the effects of this disease, that its presence in the system may aggravate the conditions when the attack arrives. We all know how important it is in the treatment of scarlet fever to preserve the blood in its activity and integrity. We cannot do this when the system is saturated with carbolic acid and an alkali, for, aside from the injurious effect of the former, the action of the latter is sufficiently bad. All the alkalies notably bring on and increase the weakness of the heart. They also destroy the integrity of the blood, and to such a degree that, when taken in excess, they become dangerous.

I would not be understood as altogether denying the usefulness of the sulpho-carbolates in the treatment of scarlet fever, but I do deny their value as prophylactic agents, believing that they have no such power.

During the progress of the disease I would prescribe them as I would prescribe any drug, namely, as a remedy to meet certain indications, to aid nature in eliminating the virus of the disease.

My belief is that there is no *one* prophylactic remedy for scarlatina any more than there is a single remedy for the disease when present in the organism. To assert that *Belladonna* is the sole prophylactic is to be inconsistent. To be consistent with our belief in the homœopathic law, we should recognize that, as not all epidemics of scarlatina are alike, so there cannot be a single prophylactic. *Belladonna* does not correspond with all the symptoms of every epidemic. It has no specific power against the poison contained in the molecules or corpuscles which invade the system in this disease. It is prophylactic because it corresponds to the effects of the poisons; but so do *Ailantus*, *Arsenicum*, *Hyosciamus*, *Stramonium*, *Agaricus*, *Arum*, *Solanum*, *Rhus*, *Lach.*, *Amm. Carb.*, *Sulph.*, and others. As consistent homœopaths, we should study the *genius of the epidemic* and prescribe the homœopathic remedy for its manifestations.

We cannot destroy the poisonous corpuscles in the blood and fluids of the body, but we can aid the forces of the organism to eliminate them from the body, through the skin, the glands, and the kidneys. I am half inclined to believe with Dr. Richardson,

who, in his *Diseases of Modern Life*, suggests that these corpuscles may be *secreted* by the *diseased organisms*, instead of multiplying in the blood and fluids by any process inherent in themselves. He intimates that the entrance from without of one or more of those corpuscles will cause such a perverted and abnormal state of the whole organism that the system goes on secreting similar ones, until the morbid condition has been arrested by an effort of the organism. It is more than probable that this is the true explanation. If so, how absurd the attempt to disinfect the blood, and how rational the practice taught by Hahnemann that we should affiliate the remedy to the symptoms of the suffering organism and aid nature in ridding the system of the obnoxious poison!

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*STUDIES IN THE MATERIA MEDICA.*

BY D. DYCE BROWN, M. A., M. D.

(*Monthly Homœopathic Review.*)

III. APIS.

[*Apis Mellifica, the Poison of the Honey-bee.*]

THE action of *Apis* upon the human body is extremely interesting and unique. Into the question whether animal poisons which produce certain marked effects when injected subcutaneously, will produce similar effects when swallowed, I have not space to enter. Suffice it to say that the evidence is now clearly in favor of the affirmative view, as shown by recent allopathic investigations on serpent-poisons.

The tissues for which *Apis* shows its elective affinity are, prominently, the skin and cellular tissue and mucous membranes. The local effects of a bee-sting are thus well described by Dr. Hughes in his *Manual of Pharmaco-dynamics* (p. 110): "The part rapidly swells up, becomes more or less hot and red, with intense pain and considerable burning, tingling, and itching. This is the simplest and most characteristic form of the pathogenetic influence of *Apis*. It is an *acute œdema*, the cellular tissue being more affected than the skin." This acute œdematous inflammation is the key to the understanding of much of the action of *Apis*.

The whole tract of mucous membrane, from the eyes to the

anus, is irritated, though more decidedly in some portions than in others. We find conjunctival redness, palpebral and meibomian irritation, with secretion; a dry nasal catarrh, produced by swelling of the Schneiderian mucous membrane; severe inflammation of the tongue, with much swelling, — in fact, glossitis; the buccal mucous membrane is inflamed, as also the fauces and pharynx, the swelling being prominent and of the œdematous type. The larynx and trachea are very decidedly irritated, various grades being visible, from slight irritation causing hoarseness and dry cough at night, to severe œdema of the glottis and laryngitis, with its accompanying dyspnoea and sense of suffocation. The stomach shows signs of irritation, characterized by pain, eructations, nausea, and vomiting. This latter is generally accompanied by colicky pains in the abdomen, severe watery or dysenteric stools, and rectal irritation. The mucous membrane of the bladder is very decidedly irritated, causing pain in micturition, and very frequent desire to pass water. The kidneys also show the effects upon them of *Apis*; the urine has been observed to become very scanty, but generally it is the reverse, and profuse flow of this secretion occurs. Next, we find the skin show very decidedly the pathogenetic effects of *Apis*. In the face, and in all parts of the body, erysipelatous redness occurs, with œdema, and a feeling of heat, tension, and burning or stinging. At other times the skin develops an urticarious eruption, sometimes a papular one. The œdema causes an appearance of swelling in the face and extremities. *Apis* also shows a very marked affinity for the female sexual organs, chiefly the ovaries. In these we find pain and tenderness, with tendency to uterine hemorrhage, downbearing pains, increase in frequency and amount of the menstrual discharge, and tendency to miscarriage in pregnant women.

Besides these states, *Apis* causes a full, throbbing or dull, pressive headache, chiefly in the forehead, with vertigo, and a general nervous restlessness and irritability, with very considerable prostration and sense of weakness and languor.

*Apis*, in many points, bears a close analogy to *Belladonna*, *Arsenic*, and *Mercurius corrosivus*. To *Belladonna*, in the headache, the eye symptoms, the nervous restlessness and irritability, the sore throat, the laryngeal irritation, the erysipelas of the skin, the kidney, bladder, and ovarian irritation; to *Arsenic*, in the

general mucous membrane irritation, with watery diarrhœa ; and to *Mercurius corrosivus*, in the tongue inflammation and the dysenteric diarrhœa. But though *Apis* to some extent resembles those medicines, its action as a whole is unique.

Having given this general sketch of the action of *Apis*, let us now go over more minutely its pathogenesis.

MIND. — In the mental sphere, we find emotional disturbance and irritability of temper, — almost a hysterical state. We find the person laughing at the least excitement, and even at misfortune ; at another time crying about everything. A feeling of anxiety and distress, with fear of death, was experienced several times, as was also a state of nervous irritability at trifles. Several persons speak of mental confusion, and inability to concentrate the thoughts upon any occupation. In the fatal cases, unconsciousness came on before death. Along with these symptoms, we must class several which Dr. Allen places under the head of “generalities.” These are muscular twitches ; starting during sleep ; sensations of an electric shock going through the body ; general restlessness through the day and in the evening, with sensitiveness of the skin to external impressions.

A very marked condition is a feeling of prostration, weakness, and lassitude, even to faintness, as after heavy exertion. This state is noted thirty-five times. Several times this feeling of lassitude is accompanied by a bruised feeling through the body, as after fatigue.

Closely allied to these symptoms are those of the

HEAD. — Besides the feeling of confusion in the head, headache and vertigo are prominent states. A peculiar sensation, as if the head were too large, is noted five times. The headache is often described as being relieved by pressing the hands tightly over the head ; it is of a dull, pressive character, or of a burning, throbbing nature, as if the head were too full of blood ; and the pain is occasionally boring. The site of the headache is chiefly in the forehead, the temples, and over the eyes ; sometimes it is one-sided, and occasionally in the vertex. Along with the headache, decided *vertigo* is frequently noted. These head symptoms are very prominent in the pathogenesis, and suggest *Apis*, therapeutically, as a remedy in congestive headache, especially when accompanied by nervous irritability of temper and feeling of prostration.

EYES. — The action of *Apis* on the eyes is of a very decided character, and manifests itself in four different ways : (1) œdematous swelling of the lids ; (2) irritation of the margins of the lids and blepharitis ; (3) conjunctivitis ; and (4) over-sensitiveness to light, or photophobia. These various states are accompanied by pains of a pressing or piercing or burning character, in the eyeballs and superciliary ridges, and by lachrymation. The œdema is very marked in both lids ; in one instance it is observed that these swellings entirely closed the eyes and in another that the upper lids hung down like little sacs. They are red, as well as swelled. The irritation of the lids in several of the forms amounted to nothing more than to cause itching and stinging pains in the margins, with desire to rub the lids. In others there was, along with these symptoms, considerable meibomian discharge, causing agglutination in the morning, and actual soreness in the margins of the lid. The conjunctiva is also found inflamed in the case of some of the provers ; thus we find “smarting and sensations of burning in the eyes, with bright redness of the conjunctiva ; very sensitive to light.” Some of the provers speak of a sensation as if the eye were full of mucus, and one as if a foreign body was present. The lachrymation and photophobia go very much together. Not only are the eyes described by several of the provers to be sensitive to light, and to water when looking at a strong light, but they get easily tired when used, and cause desire to rest them, and disinclination to use them for any purpose. Two or three of the provers speak of dimness of sight, and sensations of whirling, with vertigo. These pathogenetic effects point out *Apis* as a valuable medicine in general irritation of the eye, consisting of slight conjunctival redness, irritation and itching, or inflammation of the margins of the eyelids and lachrymation, especially if this state is accompanied, which it is likely to be, by sensitiveness to light, aching pains in the balls and lids, and disinclination to use the eyes for reading. This form of ophthalmia is frequently seen in scrofulous patients. The œdema of the lids, of course, points it out as a medicine in similar conditions, but this symptom is generally only part, and the earliest indication of disease of the kidneys and dropsy. Of this we shall have to say more afterwards.

EARS. — The symptoms here are trivial, and all pertain to the external parts.

NOSE. — The symptoms appertaining to the external surface come in more appropriately along with the *face*; but a dry form of catarrh of the lining membrane of the nose is observed by a number of the provers. A feeling of swelling of the mucous membrane, and obstruction occurs, with sneezing. Running catarrh is not observed. Once it is noted, "Now and then some dropping," and "moisture only when blowing the nose." Once blood came on blowing the nose. The prominent character, then, of the *Apis* nasal irritation is that of a dry catarrh, with sensations of swelling and obstruction. Remedies, in dry nasal catarrh, are few and uncertain in their effects. *Apis* would be well worth a trial in this state.

FACE. — In a few provers a preliminary stage of unusual paleness of the face is remarked, and this is generally accompanied by faintness. In the majority of provings the reverse state is noticed, and in a very marked degree, viz., redness of the whole face, including the nose, with very considerable swelling, heat, burning sensation, and œdema. The latter is particularly mentioned as visible in the nose, with redness. It is called in one case erysipelas. The burning is described as accompanied by feeling of fulness, as if the vessels were overloaded with blood; this is aggravated by stooping. The lips are red, swollen also, and cracked, this state ending in desquamation. The provings of this erysipelatous state of the face are very numerous and decided. In the face, then, we have the type of the *Apis* inflammation. The skin and subjacent cellular tissue take on a marked erysipelatous condition, characterized by redness, swelling, and œdema, with burning, stinging pain. This, of course, points out *Apis* as a leading remedy in erysipelas, especially in the form of it where œdema is present; and in such cases experience has amply proved its value.

MOUTH. — The mouth symptoms are extremely interesting and important, from the production of well-marked glossitis. Passing by, with a simple notice, the pains in the teeth and gums, which seem connected with the headaches and flushed state of the face, we find the tongue presents symptoms produced by few other medicines. Very decided swelling of the

organ results, although the bee-sting has been in some other part of the body. We have recorded, "swelling of the tongue, after a sting in the vertex; he could neither speak, nor move his tongue, nor swallow the least morsel"; "swelling of the tongue and lips (after a sting on the temple)." Another case of this kind was mentioned by Dr. Bayes, at the British Homœopathic Society, where a sting in the arm was followed by decided swelling and inflammation in the tongue. Vesicles and papular elevations are seen to rise on the edge and tip. The sensations accompanying this inflammatory state are burning, stinging, prickling heat, burning rawness, extreme sensation of rawness and scalding, feeling as if burnt; the tongue is sometimes dry, but oftener, as in glossitis, associated with an accumulation of tough, viscid, soapy saliva in the mouth and fauces. The lining membrane of the buccal cavity also is seen to be red and raw-looking; it feels raw, dry, burning, and is tender to the touch.

No medicine in the Pharmacopœia, not excepting *Mercurius*, produces such a close simile to glossitis. The therapeutic indication here is very clear, and suggests *Apis* as the medicine in acute glossitis.

THROAT.—We might anticipate that a medicine which so markedly inflames the tongue and buccal cavity would also cause inflammation in the fauces; and so we find it in the case of *Apis*, where throat symptoms are very decided and interesting. We find the glands of the throat swollen, accumulation of viscid mucus in the throat, compelling frequent hawkings; the throat feels dry, hot, and burning, the sensation is often that of rawness, with frequent inclination to clear the throat. One person records "sore throat accompanied by a hoarse, hard, spasmodic, and somewhat hollow cough, caused by a sensation of filling up in the throat, as though he needed to raise something. Does not recollect, however, raising anything." This symptom is clearly produced by swelling and inflammation of the mucous membrane of the pharynx. We have also "sensation of fulness, constriction and suffocation in the throat," "throat felt constricted, and as if a foreign body were lodged in it; deglutition was painful," "sensation of constriction and erosion in the throat in the mornings, after fifteen minutes; increases to such a degree in eight hours that swallowing becomes difficult"; "an aching pressure, as if

from a hard body, back in the upper part of the throat and fauces ; continuing for some hours, occurred in two provings." "Roughness and sensitiveness of the pharynx," "difficult swallowing," "inability to swallow a single drop, with swelling of the tongue." "Not until some hours after the sting, the throat swelled inwardly, then outwardly ; voice grew hoarse ; breathing and swallowing very difficult ; difficulty of swallowing not caused by the swelling of the throat, but by the irritation of the epiglottis, for every drop of liquid put upon the tongue nearly suffocates him." "Small, white spot about half an inch to the left of the glottis."

Except the latter statement, we miss much, in Dr. Allen's work, a description of the throat as seen on inspection. The symptoms evidently point to a considerable swelling of the whole mucous membrane of the fauces, probably of an œdematous character ; and such is the form of sore throat which responds to *Apis*. I cannot do better than quote what Dr. Hughes, in his *Pharmacodynamics*, says of this point : "There is a species of sore throat in which *Apis* is specific. There is no very great redness or pain, as with *Belladonna*, nor is the parenchyma of the tonsils inflamed, as when *Baryta carbonica* is the remedy ; but there is general œdema of the submucous cellular tissue covering the tonsils, uvula, soft palate, and even the posterior portion of the hard palate. When you look at the throat, it seems as if a bee had flown in and stung the patient there. If the numerous cases of angina cured by *Apis*, which have been put on record, be studied, they will be found to have been of this character. Such a sore throat is not uncommonly an extension of erysipelas, as the late Dr. Todd describes it in his Clinical Lectures. It is often, also, the beginning of œdema glottidis, in which *Apis* is the great remedy. It proved curative of an instance of this affection, when the cause was drinking water from a kettle. Such cases are commonly fatal. There are two specific diseases in which the throat is often affected in the way of acute œdema, and to which *Apis*, thus indicated, bears an important therapeutic relation. These are diphtheria and scarlatina. Facts are accumulating which point to *Apis* as a prime remedy in the former disease. Drs. Baumann and V. Meyer, in Germany, Kallenbach in Holland, and Jahr in France, concur to esteem it the best anti-diphtheritic we have, and my own experience points to it in the same direc-

tion. In the last case I had I found it remove everything but the coryza, which yielded to *Kali bichromicum*. In scarlatina, *Apis* is obviously indicated for the anginose form, where there is more œdema than ulceration" (p. 111).

These admirable remarks on the therapeutic indications of *Apis* in throat affections leave nothing further for me to add, except that when the throat is markedly so affected, along with inflammation of the tongue, *Apis* is still more strongly indicated.

[*To be continued.*]

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#### AUTUMNAL CATARRH.

[*Read before the R. I. Homœopathic Society, by T. H. Mann, M. D., of Woonsocket.*]

It is a well-known fact that on or about Whit or White Sunday, in a country where apple-trees are plenty and in full blossom, a peculiar kind of catarrh or influenza attacks about every other person. I have experienced it many times. It seems as if all the pores of the body were fully opened by day, while at nightfall symptoms of a severe cold pervade every muscle, bone, and tissue.

The cause of this White-Sunday epidemic has never been disputed; or thought of sufficient importance to engage any serious inquiries, and the very farm laborers will affirm as the cause, which is no doubt correct, that the peculiar scent of so many blossoms pervading the atmosphere acts upon the system as a laxative to open every pore of the skin.

This catarrh attacks only about every other person. There are very many whose vitality is sufficient to resist successfully the morbid influence.

The autumnal catarrh is no doubt similarly caused. Upon a close examination of influences of a like nature, brought to bear at the time of its onset, we are led to conclude that the pollen of the *Ambrosia artemisiæfolia* exercises the greatest influence, and that that is one of the exciting causes, if not the principal cause, of this disease.

In like manner we are led to conclude that emanations from the drying clover in June are the principal cause of the hay-asthma of old writers, or the rose-cold of new.

If it should prove true, as some Western physicians assert, that the *Artemisiæfolia* is the remedy for autumnal catarrh, it would also prove that it is not the cause, for no prover can produce upon himself the White-Sunday catarrh by a tincture of apple-blossoms. It does not follow, because the pollen of a certain kind of weed or flower produces sneezing and asthmatic symptoms in a subject whose lungs, bronchial tubes, and mucous membranes are peculiarly susceptible to the irritant, that such plant is the remedy therefor.

Hempel says, page 144, *Science of Homœopathy*: "Symptoms of inflammation of the throat, œsophagus, stomach, or bowels may be induced by a variety of acrid poisons, which may not, for all that, be in curative *rapport* with an inflammation of those organs when occurring as a natural disease. . . . These gross notions of Homœopathy, which unfortunately have been entertained and promulgated by a few professedly homœopathic writers, should be abandoned like a subtle poison with which the spirit of evil has sought to pervert the life-giving truth for which I am contending."

It is claimed by some that the poison which the pollen transmits to mucous membrane during one season, is sufficient to produce the same result for successive seasons without a fresh inhalation. That is probably incorrect; yet the severe irritation produced one season leaves the mucous membrane susceptible to the minutest influence the next.

We have this susceptibility well illustrated in the poisoning by the *Rhus venenata*, particularly in the constitution which takes the poison readily. My brother, who has a very light complexion, light hair, and thin skin, was so badly poisoned with the *Rhus* when about twelve years of age that for several days his life was in danger. This was twenty years ago; but now if a shrub of the *Rhus* is shown him or brought near enough to be recognized, within twenty-four hours the peculiar blotches resulting from the poison will break out, and he has palpable symptoms of the old poisoning.

The predisposition to autumnal catarrh exists in the individual, and generally we find it existed in a portion, at least, of his ancestry. It is not confined to any particular temperament or complexion, but attacks all alike. Those who are confined or

labor through the winter in rooms heated by coal stoves or furnaces are the almost exclusive subjects.

So far as known, the autumnal catarrh is confined to the New England and Middle States, as far west as the Mississippi River, and south to Norfolk, Va., and Memphis, Tenn. Of the above section of country, the northern part of Maine and New Hampshire, a section of the Adirondacks and Catskill Mountains, and the northern portions of Michigan and Wisconsin, are exempt from its attacks.

It is not known in Great Britain or upon the Continent, and the voyager upon the sea is exempt.

Our true hay-fever or rose-cold, occurring here in June, is very well developed in Europe. It extends over the whole of this country, or wherever the red clover is known, though in some sections it rages with greater severity than in others. Those places exempt from autumnal catarrh modify hay-fever very much, but do not exempt from it entirely.

The hay-fever of May and June is not so severe nor are its attacks so long-lasting as the autumnal catarrh, but in other respects the two epidemics are very similar, and attack persons of the same predispositions.

Very often those who have suffered with hay-fever in June have been attacked with autumnal catarrh in August. After an attack of the latter, the attacks of the former gradually lessen, and finally stop altogether, while the autumnal catarrh of August takes its place every year thereafter.

C H. Blackley, M. R. C. S., England, has published a work upon *catarrhus æstivus*. In it he speaks of making a proving of the pollen of many species of plants upon his own mucous membrane, and finds the symptoms produced correspond with the disease. The action of the pollen upon the mucous membrane he regards as partly mechanical and partly chemical. A drop of a centesimal decoction of pollen of *gladiolus* applied to the conjunctiva instantly produced catarrhal ophthalmia, lasting thirty-two hours. He was a victim of the disease, which is probably our June hay-fever.

Dr. C. P. Alling contributes an article to the *Cincinnati Medical Advance*, in which he says he has obtained the best results from the use of *Arsenicum*, *Nux*, *China*, and *Sticta*. He reports a case

where the disease was prevented by the patient, who had always been subject thereto, staying in a room where the only air admitted was through strips of muslin fastened before the open window and kept constantly saturated with water. In damp weather and at night he ventured out.

Dr. John E. James, in a paper read before the Homœopathic Medical Society of Philadelphia, says that *Arsenicum*<sup>2d</sup> and <sup>3d</sup> has in his hands effectually cured several cases. He gave it the first season about half the time, the second season for about a week, and the third season for a day or two, and the catarrh did not occur again.

Dr. James in his paper has considered the two diseases, hay-fever and autumnal catarrh, as one and the same,— the first being caused by the first crop of grass, and the latter by the second crop. Experience has proved that he was wrong.

Dr. Hughés, in his *Manual of Therapeutics*, mentions *Arsenicum*, *Euphrasia*, *Kali hydriodicum*, as the most homœopathic remedies to hay-fever. He also states that *Hydrocyanic acid* has given rapid relief to hay-asthma; that he knows of no notice of its successful treatment in our literature, but from private sources mentions that *Kali bichromicum*<sup>30</sup>, *Silicea*<sup>12</sup>, *Taxus baccata*<sup>0</sup>, have been given with advantage. Dr. Hughes undoubtedly refers to the hay-fever of June.

Dr. W. H. Holcombe states that *Arsenicum* and *Nux* are the homœopathic palliatives for hay-asthma; that the first cen. trit. of *Camphor* has been followed for some hours after each dose by decided amelioration, and that he had obtained brilliant results from *Lachesis*<sup>2i.00</sup>.

Dr. Hale says the so-called hay-asthma is due to the influence of the medicinal principle of the red clover (*Trifolium pratense*), which partially escapes during the process of curing. Dr. Hale probably refers to the hay-asthma of June.

Dr. S. A. Jones, in his notes upon *Aralia racemosa*, mentions the fact that in the proving it produced an asthma similar to hay-asthma, and mentions two cases where *Aralia racemosa*, ten drops, three or four times each day, seemed to act like a healing balm poured over the burning and excoriated fauces, nares, and nostrils.

My own experience in the treatment of autumnal catarrh has

been in two cases, one occurring in a lady from Kentucky visiting Block Island, which circumstance undoubtedly modified the attack somewhat. She was completely cured under *Arsenicum*<sup>2d</sup> in ten days.

Case second was a lawyer from the city of Brooklyn, who came to the island entirely free from the catarrh, as did case first, but was attacked at the usual time, though mildly, compared with years before.

*Arsenicum*<sup>2d</sup> kept it completely under control for several weeks, so long as he remained upon the island. Should I ever obtain the complete control of the treatment of another case or autumnal catarrh, I should be inclined to try the treatment as given by Dr. John E. James with *Arsenicum*.

I would suggest as remedies for this disease: *Arsenicum*<sup>2d</sup>, *Nux Vom*<sup>3d</sup>, drop doses of the tincture of *Aralia racemosa*, table-spoonful doses of a tea made from the blossoms of *Trifolium pratense*, and *Sticta* in any potency.

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In a clinical lecture on "The Dressing of Wounds," by Richard Davy, F. R. C. S., published in *The British Medical Journal* for December 20, 1876, the author reports his experience in the treatment of wounds by the open method. During the past two years he has treated at the Westminster Hospital thirty-three cases of excision and amputation, all by the open method, and no death has resulted. The cases included excisions of the hip, knee, shoulder, and elbow, amputations of the thigh and leg, besides operations of a less degree of severity.

As compared with the antiseptic system, he claims that the open method, as far as his experience goes, has the following advantages:—

"(1.) Our results are equally as good as by the antiseptic system, no death having occurred from pyæmia or exhaustive discharge.

"(2.) Trouble and expense are reduced to a minimum.

"(3.) The fullest opportunity is granted to students for clinical observation; on the antiseptic system the wound is but seldom and briefly exposed.

"(4.) All nervous apprehension from the indiscreet removal of and the painful repetition of dressings is done away with.

"(5.) The process of healing by scabbing is solicited.

"(6.) Nature is duly accredited with her share in the performance, and a host of lotions and ointments are dismissed as plagiarists." — *Boston Medical and Surgical Journal*.

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# THE NEW ENGLAND MEDICAL GAZETTE.

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BOSTON, APRIL, 1877.

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It is not without interest to note from time to time the degree and the kind of attention with which Homœopathy is honored on the part of the old school. In this country, within the past year, the Michigan affair and the Philadelphia congress have necessarily drawn the eyes of many, both great and small, towards the activity existing in our ranks, while in Europe the less aggressive labors of our colleagues, constantly attesting the vitality of our method of cure, again and again strike the allopathic worthies with surprise and betray them into indiscreet sallies on a field which they absolutely refuse to reconnoitre beforehand.

Not many months ago one of the county societies in New York State invited a prominent city physician and professor, of its own medical belief, and sporting a truly formidable number of titles, to deliver a series of lectures on Homœopathy, in other words, to demolish Homœopathy utterly for the delectation of the society. In the announcement of the lectures it was expressly stated that the numerous titles of the lecturer were given in full to prove the high position he occupied as a *savant* and a man, and to preclude the possibility of his being suspected of uttering a word that was not scientifically and morally sound. We are pained to say that a more puerile or scurrilous production than that which resulted in the efforts of this man of many titles is not to be found among the attacks upon Homœopathy, which has, in its day, seen many of all sorts. To show its spirit and the spirit in which it was received, it is only necessary to mention that general applause greeted the lecturer when he declared that Hahnemann must have been descended from Hanuman, the man-monkey of Suvran mythology, the god of lies and mischief.

In England, too, as we learn from the *British Journal of Homœopathy*, a doughty champion has recently put in his lance and tilted against our school. Barr Meadows is this knight yclept. He appears to be one of those unlucky doctors, not unknown on this side of the water, who fancy themselves gifted with the power of saying something in verse that will look better than their prose and that medical readers will care to see. For the benefit of those who love medico-chirurgical poetry we

transcribe some lines which his muse has inspired Dr. Meadows to manufacture : —

“ Thus have we robbed Similia of its trappings,  
Its base assumptions, and presumptuous ravings ;  
And viewing thus its native nothingness —  
Behold *this ‘ great something ’* — NAKED LIES.”

Times have not changed for the better since Horace complained : —

“ Quod medicorum est,  
Promittunt medici ; tractant fabrilia fabri :  
Scribimus indocti doctique poemata passim.”

In Germany the blasts fulminated against Homœopathy have been of a much more serious nature. Less than a year ago the mighty Virchow himself was pleased publicly to declare our system a delusion from beginning to end, and still more recently Prof. Jürgensen of Tübingen, the successor of Niemeyer, and hence a man of note, has seen fit to come out in an attack upon us which, from its nature and the form in which it appears, cannot fail to be without marked and lasting influence. As he writes with much deliberation and apparently in a spirit of dignified criticism of the entire range of homœopathic literature, it will not produce the revulsion of feeling which in former years so commonly followed brutal or brainless attacks of the kind instanced above; and as it appears among Volkmann's *Collection of Clinical Lectures*, it will reach directly the younger and more inquiring class of practitioners and at the same time preclude the possibility of their being reached by a reply representing the subject in a just and proper light.

Like all those who, before him, have examined Homœopathy with the ambitious object of controverting its tenets rather than with the just and reasonable one of making themselves acquainted with its principles, Prof. Jürgensen smites Hahnemann's crude hypotheses hip and thigh, while the law, upon which even the extremists among us are driven to take their stand in considering our method on its own merits, is belittled with an air of the most intolerable conceit. The recognition of a curative “ specific ” power in drugs, empirically established and independent of their so-called physiological effect ; the simplification of the methods of preparing and administering medicines; the proving of drugs upon the healthy, which no one can claim to have turned to practical account before Hahnemann ; and finally the indisputable statistics of homœopathic results, are misconceived and misconstrued in a manner which Prof. Jürgensen's bitterest enemy must acknowledge to be ingenious.

The arguments presented require no detailed consideration at our hands. While we claim the double right to hold and express opinions

at variance with those of the old school and of differing widely among ourselves, and while on the one hand feeble hypotheses founded upon justly obsolete views of the nature of disease and a mystical power inherent in drugs and developed by bottle washing, etc., — the remains of a transcendental philosophy now happily banished from the regions of scientific inquiry, — and on the other hand every isolated experience and all manner of “eclectic” trash may be put forward as Homœopathy, we must be prepared to experience the most trenchant criticism and to bear it with resignation. But in view of the harmony now sufficiently established between our method and the principles as well as the facts of modern science, and in view of the results we can actually show, we are not called upon to put up with misconceptions and wilful misconstructions. We can trust our German colleagues to meet Prof. Jürgensen on his own ground: for us, at this distance, it is mainly interesting to note the evidence afforded by this well-directed thrust at our vitals that the freezing process is no longer considered in leading quarters a sufficiently powerful measure to kill Homœopathy; the painful spectacle again presented of one of the foremost minds in the all powerful old school stooping to disingenuous arguments and garbled statements in order to prevent younger physicians from inquiring into our principles and practice; and finally the important admission that the results of Homœopathy are no better than those of the practice taught in the schools, — in other words, that homœopathic results equal those of the most approved modern allopathic treatment. Considering the obloquy that has been heaped upon Homœopathy from the beginning, denying it even the most limited success at the bedside, this is an admission full of meaning. If we consider, furthermore, that the comparison is made between Dr. Bakody’s statistics of treatment in the homœopathic wards of the ill-ventilated, ill-drained, and ill-lighted General Hospital of Buda-Pesth and the statistics of the most perfectly appointed hospitals of Germany, we are able to reflect with pride that sixty years ago our method of practice was able to achieve results fully equal to the best of the most modern school which calls itself scientific. Not to have all the lives and the suffering upon our consciences which represent the balance between modern allopathic practice and that of from five to fifty years back, when all those confessedly destructive measures, now abandoned in a great measure, were in vogue, gives a comforting consciousness of which we cannot be robbed. It is this large balance, with our own positive but unacknowledged gains super-added, which enables Homœopathy to live and thrive in the face of the opposition of its most learned adversaries.

Of all the self-deceptive declarations of the old school, none is more

shockingly unwarrantable than that which asserts its practice to be scientific. What is to be said of a leading professor who has the hardihood to declare that, while homœopaths prove medicines only with the object of gaining subjective symptoms in order to be able to apply their medicines according to a vague and fanciful law, allopathists prove every drug thoroughly in order to be able to apply it with scientific accuracy according to the indications of every individual case? When small men, like those who attacked Homœopathy in the Michigan and the Massachusetts State Societies, spoke of their practice as scientific in contradistinction to homœopathic and other empiricism, it was allowed to pass as mere talk ; but when a man like the successor of Niemeyer ventures on so bold a fiction, rational men must wonder at the strange kind of professional ethics which may exist side by side with great learning and an otherwise unexceptionable life.

To convince one's self of the scientific accuracy with which, "after thorough drug-provings, the modern physiological school applies its medicines with scientific accuracy," it is only necessary to scan the reported cases in the journals, to say nothing of the observations which daily force themselves upon the notice of homœopaths in private practice. To choose one among countless others, we would point to a fatal case of scarlet fever, complicated with typhlitis, reported in the *Boston Medical and Surgical Journal*.

A young man in vigorous health is seized with symptoms of scarlet fever of a mild type, to which after two days the symptoms of typhlitis are added. Being restless, with some pain, and experiencing no relief from full doses of bromide of potassium, morphia, gr.  $\frac{1}{8}$  is given. Colicky pains continuing on the following (third) day, laudanum stupes externally and subcutaneous injections of morphia were tried. The pain having again increased at night, "considerable morphia was required for relief." As no change for the better followed this treatment and the pain continued to grow more severe during the following night (fourth), "several doses of morphia" were administered and sinapisms were applied to the epigastrium, turpentine injections having been used the day before without advantage. During most of the fifth night patient slept "after full doses of opium"; but in spite of this "sleep" he was moribund on the following day, and died in the evening, subcutaneous injections of brandy proving without avail.

We do not refer to this case in a spirit of unfavorable criticism of the result, although, with our knowledge of opium effects derived from homœopathic provings, this might be criticised with perfect justice. But we must be pardoned for failing to see the "application of drugs, here, with scientific accuracy according to the indications of the indi-

vidual case " If it be said that this treatment was necessarily expectative, as the "thorough drug provings" have not yet shown what drugs are to be administered scientifically in cases of scarlet fever and typhlitis, we can only conclude that it was expectative in the same sense that bleeding *coup sur coup* might have been considered expectative twenty years ago, and that "scientific therapeutics" are not sufficiently far advanced as yet to allow their votaries to look with disdain upon empirical methods.

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DURING the latter part of 1876 a movement was begun by a number of gentlemen in England towards founding a School of Homœopathy in London. The rules and laws, prepared by a committee for circulation and comment, set forth that the objects of the school shall be to afford sound teaching of the principles and practice of Homœopathy, of its materia medica, its therapeutics, and of their application in clinical medicine, to such members and students of the medical profession as may desire to be instructed therein. All subscribers are to participate in its management and to elect the officers. The school is to consist, it is proposed, of Lectureships (*a*) on Homœopathic Materia Medica and Therapeutics, and (*b*) on the Principles and Practice of Homœopathic Medicine; these Lectureships to be salaried. It is also proposed to establish Clinical Lectureships, to be filled by legally qualified medical men.

The first meeting of the subscribers and donors was held Dec. 15, at the London Homœopathic Hospital, the Right Hon. Lord Ebury presiding. We learn from the *London Homœopathic Review* for March the following report of progress during the month of February:—

"The council have nominated and the committee have elected the following officers:—

"Dr. Richard Hughes, Lecturer on Materia Medica and Therapeutics.

"Dr. D. Dyce Brown, Lecturer on Principles and Practice of Medicine.

"Dr. J. Galley Blackley, Curator of the Museum of Materia Medica and Librarian.

"A room to be used as lecture-room, library, and museum is already being built at the London Homœopathic Hospital.

"It is hoped that arrangements will be made to open the School of Homœopathy formally on May 1, when it is anticipated that Dr. Gibbs Blake of Birmingham will deliver the inaugural address."

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SOME one in Tennessee is also suffering for the interference of the law to prevent the credulous public from being gulled. A bill is pend-

ing in that State "to protect citizens from empiricism." But there, as in Michigan, where a trial of "State medicine" has been made, and elsewhere, the opinion prevails that the law can bring nothing but pollution to medicine; and that if the profession cannot stand on its own merits, it cannot be propped up by the law. This is the principle on which homœopaths have always acted, and the most sensible men among "regulars" recognize its merits, and understand the folly of attempting the practice of exclusion. As one of their number remarks, — probably intending a fling at us, — "People are not happy unless they can be humbugged"; and he consolingly reflects that the intelligent public will continue to submit to caustics and cathartics.

The Nashville *Medical and Surgical Journal* thinks the physicians of a county might organize and publish a list of the physicians in that county. "X" writes the Nashville *Banner* a suggestion whereby physicians may register themselves with the county court clerk, with the length of time and place of study, length of time in practice, and diplomas received, paying a small fee. "This bill is based on the principle that it is the right of the State to protect her citizens in regard to pretensions and qualifications of medical men, but she can go no further without infringing individual rights."

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## OBITUARY.

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DR. CHARLES H. SKIFF, the subject of this brief memorial, was born May 12, 1808, at Spencertown, N. Y. Much of his early life was passed with his grandfather, Nathan Skiff, at Kent, Litchfield County, Conn. He graduated with high honors as a physician at the Berkshire Medical College, Pittsfield, Mass., in 1832, and soon after commenced the practice of medicine in his native town as an allopathic physician. He, however, did not remain faithful to its teachings. He had the independence of mind to search for and to investigate new truths in medicine.

About the year 1835 he was led to examine and adopt the divine law of cure as taught by Hahnemann. In 1842 he removed to Albany, N. Y., where he remained one year. He then located at New Haven, Conn., where he has since resided, up to the time of his death, with the exception of two years in Brooklyn, N. Y. He died Dec. 11, 1875, of Bright's disease. He was one of the original founders of the American Institute of Homœopathy, as well, also, of our own State Society. In

each he often held positions of trust and honor. He was among the first to practise Homœopathy in the State of Connecticut. We would not be unmindful of the seeds of truth sown at that early day of Homœopathy in our interest and in that of humanity. May each and all of us leave to posterity a record for truth and right equal to that of our departed friend! Possessed of a commanding presence and pleasing address, his success in his profession called around him a large number of patrons. It was at the bedside that the higher elements of his nature were felt and appreciated, and reciprocated by that love and confidence which he possessed in the hearts of those who knew him best. In no ordinary manner he was respected and beloved by all who knew him, and in his death the profession has lost an able defender and advocate of Homœopathy, and the community where he resided a valuable citizen.

L. H. NORTON, M. D.,  
*Chairman of Committee.*

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## CORRESPONDENCE.

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MESSRS. EDITORS : —

May I submit for the GAZETTE some *clinical evidence* concerning the sulpho-carbolate of soda?

A Brooklyn physician, during the prevalence of diphtheria last winter, promulgated through his patients the statement that in his practice no cases of the disease had terminated fatally, save those in which he had been summoned either to consult with or to succeed some other physician, — too late in its progress. He prevented *development* of the disease by administering sulpho-carbolate of soda. In consequence of this advertisement, the physician acquired more experience in the treatment of diphtheria, and to my knowledge lost five cases before the termination of the epidemic.

Concerning the article in the *Chicago Tribune* to which you allude in the February GAZETTE, it would be out of place, perhaps, to say much in a professional magazine. The *Tribune* pays a glowing tribute to its author, and to the philanthropy in obedience to which he “freely communicates to physicians” through the public prints. The respected professor of *practice* in the Boston University Medical School, I remember, advised his hearers to obtain *truth* wherever they could find it, and I believe he told us to “TRY” what we found, to know its worth. If there is one remedy for every disease accompanied by the

presence of bacteria in the blood, and that a certain cure, the practice of medicine can be very much simplified ; and if it can be proven that anything possesses this merit, I am *confident* that the knowledge will be eagerly received from *any* source : but *this* compound has not stood the test, and it remains the physician's honest duty to *individualize his cases to-day as heretofore*, whether the *generic* name of the disease be diphtheria, scarlatina, morbilli. Quinia, belladonna, salicylic acid, and sulpho-carbolate of soda are not "*specifics*."

F. L. RADCLIFFE,

*Brooklyn, N. Y.*

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## SOCIETIES AND INSTITUTIONS.

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THE annual meeting of the Homœopathic Medical Society of the State of New York was held on Tuesday and Wednesday of the second week in February. The following officers were present: Dr. Timothy F. Allen, of New York, President ; Vice-Presidents, Drs. A. R. Wright, Buffalo ; Wm. Gulick, Watkins ; Henry R. Stiles, Middletown ; Recording Secretary, Alfred K. Hills, New York ; Corresponding Secretary, L. M. Pratt, Albany ; Treasurer, Frank L. Vincent, Troy.

In his address, the president gave a review of the condition of the homœopathic school of medicine throughout the State.

The following, nominated at the last annual meeting, were elected permanent members of the Society: Drs. Alex. Barghans and F. E. Doughty of New York ; Dr. Harison Willis of Brooklyn ; Dr. W. C. Doane of Syracuse ; and Dr. A. C. Hoxsie of Buffalo.

Numerous papers on medical subjects were read by members of the Society under the direction of the chairmen of the different bureaus.

Dr. A. P. Hollett, of Schuyler County, offered the following :—

*Resolved*, That we, the permanent and delegate members of the Homœopathic Medical Society of the State of New York, representing the homœopathic school of medicine in the State, do hereby indorse the general provisions of a bill introduced by Hon. Wm. Gulick in the State Legislature, entitled "An Act to create a State Board of Health for the Protection of Life and Health, and to prevent the Spread of Disease in the State of New York," and known as Assembly Bill No.

31.

*Resolved*, That we consider its provisions for the organization of said

Board of Health fair and equitable, and calculated to prevent any of the schools of medicine from securing control of said Board, and thus establishing a "State medicine," which we deprecate; we consider that this will be prevented by organizing the Board, as is provided by this bill, from this State officers or laymen not connected with the medical profession, and the physicians on the Board to be appointed by the regularly incorporated State medical societies.

*Resolved*, That the officers of the Society are hereby instructed to transmit to the members of the Legislature the above expression of the sentiments of this Society.

The resolutions were unanimously adopted.

The following officers for the ensuing year were elected: President, Dr. Egbert Guernsey of New York; Vice-Presidents, 1st, Wm. Gulick, M. D., Watkins; 2d, H. R. Stiles, M. D., Middletown; 3d, H. D. Brown, M. D., Buffalo; Recording Secretary, A. K. Hills, M. D., New York; Corresponding Secretary, H. L. Waldo, M. D.; Treasurer, E. S. Coburn, M. D.

Censors: Northern District, Drs. Pearsall, Clarke, and Little; Southern District, Drs. Whitney, Sumner, and Fiske; Middle District, Drs. Terry, Watson, and Hollett; Western District, Drs. Kenyon, Bishop, and Bryan.

The semiannual meeting will be held at Utica on the first Tuesday of October, and will continue at least two days.

The following were nominated to the Regents' Degree: Dr. H. V. Miller, Syracuse; Dr. Carroll Dunham, Irvington; Dr. W. H. Watson, Utica; Dr. Wm. Gulick, Watkins.

A resolution was unanimously adopted, expressive of the confidence of the Society in Dr. Henry R. Stiles, late medical superintendent of the Middletown Homœopathic Asylum for the Insane. A. W. Holden, M. D., was nominated for succeeding superintendent.

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## REVIEWS AND NOTICES OF BOOKS

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ANALYSIS OF THE URINE. By Geo. B. Fowler, M. D. New York: G. P. Putnam's Sons.

In the second, as in the first edition of this little book of ninety pages, the author's aim has been to present the most important features of the subject in the most practical manner. The book is divided into six parts, as follows: I. Characters of and effects of reagents upon

normal urine ; II. Characters of abnormal urine ; III. Urinary deposits ; IV. Accidental ingredients not forming deposits ; V. Quantitative analysis ; VI. Calculi and gravel. The decimal system of weights and measures is used, with equivalents in grains or ounces.

The book presents the subject in a concise and methodical manner. A scheme for examination of urine is appended, with general directions and a list of apparatus and reagents required. The descriptions of the microscopical appearances of deposits are reliable. The book will be found exceedingly useful for reference by physicians as well as students.

THE HOMŒOPATHIC PELLET is the title of a little paper published at San Antonio, Texas. Its editor, Dr. C. E. Fisher, is a graduate of the Pulte Medical College. He seems thoroughly alive to the interests of Homœopathy in his section. The *Pellet*, though small, gives promise of doing justice to its mission. The increasing success of our school in the State has created a demand which this wide-awake little sheet will supply. God speed the *Pellet*!

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## ITEMS AND EXTRACTS.

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THE ROUND ULCER OF THE STOMACH, BY DR. BESE.—The round ulcer of the stomach usually takes its origin when the stomach digests a part of its own walls, and this happens when the protection of the walls of the stomach against this process, namely, the free circulation of alkaline blood in the close vascular net of the mucous membrane, is arrested at some place. Embolism or hemorrhage may be the cause of this disturbance. The latter cause is the most frequent one, as it is favored in chlorotic patients by fatty degeneration of the walls of the blood-vessels. Our aim must be to prevent such a digestion of the stomach itself. The digesting principle of the gastric juice, the pepsin, can only act with an acid reaction of the gastric juice. As the gastric juice is normally acid, and as it is secreted when ingesta irritate the gastric mucous membrane, it would be most rational to put the stomach at rest, and keep nutrition up by Leube's meat-pancreas injections. But most patients object to such treatment, and we prefer, 1, Regulating the diet, so that the irritation of the stomach by the ingesta is reduced to a minimum ; 2, Neutralization of the acid reac-

tion of the gastric juice ; 3, The ingesta must remain only the shortest time possible in the stomach, in order to prevent acid fermentation and consecutive increase of the acid reaction, *i e*, frequent discharge of the contents of the stomach into the intestines. Ziemssen recommends Carlsbad salt for this purpose. Leube recommends his solution of meat, milk and dry toast, to the exclusion of all other articles, horizontal position in bed, and poultices over the gastric region. — *Berl. Klin. Wochschr.*, 32, 1876.

ON PROGRESSIVE PERNICIOUS ANÆMIA, BY A. BURGER, M. D. — After reciting a fatal case which he observed, and after giving the results of the autopsy, he continues: "In every case so far observed, intense fatty degeneration of the most diverse organs, especially of the cardiac muscles, has been found. Ponfick showed us that there are two different forms of fatty heart. One is seen in old persons with atheroma, arthritis articulorum, etc. ; the other in young persons suffering from chlorosis, anæmia, and stenosis of the vascular system. To the latter category belongs progressive pernicious anæmia. It also loves to attack younger persons whose blood becomes changed quantitatively as well as qualitatively. Its quantity is diminished (oligæmia), but less than in simple anæmia ; hence the organs are nearly devoid of blood. But also the cellular elements are, in relation to the red-blood corpuscles, in a minority, whereas, relatively, the white-blood corpuscles have not decreased, nor do they show any increase, as we see it in leucæmia. As, then, our disease has, in common with chlorosis, a decrease of the red cellular elements (oligocythæmia), it differs essentially in the color of the blood corpuscles. In chlorosis their color is normal ; in progressive pernicious anæmia their paleness is characteristic. We may suppose that these pale blood corpuscles form a lower stage of the red ones, which by some unknown cause were prevented developing themselves. Hence they are unable, as carriers of oxygen, to deliver to the other tissues a sufficient quantity of the vitalizing element, and thus we easily understand the more or less extensive hemorrhages caused by deficient nutrition of the vascular walls. Zenker and Schumann led our attention to the stenosis of the arterial system, offering again a coincidence with chlorosis, which Virchow also considers an imperfect development. — *B. K. W.*, 34, 1876.

GASTROTOMY. — Dr. Wolzendroff, of Griefswald, has unearthed from the German medical literature the histories of two operations of gastrotomy, performed by German surgeons in the seventeenth century.

The first was performed by Florian Matthis, of Bradenburg, in 1602, and a knife which had been in the stomach fifty-one days was extracted. The knife had an iron blade and a horn handle, and was nine thumbs' breadth (seven inches) in length. Contrary to the expectations of the doctors, the patient recovered. The second operation was performed by Daniel Schwab, the Königsberg lithotomist, in 1635, and a knife, which had been forty-three days in the stomach, was extracted. The patient recovered. — *Ohio Medical and Surgical Reporter.*

THE *Saint Petersburger medicinische Wochenschrift* says that on the 22d of October there was an admission to a female medical course at the Nicolai Military Hospital. Of one hundred and forty-seven applicants, twenty-four were admitted on certificate of a preceptor without examination, and eighty after examination of qualifications. A few others could not be accepted on account of lack of space, though they were duly qualified. They were allowed to attend lectures temporarily until the Minister of War could arrange for them.

CURE OF AN ANEURISMA BY TORSION. — A patient of Dr. Caselli suffered from a traumatic aneurism in the central part of the thigh, and for two months the usual methods were tried without any benefit. Caselli then lifted the aneurismatic sac from its base, and twisted it around the fourth part of its axis. Pulsation ceased. He then fixed the sac in that position between two wooden splints. After three days the aneurisma was cured. — *Gaz. Hebd.*, 36, 1876.

IN the Section für Anatomie und Physiologie of the Versammlung deutscher Naturforscher und Aerzte in Hamburg, 1876, Professor Quincke spoke of the diuretic action of waters containing carbonic acid. Experiments with water containing carbonic acid and that free from it, carried on in healthy or nearly healthy individuals, showed that the secretion of urine in the next three hours after drinking the carbonated water was richer (seven to twenty-one per cent of the entire amount). The probable cause of the great diuresis was an accelerated resorption brought about by the carbonic acid. Other series of experiments, in which the individuals took no drink on waking up in the morning, showed that the urine secreted in the morning hours was clearer and of lighter specific gravity than the night-urine which was passed on getting up. Also the average amount secreted in an hour was usually greater in the morning hours than in the night. These facts show that during sleep the secretion of urine is relatively small, and that after waking it is increased. — *Boston Medical and Surgical Journal.*

BEECH-TAR CREASOTE IN THE TREATMENT OF THE EXPECTORATION OF PHTHISIS. — Dr. Georges Daremberg has first made a chemical analysis of the sputa of phthysical patients with great care; he has shown that these sputa may contain almost as large a quantity of phosphates and chlorides as the urine, and that expectoration in these cases is one of the ways by which the products of denutrition are expelled; this expectoration, however, is not only one of the ways, but also one of the causes of this denutrition, which is indicated by precise prognostic and therapeutic data. Beech-tar creasote has been employed in France by M. Bouchard, and in five cases of advanced phthisis the results have been favorable; the expectoration has quickly stopped. From 20 to 40 centigrammes (about 3 to 6 grains) of creasote per diem were given. According to Hlasewetz and Barth, this beech-tar creasote is a combination of creasote ( $C_8H_{19}O_2$ ) with a carburetted hydrogen.

EFFICACY OF REVACCINATION. — Dr. Cuignet made the following statement at the Société des Médecins du Département du Nord: "With regard to the influence of revaccination as a preservative against small-pox, I will direct your attention to the quite special condition in which the soldiers of the Guard of Paris are placed in this respect. There is not a corps in the entire army in which revaccinations have been so frequently and so carefully performed; and during seventy years no case of variola has been met with among them, in spite of the epidemics which have on several occasions decimated the populous quarters of Paris. In Algeria, where vaccination is rare, and revaccination rarer still, small-pox gives rise to considerable disasters." — *Boston Journal of Chemistry*, December, 1876.

THE EUCALYPTUS GLOBULUS. — The Italian government, persuaded by the success of the Trappist brotherhood of San Paolo fuori le mura di Roma, that the Eucalyptus Globulus has a beneficial influence in malarious districts, has presented to the landholders of Italy large supplies of slips of the tree, for the purpose of forming plantations where its virtues seem required. The government also intends to grow the Eucalyptus along the boulevards of large cities, and even along the various lines of railway throughout the kingdom. Landholders themselves are following the initiative of the government, and in a few years Italy expects to drive malaria as effectually from the borders as ague has been expelled from those of Lincolnshire. — *Lancet*.

NEW REAGENT FOR BILE IN URINE. — In our abstract from the *Répertoire de Pharmacie*, on page 13 of our January number, we men-

tioned a paper by M. Yvon, "Methylaniline Violet as a Reagent for Biliary Acid in Urine." It appears that this reagent is even more decisive and characteristic than those heretofore used. On adding a few drops of a solution of Paris violet, or methylaniline, to normal urine, the latter becomes dichromatic, — blue by reflected and violet by transmitted light. The presence of sugar or albumen has no influence upon the color. But bile (or biliary acids, according to Constantine Paul) immediately changes the color to red (about the same tint as blood), even when cold. The quantity of bile recognizable by this test is very small, and would escape detection by  $\text{HNO}_3$  and its derivatives, and even by Pettenkofer's test. The only other substance which is known to produce the same color with the reagent is chrysophanic acid, which, according to Hardy and Gubler, may make its appearance in the urine a few hours after the administration of senna or rhubarb; it is therefore necessary to ascertain whether either of the latter remedies has been administered before ascribing the change of color to bile. — *New Remedies.*

A SINGULAR MONSTROSITY. — Oct. 5, 11 A. M., Mrs. —. Upon examination found a complicated form, that is to say, a hand and foot, both presenting, and already dropping into the vagina. I put back the arm and brought down the foot, performing version, delivering a monster. The head was set, as it were, upon the superior portion of the thoracic cavity, or between the two scapulæ. The neck being entirely deficient. The occipital bone resting upon the vertebral column. The facial angle being about 45 degrees, instead of 80 degrees, or thereabouts, as it should have been, thus throwing the mouth almost upon a direct line with that of the long axis of the body. The eyes protruding beyond the supra-orbital ridge. The frontal bone sloping backward, at a right angle with that of the axis of the body. The anterior fontanelle being absent, the posterior fontanelle being present, and out of the latter protruded a portion of the spinal cord, the brain and their membranes, the brain being little larger in size than that of a common goose-egg. The inferior maxillary was completely and firmly ossified to the superior portion of the sternum. Just beneath, or at inferior portion of the ensiform cartilage, was the small intestines and peritoneum; lying outside of the abdominal cavity, and just below the cyst that contained the small intestines, was the attachment of the umbilical cord, it measured about five inches in length and one inch in diameter; the nails and cuticle were perfect; motion was perceptibly felt up to within four days of delivery. It was a girl, and a still-birth. The lady has given birth to a number of children, all of whom are

smart and intelligent. The mother was at full term, and is one of those fine Quaker ladies who never submit to the folly of tight lacing, and, as far as I can glean, she never was frightened or injured in any way during pregnancy. The lady further asserts that she never enjoyed life better at any previous time, and that her mind was undisturbed during the entire period of gestation. Will some one express an opinion as to what could have caused this peculiar freak of nature? — J. F. CROIN.

A SIMPLE METHOD OF TREATING UMBILICAL HERNIAS IN INFANTS. — M. Archambault has for some time past employed, with gratifying success, the following plan in the treatment of umbilical hernias in infants: A piece of white wax is softened and fashioned with the fingers into a ball, which is then cut in two, so as to form two hemispheres. One of these hemispheres, which must be of a size proportionate to the umbilical ring, is applied to it in such a way that its spherical surface securely fills the opening, and is then retained in position by a strip of plaster. Instead of wax we may use gutta-percha, previously softened in warm water. Both of these substances, about two hours after their application, become sufficiently softened to adhere to the skin. If the plaster excite cutaneous erythema, it should be removed every two days, and the skin powdered with rice-powder. — *Bordeaux Medical Record*.

CONCUSSION OF THE BRAIN, — REMARKABLE DURATION OF UNCONSCIOUSNESS, — PECULIAR FACT REGARDING MEMORY. — A male patient had fallen about fifteen feet, and had probably struck upon his head, as there was a contused wound there, and no wound upon any other part of the body. He was brought to the hospital, gave the usual symptoms of concussion of the brain, and remained in a state of unconsciousness *nine* days. At the end of that time his consciousness was entirely restored, and his intellect in the main seemed to be unimpaired, for he told his story in an intelligent manner. There was one noticeable fact relating to his memory, and it was said to be a peculiarity of such cases, namely, he had no recollection of anything that occurred upon the morning of the accident, nor of the day previous. His latest recollection was regarding an appointment made the second day before the occurrence of the accident. His treatment had consisted chiefly of rest in bed. — *Medical Record*.

THE POISONOUS ACTION OF WATER HEMLOCK (*CICUTA VIROSA*) AND ITS CONSEQUENCES. — Prof. Poehm, of Dorpat, as the result of experi-

mental investigations upon *cicuta virosa*, has obtained a substance possessing the peculiar properties of the plant, which he names *cicutoxin*. In its action upon the animal economy, it is identical with the salts of baryta and with picrotoxin. He found that cicutoxin was absorbed by the stomach slowly, and that the smell was strong when the bodies of poisoned animals were opened. He therefore suggests that, in medico-legal cases where it is suspected, the stomach and intestines should be washed with ether, and experiments made with the extract obtained. In the case of frogs, it was ascertained that the hemispheres had nothing to do with the development of the cicuta spasms, nor does the cerebellum share in them. If a section is made through the spinal cord below the calamus scriptorius, the parts supplied by the spinal nerves given off below the section are paralyzed, while their reflex irritability remains. There are the characteristic spasmodic movements of the head, neck, and chest, and the peculiar cry. The latter is explained by the excess of inspiratory over expiratory action on filling the lungs. Then, when the spasmodic seizure sets in, the abdominal muscles, contracting, force the air out again through the larynx, which is itself spasmodically narrowed. In mammalia, after ingestion of the poison, there is a period of repose, lasting from fifteen to thirty minutes. Then the animal grows uneasy, and is soon attacked by the characteristic violent tetanic spasms. The immediate cause of death is deficient respiration. When given by the mouth, about three quarters of a grain of cicutoxin to every two pounds in weight will be a fatal dose for a cat; but more will be needed for a dog. The action of the poison is exerted upon the medulla oblongata. — *Arch. f. Exper. Pathol. u. Pharm.*, V, p. 279, 1875; *Schmidt's Jahrb.*, 1876, Bd. 171, No. 9.

THE REAL ORIGIN OF THE HYPOGLOSSAL NERVE. — In a recent number of the *Journal de l'Anatomie*, M. Duval has a memoir on the real origin of the cranial nerves having motor functions, the investigations upon which he forms his conclusions having been made upon sections hardened by immersion in bichromate of potassium and chromic acid. He describes the now well-known course that the hypoglossal takes, tracing it inwards as it enters the fissure between the olivary body and the anterior pyramid on either side, and so in its course to the hypoglossal nucleus, one of which is situated on each side at the posterior extremity of the raphe of the bulb. He finds that these *efferent* fibres do not decussate. The thickness of the nucleus is about an eighth of an inch, and in man it may be seen by the naked eye beneath the delicate ependyma and ciliated epithelium of the fourth ventricle. The nerve-cells are of two kinds, — those that resemble the cells in the ante-

rior cornua of the medulla, mostly large and multipolar, and others of much smaller size. But the most interesting observation seems to be that there are also *afferent* fibres, as he calls them, which, proceeding from the encephalic centres, and running in the antero-lateral columns of the bulb, enter the raphe and then decussate, passing into the hypoglossal nucleus of the opposite side, and passing into the nerve-cells of the smaller size. It is thought accordingly that this microscopical observation will explain those cases of paralysis of one side of the tongue that are caused by lesions of the cerebral hemisphere of the opposite side. The decussation is therefore in the *afferent* fibres, and not, as Koelliker and others have maintained, in the *efferent* ones. — *Lancet*, Nov. 4, 1876.

OBSERVATIONS ON THE DIETETICS OF INFANTS. — Dr Franz Peters<sup>1</sup> gives the results of the methods adopted in bringing up children at a foundling asylum established in Bonn in 1873. The institution was under the direction of Professor Binz. In the first year, owing to unfavorable circumstances, the mortality was sixty per cent, but in the second year, when a suitable house had been procured, there were but nine per cent of deaths, — a striking result in view of the fact that the children were necessarily brought up by hand, and that the condition of many of them at entrance was very poor. The food was artificial in all cases, except when, during the first few weeks, the mother's milk was accessible. The objections to cow's milk are fully stated, and the following table is given to show the essential differences between human milk and cow's milk in 1,000 parts : —

	Human Milk.	Cow's Milk.
Casein . . . . .	28.11 . . . . .	54.03
Fat . . . . .	35.64 . . . . .	53.05
Lactose . . . . .	48.17 . . . . .	40.37
Salts . . . . .	2.42 . . . . .	5.48
Water . . . . .	885.66 . . . . .	857.05

Besides the difference in quantity the casein in cow's milk has different chemical properties from that of the mother's milk. The experiments of Biedert in 1869 are referred to. He pointed out that the human casein was neutral or slightly alkaline, whereas the cow casein had an acid reaction ; further, that the former was easily soluble and the latter quite insoluble in water ; that artificial gastric juice, dilute mineral acids, wine, milk, etc., dissolved the human casein more or less easily, while the cow casein remained insoluble, or dissolved under cer-

<sup>1</sup> Jahrbuch für Kinderheilkunde, Band x. 314.

tain conditions only ; and finally, as was shown by experiments, that the human casein was digested in a considerably shorter time than the other. Dr. Langgard<sup>1</sup> confirmed these statements. It is also said that the casein of human milk coagulates in loose, fine flakes, the cow casein in large, clumpy, adherent masses, which the infant's gastric juice penetrates with difficulty. Therefore, they may remain long undigested, and, through mechanical irritation, may easily cause vomiting. The less firm coagula of the human casein are much more digestible. The great similarity between the chemical properties of human casein and that of mare's milk is noticed by the author, but as the latter is rarely available, he concludes that, in spite of the digestive disturbances which often arise, cow's milk, properly diluted and prepared, must remain the common substitute for the natural nourishment of sucklings.

In the asylum at Bonn condensed milk from Switzerland was found to possess advantages over fresh cow's milk, without being in any way inferior in point of nutritious qualities. The Swiss animals, which pass much of the time in the open air, were thought to give milk of better quality than cows shut up in narrow, dark, ill-ventilated stalls, and the condensed milk was found to be less liable to spoil than ordinary milk, even if exposed for a considerable time to the action of the air, since the fermentation corpuscles do not penetrate the consistent medium, or if mechanically mixed with the milk they do not further develop. The results bear out these suppositions to a great degree, as during the previous hot summer among twelve children fed exclusively on condensed milk there was no digestive disturbance of importance, a fact more noticeable when it is considered that many of them had been neglected, and were in a bad state of nutrition on entrance. One portion of condensed milk to twenty-two of water was given during the first three months ; from then until the eighth month one part to eighteen, and later one part to twelve.

There was an objection to the use of condensed milk alone, namely, a deterioration of the bones, as in a slight degree of rachitis. This symptom was observed in almost all the children, even in those who were otherwise well nourished. The cause was sought in the food, and was thought to be due to the great amount of sugar in the condensed milk, which generated an excess of lactates, these in turn entering the circulation, and, in accordance with their recognized property, acting as solvents of the lime salts.

The preparation called "leguminose," which is probably nothing more than finely pulverized lentils, was found to counteract this ten-

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<sup>1</sup> Virchow's Archiv., Band lxx. Heft i.

dency to bone degeneration as well as to improve the general nutrition of the children, inasmuch as it supplies the salts necessary to healthy bone formation. Leguminose was combined with the milk in the following manner: A tablespoonful of the meal was mixed with a pint of water and boiled half an hour, with the addition of a little salt. Of this soup children during the first three months took a tablespoonful with their milk daily, older children as much as four tablespoonfuls with each portion of milk; and it was thought that after a time the effect on the development of the bones was highly beneficial. The only objection to the leguminose was the high price, a mark and a half (about forty cents) a pound.

The good results attained in this institution are attributed by the author to the extreme care taken to prevent disturbances of digestion by the choice of a suitable form of nourishment, the greatest cleanliness in regard to the drinking-vessels, regularity in feeding, and care that the children should have plenty of fresh air, both within and out of doors.

In simple dyspepsia, when the milk is regurgitated and the gastric juice seems to have lost its property of coagulating the casein, a condition which should be corrected before it leads to more serious disturbance, very dilute muriatic acid was found to act favorably; and as more serious gastric disturbances were also remedied by the same means, the author thinks that they were often due to the absence of sufficient free acid in the gastric juice.

Gastro-intestinal catarrh, which is often so dangerous an affection in infants, was treated with gum arabic, one to two teaspoonfuls in half a pint of the preparation of condensed milk previously described. This was given immediately after the first symptoms of an attack, and was repeated with each portion of milk. In some instances the next discharge was rendered normal. The good effect was considered to be owing to the emollient action of the gum arabic upon the mucous membrane of the stomach and bowels, as well as to the mechanical covering supplied to the lining coat. It was also supposed to assist in dissolving the caseous coagula.

A daily bath of two or three minutes was given to all the children, the temperature of the water being at 26° R. (90 5° F.). The thermometer in the rectum showed that the temperature of the body was not affected thereby. This agrees with the experiments of Liebermeister, Kernig, Jürgensen, and others as to the effect of cool baths of moderate duration on healthy persons. The variation in temperature was never more than one tenth of a degree Centigrade. — *Boston Medical and Surgical Journal*.

NEW TEST FOR ALBUMEN IN THE URINE. — At a recent meeting of the *Société de Biologie de Paris*, M. Bouchard read a paper on the employment of the double iodide of mercury and potassium as a test for albumen in the urine. According to him, the test is very delicate, and so much so that the absence of albumen may be positively affirmed, when the urine does not cloud on the addition of this reagent. There are certain sources of error in the test, however, which must be borne in mind : —

1. The error may depend upon the reagent itself, when it can be easily avoided by adding an excess of iodide of potassium to the solution.

2. If mucine be present in the urine, or white precipitate analogous to the albuminous precipitate, it is formed on adding the double iodide, but it forms slowly, while albumen is thrown down at once.

3. If the urates be present, a precipitate may also be thrown down, but it forms slowly in the middle, instead of at the bottom of the test-tube ; is not flocculent ; and finally disappears under the influence of heat.

4. When the urine is alkaline, a precipitate may form even if no albumen be present, but it has a gray color, and becomes black in a few seconds.

5. The presence of alkaloids in the urine may also lead to the formation of a precipitate, but it is not flocculent, begins to form in the middle of the test-tube, and disappears under the influence of alcohol or heat.

In a word, every precipitate which persists after the employment of heat is due to the presence of albumen in the urine. — *Le Lyon Médical*, November, 1876.

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## PERSONAL.

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DR. LEVI T. HAYWARD removed from W. Scituate to Rockland, Mass.

THE  
NEW ENGLAND MEDICAL GAZETTE.

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*PENT-UP THOUGHTS AND REMARKS.*

[*From a speech (never delivered) at the Commencement Supper of the Boston University School of Medicine, Feb. 28, 1877.*]

BY ONE OF THE FACULTY.

MR. CHAIRMAN, LADIES AND GENTLEMEN, GRADUATES OF THE CLASS OF 1877: It gives me much satisfaction to be called upon as one of the faculty to lift up my voice for our common cause and school. (Applause.) Thank you. I have listened with much interest to the remarks made by the friends of the Boston University. I have not only listened to what has been said, but also thought a good deal of what has been left out, like anybody who reads between the lines of what is written. (Laughter.) The congratulations, the encomiums offered, were as pleasant to me as a southern breeze on a dog-day, coming over the Back Bay. It is true, some remarks of our friends seemed to be meant for the ears of outsiders, and were in a measure excuses for saying anything in favor or praise of our peculiar institution; but I took it all in, with a soul thirsting for praise, it not coming very often. The remarks of the President of the Boston University were full of promise for the future and breathed a manly spirit of independence and of fairness towards all schools from his standpoint, but was eloquent when touching the question of coeducation. The stern judge, after clearing his skirts, so as not to be entangled in any medical controversy, dashed into praises, with a humor peculiar to himself, and his honest face beamed with a benevolent flush when he perceived one of his fair townswomen (a constituent *in spe*) among the assembled graduates.

The philanthropist and divine, the preacher of ethics, the man of great common-sense, the avowed champion of his *alma mater* of Harvard, accepted the bitter pill of *Similia Similibus*, sugared it over and gave it back to us with sweet-sounding wishes, — all because coeducation and the rights of the female student are amongst the tenets of our school. Even the distinguished authoress, poetess, and lecturer, disregarding the opposite views entertained by her late husband, the noble philanthropist, condescendingly encouraged the host of young homœopaths before her in their future career as physicians, but became transcendently eloquent when she particularized the female doctors. This set me to thinking, and then an old German story came to my mind, which I will give you. A long while ago a German emperor, Conrad III, marched out with his knights and lancers to chastise the little town of Weinsberg in Suabia, the burghers of which had sided against him with a rebellious count and had fought his troops in the open field altogether too well for common citizens, supposed to be forever peace-loving and humble. It was therefore decided that they should have to suffer for their valiant spirit. The emperor surrounded the town with a large army, and sent out heralds, vowing openly that all grown-up male inhabitants should be sent to the gallows and the town itself be laid in ashes; allowed however the women, with their children and their best treasures, such as they could carry, to leave the doomed town, and be not molested when passing through his army. The imperial word was given, the decree was accepted, the gates were opened, when lo and behold! the faithful women of Weinsberg appeared with their husbands, their best treasures, on their backs, and toiled up the hill, on which the emperor sat in state to see the procession. There they came, the corpulent mayor on his little wife leading the cavalcade, and behind him the long line of married couples, and many a fair maiden burdened with a bachelor. (Laughter and applause.) It was a picture of mixed character, — of touching devotion and heroism and of ludicrous helplessness, — which even melted the stern emperor's heart, so that he abstained from the strict execution of his word. He granted to the burghers their life and liberty and left the town unmolested, thinking probably that he would in the future not have much to fear from such humbled and tamed men. On the spot, however

where this spectacle had been enacted he caused a stone tower to be built, called to this day "*Weibertreu*" (wife's devotion).

Homœopaths of Boston University School of Medicine! I leave the application of this legend to your discretion. (Laughter.) But, I ask you, have we still a cause of our own, or are we to be merged into, to be foisted upon another? Have we legs of our own to stand on, or must we borrow wings from the enthusiasm which just now pervades the community for another cause? In other words, are we, like the weak-kneed burghers of Weinsberg, compelled to crawl on the backs of our better halves, in order to fight against the old empiricism in medicine, or are we still pervaded by a determined spirit of our own to fight on that line, if it takes our lifetime? If so, then, I beg you, let us hear of it! Give signs of recognition and watchwords, so as to assure us that the old spirit of reform is still moving among us and that our new and fair colleagues share it with us! (Great applause and sensation.) I see, my friends, that it needs only an opportunity for the old enthusiasm to break out, and that it would be carrying owls to Athens for me to say anything here in favor of our method of healing. (Go on!) I will therefore only allow myself to add a few words of farewell and a last advice to the class which has graduated to-day, and from which we have to part with feelings both of pride and regret. My advice is short and practical, insuring success in your career and efficiency at the sick-bed if you will follow it. Become methodists! (Sensation.) I trust that nobody here will for a moment think that I refer to religious matters. No! I mean, become methodists such as *Hahnemann* was. I will explain the meaning of my words more fully, if you give me your attention for a minute more. (Go on.) You have for the past two or three years learned, as scholars, a good many facts, anatomical, physiological, pathological, and pathogenetical; you have also heard of various theories, axioms, and hypotheses, according to the various ways in which the so-called homœopathic law of cure is explained by various authorities. Now, it may be said with justice that it is more useful to discover a *fact* than to offer a *hypothesis* or to start a *theory*, yet, with more justice, we can say, it is more useful to invent a *method* than to discover a *fact*, for in reality a method allows or leads us to analyze, to understand the significance of a whole series of facts,

heretofore misunderstood or not seen at all, for it is closely connected with the practical work of *experimenting*. Between the facts on the one side and the method on the other, the theories and hypotheses float about in men's minds, some as prophetic hints, upwards, forwards; some as retrospective dogmata and stumbling-blocks; and some drop altogether into oblivion. Hahnemann invented an eminently practical method, for such he called his new *way* of healing. Some of his followers called it a law. He gathered carefully many facts, but theorized, in reality, very little; he left that to his disciples. But most of all did he insist on being closely followed in his method, and that is all the treasure he left us. You all know the legend of the farmer, who owned a vineyard as the only property to leave to his sons, and who, when he felt that he was to die and that his end was very near, called his sons to the bedside, and said, "My sons, I leave you my vineyard; there is a great treasure in it." "Where?" they cried. "Dig!" said he, but the rattling began. "Dig!" he whispered once more and expired. The sons dug all over the vineyard. They never found the treasure they sought, but the vineyard flourished and bore delicious fruit. Your vineyard is the homœopathic method; imitate that closely, carefully, knowingly, consciously, theoretically, if you please, but faithfully and strictly, and you will succeed, our cause will succeed and will be strengthened by you in performing its mission, namely, that of fighting old empiricism, of reforming the therapeutics, and of *healing the sick*.

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[From the *Monthly Homœopathic Review*.]

*STUDIES IN THE MATERIA MEDICA.*

BY D. DYCE BROWN, M. A., M. D.

IV. APIS.

[*Apis Mellifica, the Poison of the Honey-bee.*]

(Continued.)

STOMACH. — We find that *Apis* causes marked irritation of the stomach. Loss of appetite is complained of; sometimes thirst is present, at other times it is absent, although dryness in the mouth is complained of. Eructations are frequently noted, some-

times tasting of the food, and once with waterbrash. Nausea alone, or followed by vomiting, is observed by a number of the provers. When vomiting occurs it is generally accompanied by diarrhœa. Pain in the stomach is frequently noted, generally of a burning character; at other times it is spoken of as a feeling of soreness, or of pressure in the pit of the stomach.

Therapeutically, as there are many medicines which are more indicated in irritation of the stomach, I should look upon the stomach indications more in conjunction with the other more important symptoms than as separate indications. Thus, if stomach irritation were present with the tongue or throat symptoms, we should be confirmed in our choice of *Apis* as a medicine; or, again, if they coexisted with the diarrhœa, to be noticed immediately, — the two states being generally coincident in the provings.

ABDOMEN. — The abdominal symptoms indicate the intestinal irritation which results in diarrhœa. They are noted by most of the provers, and consist of pains, oftenest described simply as "pain," accompanied by rumbling in the bowels, and a feeling as if diarrhœa were coming on. Sometimes the pain is spoken of as griping, or cutting, or contracting. Several provers note a feeling of soreness in the abdomen, aggravated by pressure. In this group are included abdominal pains, which occurred in women, and were really uterine symptoms. These I shall notice in their proper place. Before making any further remarks on the intestinal irritation, let us examine the symptoms of

STOOL AND ANUS. — The prominent symptoms here are severe and profuse diarrhœa, frequently, but not always, in the morning. The stools are either watery and thin or else of a dysenteric character, the provings showing the one form as frequently as the other. But with either form there is always great urging to stool, and passage of flatus. The stools are several times noted as foetid. As we might expect, when so much urging occurs with stools often of a decidedly dysenteric character, there is great uneasiness and pain in the rectum. It is described as a sensation of rawness or of heat, with throbbing; once as like an electric shock. Along with the diarrhœa, several provers note a state of weakness and prostration. In one case "the stools occurred with every motion of the body, as if the anus were constantly open."

Here we have evidently a very considerable amount of gastro-

intestinal irritation, as shown by the stomach pain, the loss of appetite, the sickness and vomiting; the abdominal pain with rumbling, and feeling as if diarrhœa were imminent; the rectal irritation, with the profuse watery or dysenteric diarrhœa and prostration. And, therapeutically, *Apis* stands as a medicine which will be of value in such cases, resembling in many points *Arsenicum*, *Veratrum*, and *Mercurius corrosivus*. The occurrence of the diarrhœa in the morning, though not constant, is important to bear in mind as especially indicating *Apis* in similar cases, and we find that experience corroborates the therapeutic importance of this symptom.

URINARY ORGANS.—On these organs *Apis* shows a very marked action. The kidneys are evidently irritated, as shown by the urine becoming, in one case, very scanty, while, in several other provings, the amount of the secretion is very greatly increased. Passing down from the kidneys, we find very marked evidence of irritation of the bladder. The observations on this point are very numerous. It is characterized by very frequent desire to micturate both day and night; in one case it is stated that the prover had to rise ten or twelve times during the night, besides having the same trouble through the day; and another records that he had to urinate every five minutes through the day. Along with this frequent desire, we find most of the provers complain of severe burning pain in the urethra before, during, and after micturition. The urine is generally clear, but twice a brick-dust sediment is noted as occurring. In the case of one female prover the labia were so swelled as to obstruct the flow of urine. These symptoms, so very decided and unmistakable, afford important therapeutic indications.

1. As regards the kidneys. The marked power of *Apis* to produce œdema in the face and other parts of the body, taken in conjunction with its evident irritant action on the kidneys, points out this medicine as an important one in nephritis, acute or chronic, accompanied, as it is sooner or later, with dropsy. In acute nephritis it will be of value in checking the progress of the disease; and in chronic Bright's disease, when the kidneys fail to secrete the proper amount of fluid, *Apis* will relieve by producing, as we have seen in the provings, an increased flow of urine, and consequent relief of the œdema.

2. In cystitis, or in irritation of the bladder hardly amounting to cystitis, *Apis* will be one of our most valuable drugs, closely resembling *Cantharis*. It ought also, like *Cantharis*, to be useful in gonorrhœa, to relieve the pain in micturition. The swelling of the labia recorded in one case is worth remembering, as an indication for *Apis* as a remedy in inflammation with œdema of the vulva.

SEXUAL ORGANS. — The symptoms here are extremely well marked and important, chiefly in regard to the female sexual organs. In both male and female increased sexual desire is noted. In the male uneasy sensation in the spermatic cord is complained of, frequent erections occur, and well-marked orchitis resulted once. Medicines which have such a decided action on the ovaries, as we shall see *Apis* to have, usually produce orchitis in the male, or at all events irritation of the testicle. The main action of *Apis* on the female sexual organs is on the ovaries, causing irritation and pain, with tenderness in them, a tendency to uterine hemorrhage and miscarriage. The symptoms are so important that I shall quote in full most of them. We find "hemorrhage from the uterus occurring in a lady who was always regular and healthy, coming on one week after the cessation of the usual menstrual period, and three days after taking the medicine." "She feels as she does in the beginning of pregnancy." "Bearing-down pains in the uterus, as if menstruation were coming on, with aching and pressure in the hypogastrium." "Bearing-down pains as in the early stages of parturition" (in several cases). "Pressure in the abdomen, in the back and sacrum, as if the periods were coming on." This occurred in several cases. "The period flows two or three days, then stops one day and returns, and so on for ten days" (in two cases). Then we have "metrorrhagia at the second month, with profuse flow of blood, heaviness of the abdomen, great uneasiness, restlessness, and yawning, followed by actual miscarriage." "Miscarriage at the third month." "Miscarriage in the fourth month, with very copious hemorrhage." Next we find the decided ovarian symptoms. "The numbness and dulness, beginning in the right abdominal region from the ovaries to the hip, now extends to the ribs, and down over the whole thigh; better when lying upon it." "When stretching in bed, a fine cutting pain on the left side of the abdo-

men, in the ovarian region, across to the right ; first very faint, then stronger and stronger, increased at every repeated stretching ; four or five times the same, then ceasing (evening, seventh day)." "Great increase of pain and tenderness in the ovarian region in two cases ; one of large induration, the other in a supposed incipient stage of development." In another case, "in the region of the diseased right ovary, soreness, hardness, and burning heat." "Pain in right ovarian region during menstruation." "Drawings in the right ovarian region." "In the region of the left ovary, pain, as if strained, more when walking, evenings at six o'clock ; after several hours, also, a bearing down on right side, and a lame feeling in the shoulder-blades towards eleven o'clock ; when walking she is compelled to bend forward, on account of a contractive, painful sensation in the abdomen, still felt the following day, somewhat to the left." "Much flow of mucus from the uterus and vagina, with cessation of the internal burning in the abdomen." One symptom, not belonging to the ovaries, I here quote : "A deep, penetrating pain begins in the clitoris, and extends down into the vagina ; the labia minora are swollen and feel dry, hard, and covered with a crust ; hindered passing urine at first all day, until it ceases, late in the evening, after the application of cold-water compresses."

These clearly marked and important pathogenetic symptoms indicate *Apis* as a medicine of value in (1) ovarian irritation ; (2) in hemorrhage, dependent on chronic ovarian irritation ; and (3) in threatened miscarriage, especially when the irritation is propagated from the ovaries ; (4) as already observed, in inflammation of the labia.

RESPIRATORY APPARATUS.—The irritant action of *Apis* here is confined entirely to the larynx and trachea. We find in the provings two degrees of irritant action ; one of a mild form, producing only laryngeal irritation, feeling of tenderness over the larynx and trachea, with dry, tickling cough, chiefly at night and on lying down, with more or less hoarseness. The cough is relieved entirely for the time by the loosening of a small bit of mucus ; otherwise the cough is a dry one.

Thus we find it recorded that there is "hoarseness and rough voice through the day and night" ; "hoarseness, mornings, with dryness in the throat and no thirst, and drinking is of no use"

(this latter shows that the dryness is laryngeal and not pharyngeal); "at the same time soreness in the supra-sternal fossa, and sensitiveness to pressure likewise, in the region above both clavicles"; "irritation to cough in the supra-sternal fossa"; "severe cough, especially after lying down and sleeping; the tickling that causes it is in a little spot very distinctly deep down in the posterior wall of the windpipe (second day before midnight); would like something to reach it with and brush over it; his head aches while coughing; he must bend it back and hold it, so that the shock cannot act with such violence; as soon as the least bit of mucus loosens, he is better." Symptoms similar to these are noted by different provers, all pointing to the same form of cough and irritation, viz., a dry cough, chiefly on lying down at night, relieved by getting rid of a small bit of mucus, with hoarseness, and soreness over the trachea. The second degree of larynx irritation produced by *Apis* is much more severe, and amounts to actual laryngitis. "Sensation as of a rapid swelling of the lining membrane of the air-passages" is complained of; speaking becomes painful, the voice becomes rough and hoarse, there is intense dyspnœa. "It seemed impossible to breathe; had to fan him to keep him alive." "This state is expressed by various provers in different terms, as of impending suffocation, urgent desire for air, feeling of necessity to tear off the collar and all neck coverings, difficulty of breathing, which is hurried and short, sensation of fulness, constriction, or suffocation in the throat, with difficult, anxious breathing,—worse in the horizontal position; labored respiration, as in croup." Close rooms and hot air are insufferable.

Such a pathogenesis indicates in the clearest manner *Apis* as one of the remedies which will be of great service, not only in the milder forms of laryngeal and tracheal irritation corresponding to the first degree, but more important still, in acute laryngitis. The probability is, that judging from the effects of *Apis* in other parts of the body, the laryngitis is of the edematous type; hence, in œdema glottidis, that rapidly fatal malady, *Apis* is, perhaps, more indicated than any other medicine; and in acute laryngitis, generally, *Apis* will be one of our chief remedies.

CHEST.—The symptoms in this group consist only of pains through the chest walls, generally a feeling of soreness or

bruisedness, as after a severe shaking or injury. This is evidently the result of the coughing and difficulty of breathing, and such pains are unimportant by themselves therapeutically.

HEART AND PULSE. — I do not think there is any evidence of *Apis* having any special action on this sphere. The heart and pulse sympathize with the general state otherwise produced by *Apis*, but nothing further. Thus, in the stage of faintness, the pulse is noted as being feeble and almost imperceptible, while in other cases, sympathetic with the before-mentioned pathogenetic effects, we find the pulse quickened considerably. In one case, a "sudden attack of acute pain just below the heart" is spoken of, "extending diagonally towards the right chest." This seems to be only a neurotic pain in the chest walls.

NECK AND BACK. — There is nothing of importance to notice here. The symptoms consist chiefly of pains resembling those of rheumatism in the shoulders, and extending up the muscles of the back of the neck. Some symptoms noted in this group belong properly to other sections.

The sections entitled "Upper Extremities," "Lower Extremities," and "Skin" ought to be all taken together to save needless repetition, since the symptoms are entirely those appertaining to the skin and cellular tissue of the body in general, including the upper and lower extremities. The prominent features, and they are very well marked, are swelling, with œdema of the arms, hands, and feet, and occasionally of the whole body, with redness of the parts, and accompanied by burning and stinging pains, or violent itching irritation. When the itching is severe, there is very frequently, besides the redness, an eruption of papules, and still more frequently an eruption of decided urticaria, or nettle-rash. The examples in the provings where these symptoms occur are very numerous. Repetition, however, of the various individual records is unnecessary. One curious symptom is recorded of the fingers, "Very distinct sensation of numbness in the fingers, especially in their tips, about the roots of the nails, with a sensation as if the nails were very loose, and he could shake them off." This is probably due to the interference with the circulation produced by the swelling and inflammation of the skin. Therapeutically, the indications are clear. As before stated, when speaking of the face, *Apis* will be one of our chief

remedies in (1) erysipelas in any part of the body, when it is of the edematous type; (2) in urticaria; (3) in any skin irritation, accompanied by burning itching; and (4) in general œdema dependent on kidney disease. The symptoms noticed under the head of "Generalities" have been already noticed in the earlier part of this paper, and consist chiefly of a state of nervous irritability and restlessness with prostration.

SLEEP AND DREAMS. — In this section we find what we should expect as coexisting with the various forms of tissue-irritation already described, viz., heaviness and sleepiness in the evening, and restless sleeplessness at night, with uneasy dreams. Except as completing the pathogenetic picture, they seem useless by themselves therapeutically.

FEVER. — In the provings, there is frequently noted a sense of chilliness, followed by heat, fever, and perspiration. In many of the instances of this, the fever seems sympathetic with the tissue irritation elsewhere. Excluding these, we find evidence of a feverish state which cannot be traced to sympathy with other parts. The chills, in some cases, came on periodically. Thus we find, "Chilly every afternoon at three o'clock; she shudders, worse in warmth; the chills run down the back; hands feel as if dead; feverishly hot after about an hour, with a hoarse cough; heat of the cheeks and hands, without thirst; ceases gradually, but she feels heavy and hot." The chill, in other observations, was noted as coming on in the evening. In some of the provings, the chills followed the heat, or alternated with it. Thus we have "sudden chills, then heat and perspiration." "Shaking chills after thirty-six hours of heat." "Sensations of cold, without coldness of the skin, with ague." "Cold feet, with burning cheeks." "Cold feet, with burning toes." "Heat in the face, and chilliness, evenings." "Flushes of heat, mixed with chills." "Fever-heat increasing for thirty-six hours, then a violent shivering chill, at five o'clock in the morning, during which she felt very cold herself, but not so to others." "Perspiration now and then, with headache and heat." "Dry skin, alternating with perspiration." These provings point out *Apis* as a medicine likely to be of service in fevers affecting an irregular intermittent type, where the feverish state comes on at a particular hour in the afternoon or evening, where the fever is alternated or mixed with chills,

with perspiration coming out irregularly. This therapeutic indication has been verified in America.

This concludes our investigation of the pathogenetic action of this very important medicine.

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[From the *Monthly Homœopathic Review*, March 1, 1877.]

ON THE RATIONALE OF HOMŒOPATHIC CURE.

BY DR. R. HUGHES.

I. — THE PRIMARY AND SECONDARY ACTION OF DRUGS.

[Being a Lecture delivered at the London Homœopathic Hospital, Feb. 8, 1877.]

IN last Thursday's lecture I spoke of the three modes in which our knowledge of the physiological action of drugs could be applied therapeutically, these three being the allopathic, the enantio- or anti-pathic, and the homœopathic respectively. Upon the last named, when it had been defined, I dwelt at considerable length, showing how it was neglected in ordinary practice, but had been elevated and elaborated by Hahnemann into a general method of cure, and adducing evidence as to its successful working, its comparative advantages, and its practicability; but, in so speaking, I throughout confined myself strictly to the *phenomena* of drug-action, as they appear on the surface. I propose now to advance a step further, and begin to inquire into their laws and significance.

There is no difficulty in understanding the action of drugs allopathically or antipathically related to the disorder presented for treatment. The former by some evacuation or revulsion, the latter by direct opposition to the set of the morbid change, can readily be conceived of as restoring the affected part to its normal condition. But it is not so when we come to give drugs which cause in the healthy a similar disorder to that before us. It would seem at first sight as if nothing but aggravation could ensue; that if one fire can put out another's burning when applied to other parts of the body than that which is the seat of conflagration, if directed to the same part it can but increase the original flame to twofold intensity. Yet it is not so. Even were the

general experience of the homœopathic school put out of sight, there is no doubt that arsenic, which causes gastritis and enteritis in the healthy, cures irritative dyspepsia and chronic diarrhœa in the sick; or that it is capable of setting up nearly every form of the cutaneous mischief for which it is so efficient a remedy. Here, if nowhere else, we should have to inquire, *in quo modo?* But we homœopaths know that the field of the problem is cœxtensive with specific medication, and are deeply concerned in making what approach we may to its solution.

Now, since medicines whose influence is directly opposed to the tendency of the morbid process operate in cure after a manner easy to be conceived, it is not strange that attempts should have been made to resolve into such an operation the behavior of similarly acting medicines; to suppose that, though they seem homœopathic, and are selected because of such apparent relationship, they are really and within the system antipathic.

I. The first to propound such a theory of cure by *similia similibus* was Hahnemann himself. He supposed that every drug, whether given in health or in disease, produced two series of effects, the secondary being precisely opposite to the primary; that, if given in morbid states corresponding to its secondary effects, it acted at first as an antipathic palliative, but then, its own secondary operation supervening, increased the disease; while, if given when a condition answering to its primary effect was present, it caused a temporary aggravation indeed, but then by its secondary effects, which were opposite to the disease, a considerable amelioration thereof.

I believe that this was substantially Hahnemann's doctrine from first to last. But as a somewhat different account of it has been given by the historian and exponent of Homœopathy, to whom I so constantly refer as an authority, — I mean Dr. Dudgeon, — it is necessary that I should say somewhat in justification of my statement. Dr. Dudgeon considers that in the *Medicine of Experience* and the *Organon*, Hahnemann conceived of homœopathic action as the substitution we last week heard of in Trousseau's words, that is, as the overpowering and annihilation of the natural disease by an artificial one excited at the same spot, which latter, being but of brief duration, soon subsides, leaving health behind. "At a subsequent period, how-

ever," writes our author, "viz., in the preface to the fourth volume of the *Chronic Diseases* (1838), Hahnemann attempted another explanation of the curative process." This is the doctrine that it is the vital force which is always the conqueror of disease; that in our patients, especially those chronically sick, its power is insufficient for this victory; and that by administering a medicine acting in a direction similar to that of the malady, the vital force is, as it were, stirred up to fresh efforts in opposition, "until," I quote Hahnemann himself, "at length it becomes so much stronger than was the original disease as that it can again become the autocrat in its own organism, can again take the reins and conduct the system on the way to health." But if you will listen to a short extract from the *Organon* (Sect. xxvi, of Dudgeon's translation), I think you will agree that the earlier and later thought of the master had very much in common:—

"As every disease," he writes, "(not strictly surgical) depends only on a peculiar derangement of our vital force in sensations and functions, when a homœopathic cure of the vital force deranged by the natural disease is accomplished by the administration of a medicinal agent selected on account of an accurate similarity of symptoms, a somewhat stronger but similar artificial morbid affection is brought into contact with, and, as it were, pushed into the place of the weaker, similar, natural morbid irritation, *against which the instinctive vital force, now merely (though in a stronger degree) medicinally diseased, is then compelled to direct an increased amount of energy*; but, on account of the shorter duration of the action of the medicinal agent that now morbidly affects it, the vital force soon overcomes this, and as it was in the first instance relieved from the natural morbid affection, so it is now at last freed from the artificial (the medicinal) one, and hence is enabled again to carry on healthily the vital operations of the organism."

Now, though there is certainly a substitution of medicinal for natural disease contemplated here, rather than the re-enforcement of the one by the other as suggested in the *Chronic Diseases*, yet the exaltation of the reactive vital force is (in the words I have italicized) distinctly stated to be the means whereby the ultimate cure is effected, just as it is in the later putting.

It remains only to connect this view of Hahnemann's with his doctrine as to the primary and secondary actions of medicines, which again is hardly done by Dr. Dudgeon.

In the *Essay on a New Principle for ascertaining the Curative Power of Drugs*, published in 1796, Hahnemann writes:—<sup>1</sup>

“Most medicines have more than one action; the first a *direct action*, which gradually changes into the second (which I call the indirect secondary action). The latter is a state exactly the opposite of the former. In this way most vegetable substances act.”

After saying that such opposite states are not so discernible in most mineral medicines, he goes on:—

“If, in a case of chronic disease, a medicine be given whose direct primary action corresponds to the disease, the indirect secondary action is sometimes exactly the state of body to be brought about; but sometimes (especially when a wrong dose has been given) there occurs in the secondary action a derangement for some hours, seldom days.”

This, however, he says, is a mere transitory affection, and, if troublesome, may readily be suppressed by a dose of some antagonistically acting palliative, as *Opium*, when the medicine was *Hyoscyamus*.

Thus the cure, in homœopathic treatment, is conceived to result from the induction of the secondary action of the drug, which is antagonistic to the morbid condition present. And now, in the *Organon*, we find him identifying this secondary action of the medicine with the stirring up of the opposing vital force of which we heard previously.

“Every agent<sup>2</sup> that acts upon the vitality, every medicine, produces more or less change in the vital force, and causes a certain alteration in the health of the individual for a longer or shorter period. This is termed *primary action*. Although a product of the medicinal and vital powers conjointly, it belongs principally to the influencing power. To this influence our vital force endeavors to oppose its own energy. *This reaction belongs to our preserving vital force, of which it is an automatic action, and it is termed secondary action or counteraction.*

“During the primary action of the artificial medicinal agents on our healthy body, our vital force seems to conduct itself merely in a susceptible (receptive, as it were passive) manner, and appears,

<sup>1</sup> *Lesser Writings* (Dudgeon's translation), p. 312.

<sup>2</sup> *Organon* (Dudgeon's translation), §§ lxiii, lxiv.

so to say, compelled to permit the impressions of the artificial power acting from without to take place in it, and thereby alter its state of health: it then, however, appears to rouse itself again to action, and to develop (a) the exact opposite condition (*counteraction, secondary action*) to this effect produced on it (*the primary action*), if there be an opposite to it, and that in as great a degree as was the effect (*primary action*) of the artificial morbid or medicinal agent on it, and in proportion to its own energy; or (b) when there is not in nature a state exactly opposite to the primary action, it appears to endeavor to recover its lost balance, that is, to make its superior power available in the extinction of the change wrought in it from without by the medicine, in the place of which it substitutes its normal state (*secondary action, curative action*)."

We have now the theory before us, complete at every point. And as we study the works of Hahnemann, we find it carried on into all its logical consequences. One of these is the "homœopathic aggravation," on which we know him to have insisted as being in some degree a necessary step in the process of cure. Another is the merely temporarily palliative and ultimately injurious effects of all medicines whose primary action is antagonistic to the disorder present. He makes this point continually in his prefaces to the pathogeneses of the various medicines in his *Materia Medica Pura*. Of what avail is it, he demands, that you induce upon the quickened circulation of a phthisical subject the retardation which is the first effect of *Digitalis*? Secondary reaction will speedily follow, and your patient will have a more rapid pulse than before. What is the use of forcing sleep on this excited brain by *Opium*, when, as soon as its primary soporific effect has worn off, by the recoil of the organism the sleeplessness will become more complete than ever? On the other hand, he says, give the homœopathic remedy; and, though a slight and fleeting aggravation will ensue during its first effect, the permanent reaction it will excite is just the healthy condition you desire to restore.

This is the doctrine; and we have now to consider its validity as an explanation of homœopathic cure-work. Dr. Dudgeon, though not connecting (as we have seen) the two elements of the theory together, objects to each separately.

(1.) As regards primary and secondary action, he shows that Hahnemann was compelled in later times to modify considerably his former views on this point. He had maintained that when medicines, as they generally did, caused two opposite series of phenomena, the former of these alone were the positive effects of the drug, and available for comparison with the symptoms of disease in working the homœopathic law. But subsequently he came to see and to state that many of these opposite phenomena were true, direct results of the drug's action, and that disorders resembling them could be cured with the medicine after the homœopathic manner. He therefore declared them to be, equally with the others, primary symptoms, and used the words "alternating effects" to designate the two opposing series. By degrees both phrases dropped into disuse, and his latest view seems to have been that all changes of health which followed the ingestion of a drug were effects of such ingestion, and were legitimate materials for comparison with the symptoms of disease. To this opinion Dr. Dudgeon himself assents; and, if it be true, it undoubtedly invalidates any explanation of the homœopathic cure which refers it to reaction of the organism.

(2.) But Dr. Dudgeon goes a step further. Upon Hahnemann's theory, the first effect of the similar medicine must be to increase somewhat the symptoms of the disease; and this, whether it is supposed, as in his earlier time, to supersede the disease by a stronger irritation, or, as by his later view, to re-enforce it. Hence the necessity to his theory of the "homœopathic aggravation," which accordingly he maintained to be of invariable occurrence to at least some degree. Dr. Dudgeon, after examining his own data and the testimonies of homœopathic writers, comes to the conclusion that this aggravation is of by no means invariable or even frequent occurrence. This fact, also, is obviously damning to Hahnemann's theory.

(3.) I have myself a still more serious objection to it. In such primary and secondary actions of medicines as Hahnemann supposes to exist, the reaction must be, to some extent, as the action. This he himself perceives, and states in one of the extracts I have read to you. He also acknowledges it when he says of provings, — for instance, of that of *Pulsatilla*, — that, moderate doses only having been used, the symptoms are mainly

primary, in other words, that little reaction supervenes. Now, if this be so, we can only get much benefit from the secondary action of a remedy at the cost of a considerable primary aggravation ; and the reduction of the dose to avoid the latter would correspondingly diminish the former. I need hardly point out that the facts are just the other way.

I conclude, then, that Hahnemann's theory of the nature of homœopathic cure is untenable ; that the small dose we give therein neither excites an opposing reaction of the organism nor supplants the existing irritation by a stronger one of its own. To the latter of these thoughts, however, we shall return at the last ; and I think we shall find that, with some modification, it suggests to us the real action of many of our remedies.

II. I have next to examine the explanation of Homœopathy given by Fletcher, which is that adopted by Dr. Dudgeon in his *Lectures*. It is also advocated and expounded by Dr. Drysdale, in his series of papers extending through the twenty-fifth and two following volumes of the *British Journal of Homœopathy*. These contributions, weighty with solid and original thought, I commend to the earnest attention of all who are interested in their subject.

Fletcher's doctrine is, like Hahnemann's, based on the primary and secondary actions of drugs, and the opposition between them ; but it is radically different both in the account it gives of these phenomena, and in the application it makes of them. With Hahnemann, the secondary effects were such as the constipation which follows the action of a purgative, and the sleeplessness which ensues upon the sopor induced by *Opium*. Fletcher has no regard to these, and Dr. Drysdale dismisses them as merely signs of exhaustion and fatigue after excessive vital action. He does not allow them to be medicinal effects at all, and agrees with Hahnemann in rejecting them from the drug-pathogeneses which we apply to disease according to the rule *similia similibus*. Fletcher's primaries and secondaries lie within Hahnemann's primaries. He considers that all morbid actions, whether produced as diseases or by drugs, are of the nature, or at least conform to, the type of *inflammation*. There is here a primary increase of the vital activity of the part, showing itself in a contraction of the capillary vessels ; but this is followed by a second-

ary depression, in which the capillaries are relaxed and dilated. The former stage is mostly latent ; it is the latter which presents the classical features of inflammation, — *calor, rubor, tumor, dolor*, — and in which we are ordinarily called upon to treat it. Drugs also, like the causes of disease, are primarily stimuli, and contract the vessels of the part on which they act. But here, again, the action is latent ; and it is the reactive depression which is noted as the condition produced by the drug. When, therefore, a medicine is given upon the rule *similia similibus*, it is the secondary effects of drug and disease which coincide. But, the disease being already in its second stage, the primary action of the drug finds a condition present which it precisely counteracts, so that unless the dose have been excessive, its secondary influence is never manifested at all. “The first stage of the drug’s action,” writes Dr. Drysdale, “fits into the second stage of the disease, thereby filling up a want, and not overpowering an exalted diseased action by a still greater medicinal action. The therapeutic action is, therefore, antipathic after all, though the drug be homœopathic in respect to its physiological action.” I should rather say, “apparently homœopathic.” Dr. Dudgeon expresses himself to the same effect, as a single extract from his discussion of the subject will show. “I was much gratified,” he writes, “to observe in an essay by Dr. Clotar Müller, of Leipzig, that he takes a very similar view of the curative process to that which I have given. He takes the inflammatory process as his theme of illustration, and after showing that inflammation consists in a kind of partial paralysis of the nerves of the capillaries, he asserts that the medicine cures by the stimulation it applies to these paralyzed nerves, by virtue of its primary action ; that its action, in fact, is the opposite of the actual condition of the diseased part, and that the principle *similia similibus* is merely our guide to the selection of a remedy, but that it by no means expresses the part that remedy performs in relation to the disease. *Apropos* of this explanation, I may mention a remark of J. Hunter’s, which is strikingly corroborative of these views. ‘If,’ says he, ‘we had medicines which were endowed with the power of making the capillary vessels contract, such, I apprehend, would be the proper medicines in inflammation’ ; and such, undoubtedly, are our homœopathic remedies in their primary action.”

This theory is a fascinating one, and the names of those who advocate it give it weighty recommendation. I am, nevertheless, unable to accept it; and with the utmost respect to the distinguished colleagues I have named, proceed to give my reasons for differing from them. They require us to believe:—

*First*, That inflammation is a factor in, or at least the type of, all diseases.

*Secondly*, That inflammation consists in primary active contraction, and secondary passive dilatation of the capillary vessels of a part, and can be cured by inducing contraction upon such dilatation.

*Thirdly*, That all drugs are stimuli, and induce the inflammatory process, *i. e.*, primary contraction and secondary dilatation of capillaries, in the parts on which they act.

*Fourthly*, That we can only cure homœopathically when we meet with disease in its secondary stage, and that the process consists in opposing thereto the primary action of the drug, whose secondary effects resemble the condition present.

On the first of these propositions I need not say anything at present. There is no doubt that inflammation is the proximate cause of a great many diseases, and an element in many more. Whether, however, it is a type even of those which, as fevers, spasms, neuralgia, etc., cannot be directly referred to it, must depend upon what it is in itself; and this brings us to the second proposition.

When an irritant is applied to a healthy part, there is, if it be not too strong, an interval—a stage of incubation—before the signs of inflammation manifest themselves. It was thought that during this period the vessels were contracted, and earlier microscopical observations seemed to favor that idea. Later experiments, however, as those of Cohnheim,<sup>1</sup> have failed to detect any such contraction. Let me read you one of his: “If a few drops,” he writes, “of croton oil be rubbed over the inner and outer surfaces of the shaved ear of a white rabbit, no variation whatever is to be observed in the vessels during the first hour. After seventy or eighty minutes, however, a slight trace of general redness is to be observed”; and then follow general inflammatory phenomena.

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<sup>1</sup> See *London Medical Record*, I, 819, II, 10.

If, then, a contraction really occurs, it must be trivial and insignificant ; and it is impossible, I think, to suppose that the dilatation which ensues, and lasts so long, is a mere reactive exhaustion resulting from it.

Further, we have it in our power really to induce such a condition by other means, but we do not find it set up inflammation. We may paralyze the blood-vessels, either immediately by dividing the nerves which supply them, or secondarily, by over-stimulating these nerves by a galvanic current till their excitability is exhausted. We then get the phenomena of increased supply of blood, redness, high temperature, augmented growth and secretion ; but we have no stasis, no exudation of coagulable lymph or corpuscles. These phenomena of true inflammation only occur if the health of the subject of the experiment be considerably lowered, as by partial starvation. Then, indeed, the increased blood-supply seems to act as an irritant to the weakened part, and inflammatory action occurs.

The dilated blood-vessels of inflammation, then, are not the mere consequence of a previous contraction, nor are they the essence, the proximate cause, of the specific phenomena of this disorder. It follows that inflammation cannot be directly cured by so acting upon them as to contract them. Indirectly, of course, if you could occlude the vessels of an affected part for a sufficient length of time, so as entirely to cut off its supply of blood, inflammation could not continue to live there. This withdrawal of the blood-supply can sometimes be accomplished by compression of the main artery of the part, and sometimes, to some extent, by position. But whether you can effect it by an agent which stimulates the vessels themselves (or their nerves) must depend on whether these vessels themselves are in a sufficiently normal organic condition to respond to such stimulus ; and this Cohnheim's experiments render very doubtful. At the best it would be a violent and roundabout way of treating inflammation, and it is not that which is contemplated by the theory before us.

The essence of inflammation, as we now understand it, seems to me to be as follows : An irritant is locally applied or conveyed by the blood to a part which it is capable of affecting. It there induces a morbid activity in the protoplasmic matter

finds present, whether in the blood-vessels or the tissues outside them. Hence — on the principle *ubi stimulus ibi fluxus* — there occurs an increased determination of blood to the part, an enlargement of its vessels, and, if the irritation be considerable, subsequently a stasis of its circulation and transudation of certain constituent elements of the vital fluid. Contraction of the vessels, if it occur at all, is a mere episode in this history. It is like its analogue in the system at large, the chill of fever, which may appear as a single rigor at the outset, or as occasional shiverings mingled with the heat ere the latter becomes permanent, or may be absent altogether. The *calor* is certainly not dependent on a previous *rigor* here, nor is it in inflammation; the two are alternating, complementary states, and dependent upon a common cause, — the irritation of the tissues in inflammation, the heat of the blood in fever.

I have little doubt that Drs. Drysdale and Dudgeon would now admit their vascular theory of inflammation to be untenable. I am citing the former as he wrote in 1869, and the latter as far back as 1854. But as the doctrine they then advocated every now and then reappears in our literature, it was necessary to demonstrate its unsoundness in this place.

Let us now turn to drugs. We are told that all these substances are stimuli, analogous to the natural agencies, so called, heat, light, etc., which, acting on the excitability of organic matter, evoke the phenomena of life. As such, they induce primary contraction and secondary reactive dilatation of the vessels of the parts which they affect. The primary effects are latent; the secondary constitute their manifest action, and lead us to call them excitants of congestion, inflammation, hemorrhage, increased secretion, and so forth.

Now I cannot think that this is a true account of drug action in general. In the first place, I must deny that all drugs are primarily stimuli. Take such a substance as the *nitrite of amyl*, whose effects when inhaled are immediate. We all know the general flushing of the surface which ensues, and agree to ascribe it to dilatation of the arteries from relaxation of their muscular coats. What is this but primary depression, whether the drug's influence fall on the vessels directly or through their nervous supply? It may be suggested that the *amyl* really acts as a

stimulant to those vaso-dilator nerves which recent research has discovered in connection with certain vascular areas, and which *may* exist throughout the circulatory system. But the proof that it is otherwise lies in the fact that, simultaneously with the flushing it excites, the inhalation of the *amyl-nitrite* causes relaxation of any spasm that may exist, as that of *angina pectoris* or of *gastrodynia*. As no dilator nerves can be conceived to exist here, the hypothesis of a primary sedative influence seems the only one applicable to the whole group of phenomena. The same thing may be said of the action of *Curare*, *Conium*, *Physostigma*, and *Gelsemium* upon the musculo-motor nerves and centres. There is no trace of excitation here from first to last.

Secondly, with regard to those drugs which are stimuli, I submit that this property does not make them capable of setting up the inflammatory process. I think that there is a confusion made in this nomenclature between stimulants and irritants. Stimulants excite function, irritants inflame tissue. *Strychnia* is an excellent illustration of the former class. It powerfully excites nervous tissue, motor or sensory, wherever it finds it; mobility and impressionability are both morbidly heightened; but there is no inflammation. On the other hand, substances like *Arsenic*, *Iodine*, and *Cantharides* have no definite action upon function, but they inflame tissue wherever they are locally applied or electively attracted.

Thirdly, in the case of real irritants, which do set up inflammation, I hold that their action in so doing cannot be explained by their causing primary contraction and secondary dilatation of the blood-vessels. I have already shown that no stage of contraction occurred when croton oil was applied to the rabbit's ear, though decided inflammatory action occurred after a time; and I have also demonstrated that no dilatation of blood-vessels, whether primarily or secondarily induced, is capable of itself of setting inflammation up. I must maintain that drugs act like other internal causes of the process, — like the scarlatinal poison, for instance; that, conveyed in the circulation to the part for which they have affinity, they there act upon the protoplasm and fret it into that morbid and blind activity in which I apprehend inflammation to consist.

It seems, then, that no part of Fletcher's scheme holds good;

that inflammation is not a type of disease in general, but a process *per se*; that, when it is (as so often) the proximate cause of the symptoms present, it is not constituted by primary contraction and secondary dilatation of the vessels; that all drugs are not stimuli, and all stimuli not irritants; and that the inflammation caused by those which are irritants is, equally with the idiopathic disease, incapable of being set up by any influence exerted merely on the blood-vessels of the part. Since, then, the data prove to be unfounded, the practical conclusion falls to the ground of itself. We may be glad that it does so; for it would not be satisfactory to think that we must wait for the second stage of inflammation or fever before we can cure it homœopathically. This would shut us out from treating cholera until the consecutive fever had supervened, or nipping a pleurisy in the bud, in the way described by Dr. Hayle, in his address at our Bristol Congress.\* The process, moreover, when the malady is supposed to be in a condition for action, is not one which lends itself readily to conception. Here are blood-vessels so exhausted by over-stimulation that they are in a state of relaxation; we have to spur them up to their normal state of tension, and to keep them there. Surely we need for such purpose, if it be practicable at all, a very energetic and continued stimulation, — one stronger, indeed, than that which caused them in the first instance to contract to less than their healthy calibre. Whereas the fact is just the other way; the repute (*e. g.*) of *aconite* as an antipyretic and antiphlogistic was gained in the days when every one gave it in rare and infinitesimal doses.

I submit, accordingly, that Fletcher's explanation of the homœopathic cure has as little claim to our acceptance as Hahnemann's, and cannot live in the light of our present knowledge. Let me say a few words in conclusion on the feature common and fundamental to both hypotheses, — that of the primary and secondary actions of medicines.

I have already shown that Hahnemann admitted of two qualifications of his general statement of the double action of medicines. The first is, that there are some — of which he specifies the metals, as arsenic, mercury, and lead — which “continue their primary action uninterruptedly, of the same kind, though always diminishing in degree, until after some time no trace of their

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\* See *Monthly Homœopathic Review*, XX, 671.

action can be detected, and the natural condition of the organism supervenes." The second is expressed in the phrase I have cited from the *Organon*, — "the exact opposite condition to the primary effect, *if there be an opposite condition.*" This last is, so far as the action of drugs on the healthy body is concerned, a very important *caveat*. It is obvious that opposition can only be predicted of functional states which admit of a *plus* and *minus*, as excretions and secretions, sleep, muscular and nervous tone, and the like. These are the conditions which vegetable drugs — being mostly neurotics and eliminants — influence, and hence Hahnemann's description of primary and secondary actions applies chiefly to medicines of this order; while the metals, which rather produce inflammation and other organic changes, do not manifest such phenomena. "The possibility, then," writes Dr. Carroll Dunham, "of classifying symptoms into primary and secondary, on the basis of the relative nature of the symptoms, is not coextensive with symptomatology; it is partial, confined to a moderate number of conceivable morbid phenomena." I quote from a paper of his on the subject in the *Hahnemannian Monthly* for May, 1876, to which I would direct the attention of all who desire to have clear thoughts regarding it.

That, within this limited sphere, certain drugs can and do cause primary and secondary phenomena of opposite character, I do not doubt. There are two ways in which they can do so. If they be excitant to any function, their stimulation may be so excessive or prolonged as to exhaust its power of responding, not merely to the medicinal, but to the natural stimuli of its action, and diminished function may succeed. On the other hand, if they be primarily depressant, the part reduced to temporary functional inaction may during its rest be accumulating irritable matter, so that, when called into play once more, it may exhibit more than ordinary and even more than normal vigor. This latter process is not so readily conceived, but it seems to be true in the instance of the typical primary sedative, cold. It has been lately ascertained that when ether spray (whose cooling effect is well known) is cautiously directed upon a part, its first effect is to redden it, *i. e.*, to dilate its blood-vessels. But if now a slight stimulus, as a prick, is applied to the seat of action, a sudden, intense, and long-continued pallor supervenes; that is, the vessels are powerfully contracted.

And now as regards the application of these facts to therapeutics: Hahnemann at first told us that the primary actions of drugs were alone to be used in homœopathizing; but later he found that many of the symptoms opposite in character thereto, which he had taken for granted to be secondary, were really primary; and at last, after a stage in which he characterized them as alternating actions, he gave up the distinction altogether. Dr. Drysdale would still reject such secondary conditions as the constipation which follows the operation of a purgative as "no action of the medicine at all, but merely the exhaustion and fatigue which follows every excessive vital action." With strange inconsistency, however (if he will allow me to say so), he describes the purgation itself as consisting of two stages, the second of which is "a *collapse or exhaustion*, and consequent dilatation of the capillaries, during which (as in the analogous case of inflammation) the increased secretion takes place." Yet he describes this as the second stage of the drug's action, and that to which we have to fit the phenomena of disease.

I must myself agree with Dr. Dudgeon (who here parts company with his colleague) that all the symptoms consequent upon the ingestion of a drug are, for therapeutic purposes, to be counted as its effects, and that any primary and secondary states of opposition which may ensue are merely to be reckoned as parts of the order and sequence of such effects, and are to be fitted to corresponding successions occurring in disease.\* *Aconite* causes both the chill and the heat of fevers; it is, therefore, homœopathic to fevers consisting of chill and heat, and in either stage. Teste also lays much stress on this point, insisting that *Coffea* may be homœopathic when somnolence is present, and *Opium* where there is wakefulness, if the opposite condition has preceded, and the other symptoms which characterize the *Coffea* and *Opium* reaction respectively concur.

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\* "The idea of similarity includes something more than the mere fact that for each symptom in the one group there is a like symptom in the other. It contains this additional element, — that the relations of the symptoms to, and their dependence upon, each other, and their comparative intensity, must be alike in both groups." — Dr. Pemberton Dudley, in the *Hahnemannian Monthly*, November, 1875.

[From the *Cincinnati Medical Advance*.]

*IODOFORM IN DYSMENORRHŒA.*

BY E. M. HALE, M. D., CHICAGO.

SEVERAL years ago I happened to read the following sentence relative to the effect of *Iodoform*:—

“A suppository containing *Iodoform*, if introduced into the rectum, will so benumb the parts that defecation will take place without the person or animal being aware of it.” (*Woods’s Ther. and Mat. Med.*)

Having on hand at that time several cases of fissure of the anus, in which the pain after defecation was terrible to bear, I had some suppositories made, each containing two grains of *Iodoform*. Introduced on going to bed, the evacuation next morning would be painless. It did not cure the fissure, however, for that I was obliged to resort to *Nitric Acid*.

It occurred to me that *Iodoform* might be of benefit in dysmenorrhœa, from spasm of the cervical canal, which is sometimes due to fissured ulcer of the os, and sometimes of a purely nervous origin.

The local application was hardly admissible, and I resolved to test its value by internal administration. But how to give it? It has such an abominable odor that prescribed in solution or trituration was not to be thought of, unless proposed in the high potencies, for in the 5th the odor remains.

I accordingly prescribed it in the form of sugar-coated pills, each containing one grain, one pill for a dose.

I selected three cases of dysmenorrhœa which had baffled years of allopathic medical and surgical treatment, as well as the most careful homœopathic treatment. Even the *Viburnum* and *Xanthoxylum* had failed. The menses were regular, but distressingly painful. The agony was such that chloroform, ether, and morphia had to be resorted to.

To each one I prescribed the pills as follows: One every night for fifteen days before the menses; then one every morning and night until three or four days before the menses; after this three pills daily.

Each case passed through the next menstrual period without

pain. Two of them did not know they were unwell until they discovered the stain on the linen.

I was delighted, and believed I had found a specific for that form of dysmenorrhœa, but the sequel discloses a singular fact.

Each patient passed through the next two periods with little pain, but afterwards the suffering came back. In one case the pills were continued each month as during the first, but the menses appeared the fourth month as painful as ever. I have tested it in many other cases since, with the same results. I have given doses of one fourth or one half grain, but the result is the same. Would higher attenuations cause a more permanent cure? I have not tried them.

But even if the effects are only palliative to the extent mentioned, the medicine is still of great value, for it will give temporary relief to great suffering. I will add that in no case did I ever observe from the above drug any pathogenetic effects.

Of itself the remedy is a unique one and deserves investigation. Who will prove it in various doses?

P. S. Would it not be useful in some of those obstinate cases of rigid os uteri in first labors, especially if the patients had been previously troubled with dysmenorrhœa?

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### COMMENTS UPON DIPHTHERIA: ITS CAUSE AND CURE.

BY IRA BARROWS, A. M., M. D.

[Read before the Rhode Island Homœopathic Society.]

DISEASE is the product of two combined orders of forces called remote and proximate, or occasional and predisposing causes. Of proximate or predisposing causes we know nothing beyond the fact; occasional causes are legion.

Diseases may be divided into simple, complex, and malignant. I propose to comment upon a disease which has been, in its most severe form, a scourge to many nations. Sometimes epidemic, it has borne away its hundreds of thousands of victims, and yet upon no positive method of treatment have physicians of any school agreed.

Diphtheria or diphtheritis has been described by early writers under various names, — angina gangrenosa, angina maligna, cy-

nanche maligna seu gangrenosa, pharyngitis gangrenosa, putrid sore throat, etc. It sometimes is complicated with other diseases, as small-pox, measles, or scarlet fever, but generally is idiopathic. It is characterized by a sensation of soreness in the pharynx, especially when swallowing. Upon inspection, the mucous membrane of the throat presents a dark red appearance. Very soon whitish, gray, or yellowish-gray spots appear upon the tonsils, palate, and pharynx, which rapidly increase as the disease progresses, and becomes a tough membrane. Headache obtains, with fever, slight or severe, prostration, offensive breath, an ichorous discharge from the nares, emitting offensive, putrid odors, and epistaxis. The membrane sloughs in patches, leaving raw, bleeding surfaces. Portions of the soft palate are frequently destroyed, rendering it extremely difficult and even impossible to speak or to swallow. Generally there is hoarseness, frequently aphonia, sometimes croup. Such are the prominent symptoms, in part or in whole, of diphtheria as it occurs in New England.

The convalescence is often very slow ; weeks and months may elapse before complete recovery. The patient may encounter, not only prostration, but rheumatism and partial paralysis of the organs of speech and of locomotion. Sometimes, when the prognosis to human ken assures favorable and speedy recovery, life is suddenly terminated by a heart clot.

In simple diphtheria there is but little disturbance of the functions, little or no headache, slight soreness of the throat, and little or no fever. Whitish spots are sparsely scattered over the tonsils ; there is no sense of prostration, and the disturbance does not last usually more than two or three days.

In the more severe or complex forms, the throat feels sore and looks red, sometimes purplish ; liquids are swallowed with difficulty ; there is headache, chilliness, great prostration, and usually, by the second day, a white or ashy gray coating over the tonsils, pharynx, and soft palate, which, in children, sometimes extends into the larynx, causing croup. It is generally attended with hoarseness and an offensive, often putrid, odor, as in the malignant form. The tonsils, parotid, and cervical glands swell, while the sloughing of the deposits in spots displays a sore, intensely red, or bleeding mucous membrane.

The malignant form, angina gangrenosa, diphtheritis maligna,

is ushered in by sore throat; the head, back, and limbs ache, there is extreme prostration, no appetite, thirst, little or much fever, restlessness, and a dark red, congested appearance of the mucous membrane of the pharynx. This last is speedily followed by a dark or reddish, ashy-gray deposit, which rapidly spreads itself over the tonsils and fauces, extending even to the nares, and emitting a sickly, putrid odor from the mouth and nose. An ichorous, excoriating discharge flows from the nostrils, inflaming the upper lip and the point of the nose as well. The tonsils, parotid, and cervical glands swell more or less, sometimes enormously, even to suppuration. The membranous deposit sloughs off in patches, leaving exposed a raw, bleeding surface. Portions of the soft palate often slough, and make it extremely difficult to swallow or to speak distinctly.

Children are more subject to the croupous than to the malignant form. Some assert that it is more fatal than the malignant to them. I apprehend the reason for this apparent greater fatality consists simply in the fact just stated, that croupous cases are of more frequent occurrence.

Occasional causes have been attributed to localities where there is bad ventilation and an accumulation of decayed organic matter; to cold, damp, filthy, mouldy habitations; to cold, cloudy, rainy weather. Such, no doubt, has been the experience of some in special locations, else we should not have the record.

Fifty years ago, and for twenty succeeding years, I occasionally encountered and treated this same disease, known in the nosological system of the early writers as *angina* or *cynanche maligna seu gangrenosa*, and its various synonymes. For thirty years I have met and treated it as *diphtheria* or *diphtheritis*. Sometimes it has been epidemic, sometimes endemic, and sometimes sporadic. I have encountered it in warm and cold, damp and dry, clear and cloudy weather, on high lands and low lands, in city and country, in filthy and ill-ventilated domiciles, and in well-ventilated, dry, and elegant residences.

November, 1876, in New England was a cloudy and damp but not cold month. *Diphtheria* was then endemic in Providence, and it was as rife and severe in elevated and well-ventilated localities as in the lower and more compact portions of the city. December was comparatively dry and cold, yet, so far as I could learn,

there were as many and as severe cases as in November. And as to exemption from this scourge, I cannot to-day assign from observation any spot as most eligible for safety.

What is diphtheria? Says one, "It consists of a croupous or plastic exudation from the mucous membrane of the fauces, mouth, and nostrils, commencing with febrile sensations, chilliness, and some difficulty in swallowing." Another says, "It is a name given to a class of diseases which are characterized by a tendency to the formation of false membranes and which affect the dermoid tissue, as the mucous membranes, etc." But these phenomena are only *manifestations* of a *hidden* disease. A third declares it is not exudation at all, but "*common mould, penicilium glaucum,*" which deposits upon decomposed particles of food remaining in the fauces; that "this fungus product shoots deep, takes root in the mucous membrane, compresses its minute vessels, causes inflammation and gangrene." This is more like a definition, but is it true? Will the deposit of fungi *upon* the mucous membrane account for the early constitutional symptoms developed before the ashy or mouldy appearance is visible? Dr. Von Grauvogl and Prof. Hallier contend that the fungi are microscopic and take root in the mucous membrane, causing inflammation and introducing the poison into the system before the deposit becomes visible to the naked eye. I shall not attempt to discuss the different theories, for the exact pathological conditions which develop this as well as all other diseases are as inscrutable to the sage as to the savage, to the practised pathologist as to the dull school-boy, and they will probably forever remain hidden within the mysteries of undeveloped science.

But that which is of far greater importance to the patient and to the physician is to know the best treatment. What remedies are most adapted, then, to the cure of diphtheria? In its simple form it is easily arrested by topical applications of *Capsicum*, claret wine, diluted alcohol, *Kali bich.*, *Merc. viv.*,<sup>3</sup> *Arsen. Alb.*,<sup>3</sup> *Sal nitre*, etc. If the patient is adult, let him gargle; if a child, prepare the remedies to be swallowed or to be applied with a camel's-hair pencil. Give *Arsenicum* to prevent or correct constitutional disturbances. In my early days of practice some of the remedies in the most severe cases were a decoction of red pepper and cider, solution of sal nitre, and the mineral acids.

These remedies were applied topically as well as internally, and they were quite as successful as some of the later medicaments.

I have found *Arsenicum* <sup>1x and 2x</sup> the most successful remedy both as a gargle and sparingly as an internal remedy, though preferring for the latter purpose the 5<sup>x</sup> or 6<sup>x</sup>. Free draughts of claret and water or gargles of diluted alcohol are also useful. Arsenic is a powerful antiseptic. Bodies poisoned with arsenic are known to resist putrefaction for a long time. I have found a topical application of the 1<sup>x</sup> very successful in correcting the putrid odor in malignant cases. When administered in the 6<sup>x</sup> or higher attenuations, it is certainly one of our best antidotes to, and correctives of, constitutional poisoning by this disease. Some practitioners use and prefer the deut-iodides, the *Kali* compounds, *Apis*, *Phytolacca*, *Lachesis*, etc., but the fact is, all of these remedies too frequently disappoint us, and my hope is some more effectual may soon be found.

Still, failures to cure are not always attributable to inefficient remedies. Much depends upon idiosyncrasy and constitutional status. Dr. Von Grauvogl and Prof. Hallier have made some experiments upon the diphtheritic deposit with alcohol, and claim that alcohol readily and effectually dissolves it, but that the poison being introduced into the system by the fungus deposit, as they claim, something more is required than a topical application. The former recommends *Arsenic*<sup>6</sup> as the appropriate constitutional remedy, and urges also that diluted alcohol be swallowed as well as used topically.

I witnessed recently a splendid cure of diphtheritic croup in a child about four years old. She first had croupous diphtheria. The membrane had been thrown off from the pharynx, and the patient was apparently convalescing, when suddenly she was attacked with croup. I saw the patient with my friend Dr. P. B. Carpenter. I believed the case to be hopeless, as all our remedies had failed to make any favorable impression. Dr. Carpenter was called in the night after my second visit, as the patient appeared to be suffocating. As a final resort, *Sanguinarin* in acetous syrup was prescribed, as recommended by Dr. Nichol in Hale's *New Remedies*, page 926. The relief was immediate. I called next day to meet my appointment, and, to my surprise, not a vestige of croup remained. Whether acetic acid played

an important part in the game or whether *Sanguinarin* in trituration or alcoholic dilution would have been as effectual, is a question to be decided only by experiment. I have prescribed it several times since in croupous coughs with pleasing effects. Each dose, one teaspoonful, contained less than half a grain of *Sanguinarin*.

My experience with this medicine will not permit me to recommend it with confidence in diphtheritic croup, but when *Spongia*, *Iodine*, and *Bromine*, the *Kali* compounds and all other remedies, fail oftener than they succeed, and when Drs. Paine and Nichol so confidently affirm the success of *Sanguinarin*, with what I have seen of its effects and what we know of the provings of *Sanguinarin*, I cannot but recommend to the profession a trial of this medicine in acetous syrup or in any other modicum that to them seems advisable.

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DR. SAULMANN, in a meeting of the Hufeland'sche Gesellschaft, related a case of dysmenorrhœa membranacea. The woman, before marriage, had menstruated regularly, and afterwards gave birth to four healthy children. The births were normal. In August, 1875, during menstruation, the patient observed the discharge of large shreds, which on examination were thought to be the sequelæ of an abortion. No embryo was discovered. The shreds came away on the first day of menstruation only. In September another membrane came away, which on gross examination appeared to consist of blood-clot and a few shreds. In October, November, and December the same membrane appeared. The last one was examined by Virchow, Orth, and himself. The uterus was swollen, lengthened, a little anteflected; the general condition was good; the face was pale, and there was a little fluor albus. After October no coitus took place. Upon a detailed examination of the membrane the reporter sums up as follows:—

(1.) That the dysmenorrhœal membrane is *pathological*, and does not depend on *impregnation*, because the ends of the utricular glands are found in it, that is, it consists of the whole uterine mucous membrane.

(2.) It is pathological because it appears after it has been certainly determined that no coitus has taken place.—*Boston Medical and Surgical Journal*.

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# THE NEW ENGLAND MEDICAL GAZETTE.

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BOSTON, MAY, 1877.

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WE are called upon to mourn the loss of two of the foremost men in our ranks, — Dr. Carroll Dunham, an extended obituary notice of whom appears in our columns, and Dr. Wm. E. Payne. Both rightly earned the high position which they held by their untiring zeal in the prosecution of their labors, and they have set an example which might be followed with advantage by all of us. Self-advancement seems to have been no motive for their actions, but whatever they did was done for the good of Homœopathy; in fact, Dr. Dunham may be said to have given his life for the cause, for his labors in connection with the World's Convention were without doubt instrumental in bringing on the disease which terminated his life. How much of the credit for the success of the Convention is due to Dr. Dunham is known to all.

Both men were indefatigable students of the *Materia Medica*, and as a consequence both were accurate prescribers. The retiring president of the Massachusetts Homœopathic Society, in his recent address before that Society, speaking in this connection of Dr. Dunham, said, "He had so carefully studied the *Materia Medica* and recorded the reliable symptoms, that whatever was marked with his name was accepted by the profession without argument." We think the same may be said of Dr. Payne. The latter has not only conscientiously studied the old remedies, but has contributed carefully arranged provings of several new substances, which have been of great use to the profession.

Both gentlemen have been occasional contributors to the periodical literature, and articles from the pen of either were always eagerly read, and we venture to say that few ever rose from their perusal without feeling that something had been learned.

We have been unable as yet to obtain full particulars of the last illness of Dr. Payne, but hope to do so before our next issue.

The lives of these physicians offer much which is worthy of imitation. By following the same course which they pursued, with the same singleness of purpose and the same self-abnegation, we may do much for the advancement of the cause, and in time, perhaps, make up for the loss which now seems almost irreparable.

Their places must be filled, difficult as the task may seem: how worthily this shall be done rests with each individual.

## OBITUARY.

DIED: At his residence, Irvington-on-Hudson, N. Y., Carroll Dunham, M. D., in the 49th year of his age, Sunday, February 18th, 1877.

In the death of Dr. Carroll Dunham, the medical profession has sustained a loss seemingly irreparable. Certainly no man has done more than he did, by his example, practice, teachings, and writings, to advance the science of medicine, while few have done as much.

In the *code of ethics* presented by him to the American Institute of Homœopathy, he has laid down as a rule for others that which has seemed to serve for his own guidance, — “As ye would that men should do to you, do ye even so to them.” In advising the graduating class of the New York Homœopathic College what *to do*, we can see what he *has done*. His own liberality and regard for the rights of others are shown in the “code,” which enjoins upon homœopathic physicians “to consult with any honorable practitioner of good reputation as a man, no matter to what school he may belong; and this because the patient has a right to enjoy the benefit of whatever skill may exist within his reach, and we have no warrant for circumscribing this right by declining the consultation.”

In speaking of the unpleasantnesses encountered at the outset of the physician's career, a want of confidence in his professional skill, and withdrawal of cases from his charge to be given to another, the philosophy of his remarks may serve as a salve to many wounded feelings and render such trials less difficult to bear: “Remember the Golden Rule, which is to be your guiding principle, and in imagination put yourself in the place of the public, and then ask whether you would not act much as they do. It is not the way of the world, nor is it a good way, to pay a bill unless vouchers are presented, nor yield to authority unsupported by credentials. What do you ask of the public when you offer them your professional services? You invite them to confide to your skill the health, comfort, — it may be, the lives, — of themselves and their families; to admit you to their houses on terms more intimate and confidential than those on which any other human being enters; to suffer you to observe their most secret ways, their holiest joys, their hidden sorrows, their carking cares. Can you expect them to do this easily, willingly, or unreservedly until anxious observation of your character and conduct shall have satisfied them that you deserve this confidence?” Again he says: “Among your first patients

will surely be many poor persons, who seek the new doctor, hoping, perhaps, to be treated at less cost. There will be many chronic cases, who, having despaired of health at the hands of the old doctors, catch at the straw of a new man's coming. It is not so pleasant to take care of the poor as of the rich. Their houses are cold and untidy, the atmosphere is unsavory, and the patients are uncouth. Now, if you undertake these cases at all, you are bound to bestow upon them the same unwearied attention and faithful study and tender care that you would give your wealthiest patient. Their health and lives are as precious to them as ours to us. You have no right to set a lower value upon them. If you assume the responsibility of the cases, you must fulfil the obligation. This is your duty; and I dislike to adduce any other and less elevated consideration."

With an extensive practice, requiring and receiving great thought and study, he was ever ready to heed the increasing demands of the profession, to bestow thereon time and attention, doing promptly, and with a remarkable thoroughness, work which his good-nature and obliging disposition would not permit him to put off upon others. No matter what duty was assigned him, on what committee he was placed in societies, or what special liking he had for the subject-matter, his examinations and reports were exhaustive.

Believing that "the paramount object of the physician in all that he does should be the greatest good to the patient," he was, in seeking that, led to that carefully discriminating mode of practice which has gained for him such an enviable position among practitioners of medicine. To quote again from his address, he says, "I assume that you will be unceasing in your labors to master your profession, to keep fully acquainted with all that is achieved by its many workers in various lands, and to add something yourselves to the common store of knowledge." Thus was he led to publish the results of his own search for what would benefit his patients. His unwillingness to be content with following the beaten track and his fondness for research were made manifest when he wrote his inaugural thesis on the pancreas, in which he was the first to call attention to certain facts in the process of digestion discovered by him.

When a student of medicine, his previous college training enabled him to give closer attention to and take fuller notes of the lectures than other members of his class could do, and the readiness with which he explained to them the difficult parts, drew about him a select number, to whom he was accustomed to repeat, in his own way, the subject of the day's lectures.

His practice and opinions were well known and his teachings were

in accordance therewith. In his memorable address before the American Institute of Homœopathy in Chicago, he said, "Holding that the law 'Similia similibus curantur' expresses the relation between the specific drug action and the diseased organism, and that it is a sufficient and the only trustworthy guide in every application of drugs to cure the sick, I fully believe not only that the practical rules laid down by Hahnemann, and which enjoin the single remedy and the minimum dose, are the rules of sound practice, but I believe that every observing physician who faithfully applies the law of cure will be led by experience to the same conclusion, and will adopt these rules as leading to the best results. Notwithstanding this belief, I advocate entire liberty of opinion and practice. . . . I would have no exclusive creed, no restrictions relating to theory and practice, but would receive into membership of the Institute every applicant of suitable educational and moral standing. I deprecate any attempt to regulate or prescribe the opinion and practice of members of our school for two reasons: we *cannot* do it if we *would*; and we *ought* not if we *could*." The above exhibits the spirit of all his teachings.

With his writings we are all familiar. His article on "Diagnosis in Homœopathic Practice," published in the *Philadelphia Journal of Homœopathy*, April, 1852, of two diagnoses, — of the disease and the drug disease. With the articles following, in elucidation, or with the former as a preface, the studies of various remedies have rendered efficient service as "Aids in the Study of Materia Medica," which has been increased by subsequent studies in the same journal, and in the *American Homœopathic Review*, and at the discontinuance of the latter in other periodicals. His editorial in the third volume of the *Review*, "Homœopathy the Science of Therapeutics," was considered by him his masterpiece, and as an *exposé* of our system it is likely long to be so regarded. His editorials on the current topics of the day, criticisms and other miscellaneous papers, interspersed, as they were, with his characteristic humor, will long occupy a foremost place in our literature.

So well known was Dr. Dunham, that one could almost begin from his public *entrée* into the profession, dating from his first contribution to our literature in January, 1851, and go back and build up the sketch of his early life.

He was born in the city of New York in 1828, graduated in the literary department of Columbia College in 1847, and received his medical diploma from the College of Physicians and Surgeons in New York in 1850. While a student of medicine, being cured of a serious illness by a homœopathic physician after eminent practitioners of the

old school had failed, he was led to inquire into the teachings of Homœopathy. After graduating, he determined to make a comparison of the two methods of treatment, and as there were no homœopathic hospitals here, he went to Europe for that purpose. After spending several months as an *interne* in the Rotunda Hospital in Dublin, acquiring a practical knowledge of obstetrics, and in Paris, carefully studying the treatment of two or three classes of disease, he spent six weeks with Dr. Von Boëninghausen, at Munster, spending the greater part of each day in his office and "observing every patient and noting every prescription and its effects." He afterwards went to Vienna, where in the hospital at Leopold-stadt he attended the lectures of Wurmb and Caspar. Here it was he was able to observe and compare the homœopathic treatment with the old in the same diseases. His faith in Homœopathy was here confirmed, never afterwards to be shaken.

It is yet too soon to estimate the benefit to accrue to our school from the World's Homœopathic Convention at Philadelphia, but the results of the personal meetings or intercommunications by contributions to our literature, from homœopathic practitioners all over the world, are likely to be felt for time to come. Indissolubly connected therewith will be the name of him to whom, more than to any others, we are indebted for its success. Had not Carroll Dunham undertaken its management with his accustomed zeal, and had he not devoted to it time and attention, the amount of which but few, save his most intimate friends, know, it is by no means certain that it would have partaken of its worldwide character. Through his correspondence with homœopathic physicians in all quarters of the globe, we received such reports as never before had been gathered. Even before he had recovered from a serious illness that some years ago obliged him to retire from practice and spend several months in Europe, he entered upon the work with an earnestness the consequence of which his friends feared. After the meeting was over, he sought in the colder climate of our lakes that rest so absolutely necessary, but he returned home without much added vitality. About the end of August, he had an attack of diphtheria, before he fully recovered from which he took cold, which resulted in bronchitis. A few weeks before his death there were observed casts and a large amount of albumen in the urine. I am allowed to make the following extracts from a private letter from a member of his family:—

"I perceive that no one outside of his sick-room knows anything about the matter. A mind so acute as Dr. Dunham's could not have death approach his body and be unaware of it. Neither could a mind so exalted fail to submit tranquilly to an inevitable fate from which the

spirituality of his life took away all fear. He passed as from one phase of life to another; as from one scene of activity to another of equal or greater activity; from one room in his Father's house to another. He said, 'I do not see my way through this illness'; and at the end of the seventh week, a month before he died, he said with perfect tranquillity, 'I shall go on in this way two weeks longer, and then I shall slip into my grave.' And again, 'I shall go on in this way through the ninth week, and then I shall go to Greenwood.' Any one who knew the correctness of his professional prophecy must, after these remarks, struggle against conviction to have any hope of his recovery. . . . He did not like it to be said that his exertions for the World's Convention had strained him. After his physicians had referred to this one day, he said, 'The work I did for that convention may have strained my nervous power, but there was no intellectual strain or tax about it; it was drudgery, it was not intellectual labor.' . . . He complained of no pain, but from the beginning of his confinement to his bed, about December 1st, he constantly spoke of being 'perfectly wretched'; he could not tell how, but he never showed, as in former illnesses, any *vigor underneath*, any occasional throwing aside of his state of illness, any emphatic declaration, 'I feel better.' I can but think the kidney trouble was all the time developing, that perhaps its beginning dates months before, that it was that which, underlying all more evident symptoms, was gradually sapping his strength, and causing that sense of utter illness which no remedy touched. About five days before the last morning, I noticed a change in his complexion, and this deepened and became more permanent every day till the last moment. Up to that time he had wished the room cool; from that time he frequently asked if it was warm enough. Sunday morning, about 8 o'clock, he asked the temperature. When told it was between 69° and 70°, he said, 'There is an unfriendly feeling in the air, you had better light the fire.' . . . He lay and looked into the flame saying, 'That is very pleasant,' and he watched us feed the flame and seemed to enjoy the cheery influence, speaking now and then; and so he passed away a little before 9 o'clock, without any struggle. He peacefully ceased to breathe."

Throughout the greater part of his professional life he has been ably assisted by his equally accomplished wife, and it will be gratifying to the profession to know that all the labors of our dear colleague are not to be lost to us, but that, under the able editorship of Mrs. Dunham, all his writings will be published as soon as possible.

If I have gone less into details of his life than I might have done, it is because Dr. E. M. Kellogg, his lifelong friend, is engaged in preparing his biography.

A friend writes, "I pity the man who is not better, root and branch, for having known Dr. Dunham. . . . And I shall work all the more faithfully in fealty to his memory."

A fitting conclusion is his parting remarks to the class: "May you have the pleasant consciousness, not only that you have made some permanent additions to the common stock of knowledge for the common good, but also that men and women have been the happier for your lives."

H. M. S.

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## CORRESPONDENCE.

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### *NEXT MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.*

EDITORS NEW ENGLAND MEDICAL GAZETTE:

The Institute will meet at Lake Chautauqua on the Erie Railroad, the latter part of next June. One fare for the round trip will doubtless be furnished all the doctors and their families. The Kent House, where the sessions will be held, is on the border of the lake, and amply supplied with every needed accommodation. The railroad trains will run as follows:—

TIME TABLE.—Leave Chicago at 5.15 P. M. by Erie and Chicago Line; reach Lake View (Chautauqua Lake) next day at 1 P. M. No change of cars.

Leave Cincinnati at 9 P. M.; leave Cleveland at 7 P. M.; no change of cars. Arrive at Lake View at 1 P. M.

Leave Pittsburgh, E. and P. R. R. Arrive at Lake View at 1 P. M.

Leave Buffalo, B. and J. R. R., at 8 A. M. Arrive at Lake View at 12.18 P. M. No change of cars.

Leave New York at 7 P. M., Erie Railroad. Arrive at Lake View at 12.18 P. M. No change of cars.

Yours,

T. P. WILSON.

CINCINNATI, March 28, 1877.

## SOCIETIES AND INSTITUTIONS.

*NEW YORK HOMŒOPATHIC MEDICAL COLLEGE  
COMMENCEMENT.*

A MAGNIFICENT audience assembled in Chickering Hall on the evening of March 8, to witness the conferring of the degree of Doctor of Medicine upon the fifty-four gentlemen who had successfully passed the examinations by the Faculty and Board of Censors of the New York Homœopathic College.

After prayer by the Rev. Dr. Hastings, Prof. Dowling, Dean of the college, made a short address, in which he said the past year had been the most prosperous of the college. The matriculates had exceeded in numbers those of any previous year, and the graduating class was the largest that had ever left the walls of the institution. He cheerfully recommended them to the trustees for the degree of Doctor of Medicine, believing them to be as thoroughly qualified to practise as text-books, lectures, and clinical instruction could make them.

During the past winter, over seven hundred lectures had been delivered at the college. A clinic, surgical, and medical had been held at the Ward's Island Homœopathic Hospital each Thursday during the session. In addition to these, there had been a daily clinic in the Ophthalmic Hospital (in the same building with the college), and one surgical, two medical, one genito-urinary, one for the treatment of diseases of the skin, and one gynæcological clinic each week in the college amphitheatre. He congratulated the trustees on the prosperity of the college, and closed his address with a tribute to the memory of the late Carroll Dunham, M.D., who had preceded him as dean.

Hon. Salem H. Wales, president of the Board of Trustees, then conferred degrees, with appropriate remarks, upon the members of the graduating class, fifty-four in number.

Prof. H. D. Paine then presented certificates of proficiency to the junior students, fifty-one in all, who had successfully passed examinations in the studies of the junior course. These examinations, as far as the faculty were concerned, were final. Prof. Paine briefly alluded to the advantages of the graded course system of study, and he believed the time would come when it would be adopted by all institutions of medical learning throughout the country.

Prof. T. F. Allen, in a few well-chosen and eloquent remarks, then presented, in behalf of the college, the faculty prize, a valuable micro-

scope, to J. L. Moffatt, M. D., he having the highest general average in all the examinations. A lively competition, he said, had existed between Dr. Moffatt and Dr. F. J. Nott, the former having stood 97, and the latter 96, in their general average. Honorable mention was made of Drs. F. J. Nott, A. B. Kinne, W. Y. Cowl, C. R. Sumner, G. W. Blodgett, and R. O. Phillips.

The prize for the best report of the surgical clinic at the college was presented to F. W. Smith, M. D.

For the greatest proficiency in obstetrics, to F. J. Nott, M. D.

The Allen medal for the best original research in *Materia Medica*, to L. Faust, M. D.

Hon. Salem H. Wales also presented a prize, which consisted of a beautiful and valuable pocket-case of surgical instruments, to G. R. Stearns, for the greatest proficiency in all the junior studies.

Prof. F. S. Bradford then delivered the valedictory in behalf of the faculty. The subject chosen was the Relation of Science to Medicine. Prof. Bradford handled his subject in a thoroughly scientific and masterly manner.

F. J. Nott, M. D., of the graduating class, then delivered the valedictory in behalf of the class; this was decidedly the best valedictory it has ever been our pleasure to listen to. The doctor had the good sense to have his manuscript before him on the desk: and although he had so thoroughly committed it to memory that he hardly had occasion to refer to it, the fact of its being before him seemed to inspire him with such perfect confidence that he made such an impression on the audience by his brilliant oratory and ease and grace of manner, that on his concluding he was rewarded by an outburst of applause, which seemed to be participated in by every person in the hall, lasting for several minutes.

Rev. Dr. Hastings then delivered an amusing and interesting address.

The exercises were interspersed with selections from Verdi, Karl, Thomas, and Wagner, by Reitzel's band.

After the benediction had been pronounced, the faculty, graduates, and invited guests adjourned to Delmonico's, where a complimentary supper had been provided by the faculty. The world-renowned caterer had provided a most sumptuous repast, which was hugely enjoyed by all fortunate enough to be present. Speeches were made by ex-Mayor Wickham, Mr. Wales, Commissioner Cox, Prof. Allen, Prof. Helmuth, Prof. Burdick, Prof. Dowling, and Dr. Asa S. Couch, of Fredonia, N. Y., a former classmate of Profs. Dowling and Helmuth.

About two o'clock the party adjourned, — each graduate hugging his diploma to his bosom, as if in that piece of parchment, for which he had labored so long and so hard, consisted all the earthly happiness possible for a man to enjoy. Poor deluded young men! Little do they know of the disappointments, trials, and arduous duties of the future.

The following is a list of the graduates :

B. Andrews . . . . .	New York.	A. B. Kinne . . . . .	New York.
E. H. Barber . . . . .	New Jersey.	E. J. Lee . . . . .	Virginia.
W. B. Beebe . . . . .	Connecticut.	E. P. Macomber . . . . .	New Jersey.
N. K. Bennett . . . . .	New York.	J. H. McClellan . . . . .	Ontario.
R. F. Benson, M. D. . . . .	“	J. H. McDougall . . . . .	New York.
W. W. Blackman . . . . .	New Jersey.	W. B. Mayo . . . . .	Vermont.
G. W. Blodgett . . . . .	New York.	J. L. Moffat, B. S. . . . .	New York.
C. C. Boyle . . . . .	“	P. W. Neefus . . . . .	“
F. S. Bosworth . . . . .	“	F. J. Nott . . . . .	“
J. W. Buell . . . . .	“	R. O. Phillips . . . . .	“
C. R. Bush . . . . .	“	T. H. Purdy . . . . .	“
J. T. Clark, D. D. S. . . . .	Indiana.	H. A. Putnam . . . . .	“
C. W. Cornell . . . . .	New York.	J. E. Ritter, M. D. . . . .	Pennsylv'a.
J. H. Cossaart . . . . .	“	G. P. Robinson . . . . .	New York.
W. Y. Cowle . . . . .	“	E. E. Rowell . . . . .	N. H.
J. E. L. Davis . . . . .	“	G. P. Ruby . . . . .	Illinois.
F. L. D'Korth . . . . .	“	J. H. Shotwell . . . . .	New Jersey.
C. F. Ely . . . . .	New Jersey.	H. R. Simmons . . . . .	New York.
F. Emerick . . . . .	Ontario.	F. W. Smith . . . . .	Connecticut.
L. Faust . . . . .	New York.	F. Spooner . . . . .	Vermont.
F. Friess . . . . .	New Jersey.	W. H. Stevens . . . . .	Maine.
E. P. Goodrich . . . . .	Connecticut.	W. E. Storm . . . . .	New York.
W. H. Hamilton . . . . .	Vermont.	C. R. Sumner, A. B. . . . .	“
G. D. Harter . . . . .	New York.	W. S. Terhune . . . . .	“
W. H. Hilton . . . . .	“	E. Thorne . . . . .	“
S. D. Hinman . . . . .	“	C. McV. Tobey . . . . .	“
H. P. Holmes, M. D. . . . .	“	C. D. Welch . . . . .	“

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## REVIEWS AND NOTICES OF BOOKS

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ENCYCLOPÆDIA OF PURE MATERIA MEDICA. Vol. V. Edited by Dr. T. F. Allen. Boericke and Tafel.

It is with pride and growing confidence that we find ourselves able to announce to our readers the appearance, at this early day, of the fifth volume of Dr. Allen's work. Although our method is young to have entered upon the encyclopædic stage, the fact that so comprehensive a literary enterprise should have been undertaken at this time, and that it is supported by homœopathists in all parts of the world, is

sufficient evidence of the need that exists for a work of this nature. There can be no doubt to-day that it marks one of those powerful onward strides in the progress of the healing art which must of necessity be followed by others in the same direction, and from which there can be no retrogression.

The work, when completed, will represent in detail our actual possessions in the field of pharmaco-dynamics, and for the first time we shall have them spread out before us in such a form as to make verifications, corrections, additions, eliminations, in one word, purification possible, and purification means progression.

It is no vain boast to say that Dr. Allen's work possesses an advantage over those of the same class emanating from the dominant school now before the profession. While it embodies the positive knowledge gained by experiment and observation, they — at least so far as their therapeutics are concerned — present but little more than the deductions and opinions of the foremost men of the day, and are, therefore, doomed either to become practically obsolete within a short time, or, what is more likely, to obstruct medical progress by the general acquiescence in their dogmatical authoritativeness. Errors of experiment and observation may be remedied with comparative ease at any time by any one who chooses to set about it according to the rules of scientific investigation ; but errors of doctrine and opinion are things that stick, and lie in the way of progress for generations, as by their very nature they discourage and suppress inquiry.

The volume before us shows the same painstaking and exhaustive gleaning of the entire field of medical literature, from Hahnemann's to the latest possible day, which have marked the former ones. To state in bare words that it contains upwards of eighty remedies, those ranging alphabetically from hydrocyanic acid to lycopericum, is to convey no idea of the immense labor expended in its production. It is to be borne in mind that, besides the observed effects of a large number of drugs of which even the names are unknown to the great majority of all doctors, we have now before us, in all the fulness of maturity, such invaluable and familiar remedies as hyoscyamus, ignatia, iodine, ipecacuanha, the potassium salts, lachesis, kreosote, etc., the recorded effects of which have been collated from every quarter, and with such laborious and judicious care that the cavils of criticism are silenced before they can be uttered.

We would urge this work not only upon the notice of the librarians of all our college and society libraries, but also upon every individual practitioner. It is absolutely indispensable to every physician who desires to command the widest range of practical knowledge, and to go to the best and original sources of the *Materia Medica*.

## ITEMS AND EXTRACTS.

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COLCHICINE: ITS PHYSIOLOGICAL ACTION. — A report (*London Lancet*, 1876) summarizes the action of *Colchicine* as follows:—

1. It produces complete loss of sensibility due to paralysis of both the peripheric and centric nerve endings; hence reflex excitability is abolished, but the motor nerves and the muscles retain their excitability till death occurs.

2. The heart continues to pulsate even after the paralysis of the central nervous system has commenced, and blood-pressure remains long unchanged, and paralysis of the inhibitory nerves of the heart occurs at a late period.

3. Respiration becomes gradually less frequent until it is entirely arrested. In warm-blooded animals, especially in cats, the mucous membrane of the whole gastric and intestinal tract is swollen and strongly injected, and the intestines contain bloody mucus. There is diarrhœa, vomiting, and colicky pain during life.

4. The kidneys are strongly hyperæmic and their secretions diminished.

5. The action of *Colchicine* is slow. Death occurs only after several hours, and Schiff observed that the amount of the dose has scarcely any perceptible influence on the intensity or rapidity of the action of the poison. — *Detroit Review of Medicine and Pharmacy*.

SANGUINARINA: ITS PHYSIOLOGICAL ACTION. — Dr. R. M. Smith (*American Journal of Medical Sciences*, 1876) reports in detail one hundred and fifty-three experiments made with this alkaloid on cats, dogs, rabbits, frogs, guinea-pigs, pigeons, etc. He concludes his report as follows:—

(1) *Sanguinarina* destroys life through paralysis of the respiratory centre. (2) It causes clonic convulsions of spinal origin. (3) It has no effect on either the motor or sensory nerves. (4) It causes marked adynamia and prostration from its depressing action on the spinal ganglia and muscles. (5) It decreases reflex excitability, through irritation of Setschenow's centre and by ultimate paralysis of the spinal ganglia from large doses. (6) It produces in cats, dogs, and rabbits a fall of pulse and blood pressure, the fall of the latter being preceded by a temporary rise after the administration of proportionately small doses. (7) The fall of blood tension is caused by a paralysis of the

vaso-motor centre, and by a paralysis of the heart itself, probably of its muscular structure. (8) The temporary rise in blood pressure is due to irritation of the vaso-motor centre, previous to its paralysis by small doses. (9) The reduction in the pulse is due to direct action of the poison on the heart, through paralysis of its motor power. (10) *Sanguinarina* has no action on the liver. (11) It causes marked salivation. (12) It slows the respiratory movement, by prolonging the pause after expiration. (13) This reduction is caused by loss of tone of the respiratory centre. (14) Small doses cause an irritation of the respiratory centre, and consequently an increase in the number of respiratory movements. (15) Applied locally, *Sanguinarina* soon causes complete paralysis of striped muscular fibre. (16) It always dilates the pupil. (17) It is an emetic. (18) It always lowers the temperature. (19) When introduced into the circulation, it diminishes muscular contractibility. — *Detroit Review of Medicine and Pharmacy.*

DISEASE OF THE MEDULLA OF THE BONES IN PERNICIOUS ANÆMIA. — Prof. Cohnheim, of Breslau, reports the case of a man of thirty-five, who died in the hospital at that place of progressive pernicious anæmia, the disease having presented all its usual features. It was found at the autopsy, among other things, that the medulla of all the bones was intensely red. It contained no fat-cells, but, instead of them, the so-called cells of the medulla, with colorless and colored corpuscles, comprising the ordinary red-blood corpuscles, and also, in great excess, red, nucleated corpuscles of various sizes. Nuclei and corpuscles were alike colored, and they were remarkable for their great elasticity and ductility. Similar cells were also found in the blood, and in the liver and spleen. Cohnheim regards this condition of the medulla as closely related to the fatality of the disease, indicating a retrogression to an embryonic state of the medulla, or a formation of the cells mentioned at the expense of the healthy blood-corpuscles. — *Virchow's Archiv.*, 68, II, 1876.

DETERMINATION OF MERCURY IN THE MILK OF A WOMAN DURING TREATMENT BY INUNCTION. — Dr. Edward Klink concludes that the failure to find mercury in the milk of a nursing woman who is treated by inunction is because the quantity of milk examined has been too small. He reports the case of a woman suffering from various syphilitic manifestations, who had twenty-five inunctions of thirty grains of mercurial ointment daily. The child had broad, ulcerated condylomata and glandular swellings. It was given three baths with corrosive sublimate, which were discontinued because they produced diarrhœa. It

soon recovered from the syphilis. K. therefore considered that the cause of the child's improvement was to be found in the mercury, supposably contained in the mother's milk. The milk was accordingly submitted to chemical examination in Prof. Tudakowski's laboratory at Warsaw, the quantity amounting to rather over eleven and a half ounces, taken on fifteen days subsequently to the thirteenth inunction. The presence of mercury was clearly proved. — *Vj'hrschr. f. Dermatol. u. Syph.* III, 2, p. 207, 1876; *Schmidt's Jahrb.*, 1876, Bd. 171, No. 9.

A NEW EXPLANATION OF BLUE PUS. — Dr. Girard supports the views of Ferdoz as to the existence of a blue and a yellow coloring matter in pus, pyocyanin, and pyoxanthose, and he declares that the bluish tint is due to an excess of the former. It was observed in the shape of hexagonal crystalline tables, blue needles, groups of crystals, or occasionally dark blue octahedra. Pyoxanthose was also present, generally in a granular, crystalline form. The excess of one or the other coloring matter determined the tint of the pus. This is opposed to Lücke's view that the blue color is due to great quantities of organisms resembling vibriones. — *Chir. Centr.-Bl.*, II, 50, 1875; *Schmidt's Jahrb.*, 1876, Bd. 171, No. 9.

MEDICAL NOTES. — In the meeting of the Gesellschaft für Natur-und Heilkunde in Dresden (*Fahresbericht*, 1875, 1876), Förster spoke of the way in which measles and scarlet fever spread. According to him, measles occurs in close, short epidemics, after which it disappears almost entirely. After from two to four years it returns again in the same way. Scarlet fever appears every five or six years epidemically, yet there never exists a period which is wholly free from it. The speaker said that the mortality of scarlet fever had gradually decreased in the last twenty-five years, and that the average death-rate was now fifteen per cent. In the last epidemic of measles Förster saw one hundred and thirty-five cases in sixty-two households; of these cases sixty-nine were school-children, and sixty-six were younger or older children. In forty-six households it was proved that a child attending school was the first to be taken sick. The stage of incubation showed itself here to be thirteen and a half to fourteen days. The infection takes place on the first or second day of the prodromal stage, which is from one to five days in duration; infection in a later stage is more rare, and could only once be authenticated on the fifth day after the eruption. The power of contagion rapidly diminishes after the eruption. The contagium is not very "taking," and the physician does not spread it.

With regard to scarlet fever, schools do not have the same significance which they do for measles. The contagium has a much greater vitality, and can also be readily spread by third persons. The latency lasts from one to eight days.

THE *British Medical Journal* gives an account of the Bressa prize, which was established by the will of Dr. Cesare Alessandro Bressa. With the interest of the property a biennial prize was to be established, and administered in the following manner: "The net interest of the first two years to be given in premium to that person, of whatever nation or country he be, who shall have during the previous four years made the most important discovery, or published the most valuable work on natural and experimental philosophy, natural history, mathematics, chemistry, physiology, and pathology, as well as geology, history, geography, and statistics. The net interest of the two following years to be given to an Italian who, by judgment of the above-named Academy of Turin, shall have made the most important discovery, or published the most important work on any of the above-mentioned sciences. The prize will continue to be distributed in the same order." The Academy has accepted the task, and the first open prize will be given in 1879. The value amounts to twelve thousand Italian *lire*, or nearly four hundred pounds sterling. The Academy will choose the best work or discovery, whether or not it be presented by the author. The prize will in no case be given to any of the national members of the Academy of Turin, resident or non-resident. In the year 1881 the second Bressa prize will be given to an Italian, and so on; every four years there will be a Bressa prize for competition among scientific men of any part of the world, and every four years one which can be competed for by Italians only.

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## PERSONAL.

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G. M. DIXON, M. D., has removed from Fon du Lac, Wis., to Sacramento, Cal.

After May 1, the address of Miss E. J. GOODING, M. D., will be at 775 Tremont Street.

Dr. O. R. KELSEY has located at Medfield, Mass. Office hours, till 9 A. M., 1 to 2, and 6.30 to 7.30, P. M.

C. H. ADAMS, M. D., has removed from Sandwich, Ill., and formed a partnership with Dr. G. B. WOOLSEY, at Normal, Ill.

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*ADDRESS BEFORE THE ALUMNI OF BOSTON UNIVERSITY  
SCHOOL OF MEDICINE BY THE RETIRING PRESI-  
DENT, JAS. H. OSGOOD, M. D., OF BOSTON.*

LADIES AND GENTLEMEN: — It becomes my duty, as it is my privilege, to welcome you once again within these walls, to a place to you, as to myself, full of suggestions of the wearisome yet delightful days of student life.

As your hands join in friendly grasp and you gaze again upon the familiar face, how often does the quick glance and merry twinkle of the eye attest the sympathetic remembrance of many an incident, whose jovial recital, in jocund merriment, delays the eager query regarding past success and present prospects.

To me, these reunions are altogether delightful, and the sentiments thereby awakened are analogous to what I experience when, after long separation, I meet a whilom brother soldier, with whom, during those dark and dreary days when our nation's integrity was so seriously threatened, I have stood shoulder to shoulder in the bristling line or paced the lonely picket watch; when mutual trust and dependence were our only reliance, and nearness to each other and severance from all else begat a fraternal tie, stronger and more enduring than pertains to any but martial life; when we rehearse the incidents of camp and bivouac, and fight our battles o'er again. Something akin to this is the feeling aroused on meeting you with whom I trod the more peaceful but scarcely less trying path of student life, — you who have cheered and encouraged me in a thousand ways, and who finally shared with me the joy of victory and the honors of achievement.

To you, one and all, I extend a hearty greeting, and hope that, as time rolls on, bearing you through noble and honorable lives, you may cherish the attachment to each other, born and matured in our beloved college, and that each year, as we grow more and more numerous, our anniversary may still find you here, rejoicing in memories of *lang syne* and prouder and prouder of our *alma mater*.

It is a pleasant duty, also, to congratulate you upon the accession to our ranks of the goodly number of the Class of 1877, and to welcome them to the cares, labors, responsibilities, honors, and delights pertaining to their high calling. The enterprise and determined application displayed in the achievement of their present distinction is sufficient guaranty of their ability, in its continuance, to rise to the apex of professional ambition, and a place in the affection of their fellows such as no other calling affords. To them I extend the right-hand of fellowship, and in your name receive them as welcome recruits in the vanguard of the army of progress in rational medicine.

On this, the third anniversary of the organization of our association, our membership reaches nearly *one hundred*, having grown, by accession from the classes of 1875, 1876, and 1877, from the original number *five*, which comprised the whole of the Class of 1874.

For the organization and continuance of the society, through its days of infancy and first dentition, to its present robust and sanguine boyhood, we are particularly indebted to Dr. J. M. Coburn, whose ability, fidelity, and zeal in the performance of the duties devolving upon him as secretary, from the organization to the present time, merit our warmest praise and hearty thanks.

During the past year death has robbed us of one member, Dr. John J. Connolly, who died of pulmonary phthisis, on the sixteenth day of April. Our association was represented at his funeral, and in your name a letter of sympathy and condolence was sent to the bereaved family.

I gladly improve this opportunity to congratulate the faculty of our college upon the eminent success which has attended their noble efforts during the past four years. They have labored earnestly in the founding and maintenance of the school, which shall stand a lasting monument to their skill, energy, and fidel-

ity ; from whose hospitable portals thousands shall go forth to call them blessed. How great a debt we owe them can be demonstrated but by our future professional progress, in which we may be sure of their hearty gratification. Let us not forget or forego our full and active interest in their labors, but be ever alert in effort toward the growth and progress of the school.

Having devoted ourselves to the laborious and responsible task of alleviating the sufferings, enhancing the comforts, and guiding the lives of our fellows, it behooves us to take a broad and comprehensive view of the position we assume and are to maintain ; it is fitting that we scan accurately and conscientiously our attainments, desires, ambitions, dispositions, and especially our motives, together with the abundant opportunity now offering for liberal service with the active workers.

The pencil of a Raphael in unskilled or unpractised hands could make but sorry strokes ; and ability to repeat whole libraries of scientific lore, without cultivated skill in its practical application, can avail but little. Have we cultivated, do we still, and are we impelled to continue to cultivate, our talents as well in the practical application as in the universal acquisition of knowledge ? Have we order in the performance of these self-imposed duties ? Have we ambition for anything above gross, material gain, the temporary adulation, the refined comforts and ostentatious luxuries of life ? Are we inspired by a love of knowledge for itself, and animated by a restless ambition to ferret out truth from her hiding-places, and seek reward in the unselfish accomplishment of holding her up to the gaze of mankind ? Have we pursued our studies fairly from these motives, and are we now influenced by an animus and enterprise in the advancement of the science of our calling that shall grow to be the lode-star of all our energies ; by a love of the truth for truth's own sake, that shall give tone and color and shape and light and beauty to our whole lives ? Then shall we find new paths opening in every direction, bordered with flowers of brightest tint and rarest fragrance ; lofty mountains on every hand, from whose summits the delighted gaze may leap in broad stretches. The unexplored country lies outspread in illimitable expanse, stretching far beyond the well-trodden fields our predecessors have cultivated ; and we may, while holding fast the good bequeathed us, by new

paths, by extending old highways, bring within range of occupation a new expanse of intellectual territory, and familiarize mankind with the wonderful products we are sure to discover in this *terra incognita*.

This is pre-eminently the age of scientific progress ; on every hand are seen evidences of intellectual advancement ; facilities for diffusion of knowledge, so abundantly and freely supplied in our educational institutions and public libraries, are sufficient for attainment to highest mental culture ; the shackles of ignorance are utterly loosed, and there remains but personal effort to rid one's self of any stay to laudable ambition, while recent and constantly multiplying improvements in methods and apparatus for research open new and ever-widening fields for exercise of progressive talent : and in our beloved country, with its free republican institutions, where royal roads and exclusive facilities are unknown ; where no distinction, save that of true manliness and God-given energy and talent, can obtain ; where the liberalism and progression, so characteristic of American intellect, supply conditions for development of ideas, the race is open to all, and one's own energy and assiduity the only measure of his success. Add to all this the peculiar advantage we derive from the grand revelation which fell upon the prolific mental soil of the great founder of our school, where, like a seed, it germinated, took root, and under subsequent cultivation has grown to such a tree that birds may find rest upon its branches, and you have opportunity such as, to the lover of the science, is sufficient to call forth all his energies.

How immense our advantage over any and all other schools of medicine can only be understood by a thorough knowledge of the fundamental law, "Similia," and comparison with all that had gone before it. While rendering all homage, and gratefully availing ourselves of the immense accumulation of scientific facts, the discoveries and demonstrations of the great minds which have reflected honor upon the medical and surgical profession from earliest time, we contrast our certain, infallible *Therapeia*, without which all else is of little practical value, with the empiricism, the irrationality, the haphazard commingling and administration of any and all substances, regardless of their nature, ignorant of their capabilities, so only they possess pun-

gency in odor, repugnance in taste, nausea in reception, and produce some, no matter what, morbid condition in the system, which is the only reliance of the opponents of Homœopathy. This law is well demonstrated, extending in full sweep about, and enclosing within its sphere of action all morbid conditions ; sure, swift, complete ; infallible in action ; adapted to all ages, sexes, conditions, and climates. Who can stand idly aloof, or refrain from cultivating such a tree, until it has become so deeply rooted as to defy the blasts of bigotry, so widespread and luxuriantly umbrageous as to shelter all suffering humanity from the scorching rays of the sun of empiricism or the pitiless peltings of the tempest of ignorance ?

No life is a success that leaves the world just as it found it, that makes not some imprint on the page of its generation, to show to all time that it then had existence. No accident, no fortuitous combination of circumstances, no operation of any law, enables one to cut his inscription on the great rock of time, save through his own strong, persistent, well-directed, personal efforts ; the keen chisel of intellect, the ponderous hammer of enterprise, the deft hand of cultivated skill, pointed, driven, and guided by overmastering love and desire for advancement, elevation, and perfection of knowledge, alone can avail. It answers not to make copies or transcripts, though never so exact, of the works of the masters : your work must bear the stamp of originality, of advancement ; the tower you build must be higher, of better construction, of readier access ; the tree you plant must take deeper root, and, spreading its huge arms in longer reaches, offer more dense and luxuriant foliage than time ever knew before.

These accomplishments are possible to all who are animated by the spirit of intellectual progress ; and such alone fail who labor and study to selfish ends, whose aims are temporary, and who come reluctantly to their calling, as to a task irksome and a duty unpleasant.

No earthly ambition can develop the full strength of any man, no reward possible in this life induce him to put forth all his powers. How soon is the hireling, the mere soldier of fortune, vanquished. How unconquerable the patriot ! How delightful the labor of love ! How eloquent the expression of the passions !

The heart as well as the head, the affection as well as the intellect, must engage ; there is then truly no such word as fail.

This, then, is the work required and expected of you, young men and women who come now to active life ; your minds teeming with newest theories, latest discoveries, demonstrated fundamental scientific facts ; your hearts glowing with youthful ardor ; your pulses bounding with physical vigor ; your intellects trained by long methodical culture ; your whole beings filled with hope and ambition, — that you apply your minds to original research and investigation. The world is plentifully stocked with routine-ists, imitators, content to repeat the accomplishments of their teachers, whose aims and ambitions soar not above present ease and luxuries. Do not you degenerate to such worthlessness. Let your aim be to advance the work ; to cut each, with your own hands, at least one block for the wall of the great temple of medical science, planned and founded for, and whose advancement toward completion now rests with you ; to carve at least one stone which may forever testify to your fidelity to the sacred calling you have accepted, — and not pass away, like the wanderer on the seaside sands, leaving no trace that the first rolling breaker may not efface.

This is the duty, these some of the responsibilities, you have taken upon yourselves. Are you all ready to subscribe to them, to adjust the yoke to your necks, and pull strongly and persistently up the path, which, though steep and difficult at the onset, becomes easier and more easy as we advance, each step gained adding vigor and potency for the next, until what was labor is become pleasure ? And as your minds appropriate their rich food, and become illumined by the idea assimilated, you will find springing up within you a living thirst for the intellectual nectar, and be amazed at the facility with which you acquire knowledge.

“There is only one title of honor to all men, and that is *Fidele.*”

## RANUNCULUS BULBOSUS.

BY J. HEBER SMITH, M. D.

[Read before the Massachusetts Homœopathic Medical Society at the Annual Meeting, April 10, 1877.]

IN the family of the Ranunculaceæ are several acrid poisons, of which the best known in their poisonous effect are the *R. bulbosus acris* and *sceleratus*. When applied locally they are able to excite violent inflammation, ulceration, and even gangrene, with fever and delirium. Of this interesting family, the best known to homœopaths is the *R. bulbosus*, or the common field-buttercup, on account of the valuable provings by Dr. Franz (see Stapf's Additions), and two others, all using full doses of the pure tincture. When applied externally the *R. bulb.* acts less quickly than the *R. scel.*, but more permanently, and produces more dangerous symptoms in the mouth and throat. It would appear, by a careful comparison, that the essential difference between the properties of these two plants is too slight to require separate consideration at this time.

An ancient writer says of the *R. bulb.*, "This fiery and hot-spirited herb of Mars is in no way fit to be given inwardly; an ointment of its leaves will draw a blister." In not a few of its local effects its irritant properties closely resemble those of the *Pulsatilla*, which is likewise able to excite violent local inflammation. The most characteristic and lasting effects of *Ranunculus* are exerted upon the muscular walls of the chest and abdomen. For years I have esteemed it one of our most important medicines for intercostal and spinal neuralgiæ, and for rheumatic or neuralgic *pleurodynia*. In these affections I have come to prefer it to the *Bryonia*, and I am sure it is far more often indicated, even in acute cases. In chronic cases of internal pains, especially over the region of the diaphragm, and of inframammary pains in women, its action is most gratifying.

It is often successful with patients recovered from pneumonia or pleuritis, tormented with acute thoracic pains suggestive of adhesions.

It is a most valuable remedy for the acute abdominal and thoracic pains that often follow dysentery, and is able to arrest

chronic serous discharges of it accompanied by its characteristic stabbing pains in the abdomen and chest. Among its characteristic symptoms pointing to its usefulness in these cases are the following: "Stitches in the region of the liver, extending up into the chest; when pressing on the abdomen, sensation as if everything were sore and bruised; chronic inflammation of the abdomen, with burning soreness, and sensitiveness to the least touch." The external soreness of the abdomen as well as of the chest is worse from touch, motion, and coughing, and is accompanied with tightness of the chest, as if a full breath could not be drawn on account of acute pain and mental anxiety.

It is invaluable in cases of chronic soreness on pressure within the thorax or abdomen, as from subcutaneous ulceration or external painfulness of the whole trunk; chronic pains in the chest frequently extending towards the liver, or from the liver into the chest, — a pain sometimes very severe, along the inner edge of the scapula nearly its whole length, and often extending below its inferior angle. Sometimes this pain may also extend through the lower half of the left side of the thorax; spasmodic hiccough; bad effects from spirituous liquors, for which it is equal to *Nuxvom.* or *Lachesis*, but inferior to *Agaricus*. In the beginning of delirium tremens, *Ranunculus* is similar in its gastric symptoms to *Agaricus*, which has pains of a stitching character, like needles in the side and especially in the region of the liver, long-lasting cardialgia; burning changing into a dull pressure, with nausea; confusion of the head, as after intoxication; talkative mania, with unusual exertion of powerful efforts to escape from the bed; convulsive motions of the facial and cervical muscles: *Ran. scel.* has produced the *risus sardonius*. Hering recommends for similar gastric disturbances from alcoholism, as analogues of *Agar.* and *Ran. b.*, *Puls.*, *Arsen.*, *Cal. c.*, *Lycop.*, *Nat. m.*

There are many points of similarity between the *Ran. b.* and *Cimicif. rac.* Especial attention is called to the following, which both medicines have in common: spasmodic, stitching, rheumatic pains, myalgia, twitching of the muscles, trembling of the limbs, sudden weakness, aggravated by changes of temperature. I have found the *Ran. b.* curative in several cases of sciatica in women, whose symptoms were aggravated by moving about, yet not relieved while lying quietly in bed, the patients feeling rest-

less, and unable to lie on the affected side ; pains worse in stormy, wet weather, and accompanied by stitching, burning pains, radiating from the dorsal region of the spine. These cases were first treated unsuccessfully with *Rhus. tox* for a week or ten days, and one had also received *Bry.* and *Hypericum.*

Dr. Markurck (*Monthly Homœopathic Review*, Vol. XV, p. 64) recommends this remedy in the first decimal dilution for shingles with intercostal neuralgia. Dr. Richard Hughes remarks in his manual that it ought to be a very efficient medicine for shingles, covering, as it does, the intercostal neuralgia as well as the eruption. Dr. Bayes praises it in pleurisy and hydrothorax of the *right side*. I myself treated successfully with this remedy, with a few intercurrent doses of *Sul.* <sup>30th</sup>, a case of *left-side* hydrothorax, the past autumn, in a patient aged sixty-six, who had acute pleuritis with agonizing dyspnœa, and dulness on percussion extended both front and back to the clavicles. I must confess that, considering the age of the patient and the gravity of his case, I was surprised and delighted, at the end of three months, to be able to discharge him comparatively well. At this time, four months after treatment, there is only a slight dulness on percussion remaining, just below the axillas, and he has exposed himself to our changeful climate throughout the winter. Such cases as these, as you all well know, commonly present but few salient points for the selection of the remedy. It is, then, pleasing to know that we have for their successful treatment, in addition to *Bryonia*, such a remedy as this under consideration, while the practitioners of the old school must depend on the aspirator and the torture of blisters. I would say that I used the medicine in potencies varying from the first decimal to the two hundredth centesimal attenuation.

My success with *Ran. b.* in the autumn catarrh has been increasingly satisfactory. It controls the aching of the conjunctiva and buccal cavity, and to a great extent the characteristic nasal symptoms of this distressing disease ; but I am obliged to confess it appears to act only as a palliative.

Before closing I would crave your indulgence while I give from my clinical notes an example of the value of this medicine in serous inflammation. In the autumn of 1868 Mr. J——, aged fifty, farmer, was seized with left-sided pneumonia with pleurisy

For ten days he received *Bryonia*, and then, after the subsidence of the more acute symptoms, *Sul.*, until the latter part of the third week. He was "still very ill," as he expressed himself, unable to sit up, and complained of great soreness just below the left nipple on drawing a breath, with a sensation as of something tearing, and occasional pleuritic stitches, radiating from that point over the whole left side of the chest, which was quite sensitive to the touch. His appetite and strength were failing from the effects of the incessant pain; there was but slight cough. At the end of the third week he received *Ran. b.*<sup>200th</sup> in half a glass of water, one teaspoonful every two hours for four days, with quite prompt relief of the soreness of the thoracic walls and of the stitch. On the evening of the fourth day, while drawing an unusually full breath, in order to show his wife how well he was getting, there was a sudden sense of tearing in the affected part of the chest, followed immediately by the expectoration of about two ounces of blood. The same medicine was continued for about a week more, when he was discharged cured. There was no subsequent soreness or other symptoms of adhesion. When a young man, this patient had hepatitis, and all his life afterward had been troubled with acute stitches in the liver, which entirely left him after this sickness. From this case, while I would not pretend that the medicine performed a miracle or effected a solution of continuity, yet it seems fair to infer that the virtues of the *Ran. b.* in inflammations of serous membranes are notable and peculiar.

Our literature presents only a very few unimportant recorded cases of cure by this medicine. It has been too much neglected. It seems the fashion to seek, like the Athenians of old, to hear and to tell of some *new* thing. We even suffer our *Materia Medica*, as the fathers knew it, to grow obsolete, and accept a mass of untested materials.

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*CHRONIC CATARRH OF THE BLADDER CURED BY  
CHIMAPHILA.*

BY E. M. HALE, M. D.

IN the winter of 1875 I was consulted by a young married woman, aged twenty-four, who gave me a history of a cystic dis-

ease with which she had been troubled for years, and for which she had tried all kinds of allopathic medication. The symptoms were very frequent, and painful urination every two or three hours during the day and sometimes as often during the night. The pain was described as burning and scalding *during* urinating, and spasmodic, like a tenesmus, *after*. There was sometimes a difficulty in *starting* the urine, requiring some straining. But small quantity was voided each time, and this was nearly always of a very high color, dark red or brown, and was intensely pungent and disagreeable in odor. This odor was noticeable when first emitted, proving that decomposition of the urine or something else occurred in the bladder. On allowing the urine to stand a few hours, it deposited a copious, leather-colored or ash-colored sediment, amounting to nearly one eighth of the bulk of the urine. This sediment was very tenacious, and would pour out of the bottle in long strings. The odor was fetid and ammoniacal. She had no uterine disease, but a moderate vaginal leucorrhœa. She was thin and poorly nourished, appetite poor, bowels costive, and she was easily fatigued.

For nearly a year I treated her with most approved homœopathic medicines, selected carefully for the symptoms and pathological state. Among these remedies were *Benzoic acid*, *Berberis*, *Cannabis*, *Cantharis*, *Borosma*, *Capsicum*, *Santonin*, *Sulphur* <sup>30th</sup>, *Thuja* <sup>1st and 30th</sup>, *Terebinth.*, *Erigeron*, *Chimaphila* <sup>1st and 3d</sup>, and many others, but without any permanent good results. I was on the point of insisting on local treatment, such as I had adopted successfully in several cases, namely, dilating the urethra and injecting salicylic acid and hydrastis, when, owing to her intense repugnance to such treatment, I resolved to try again the *Chimaphila*, but in larger doses. I therefore gave her the following prescription: Tinc. *Chimaphila* ℥i, simple syrup ℥iii, a teaspoonful four times a day. (This tincture I made myself from the leaves of the Prince's Pine, which I gathered in the neighborhood of Madison, Wisconsin, on a rocky hill. It was made by macerating equal parts by weight of the *fresh* leaves with absolute alcohol.)

After taking it a week she reported that she was much improved, not only in the urinary symptoms, but her constipation was relieved, and her appetite improved. In another week the

improvement was rapidly progressing, the vaginal leucorrhœa was better than for years, and the amount of sediment in the urine greatly decreased. The medicine was continued, three doses a day, and at the expiration of a month from the beginning of its use she was *cured*. There was no abnormal sediment in the urine, it was devoid of any fetid odor, and there was no dysuria, nor was it abnormally frequent. I omitted to state that a microscopical examination of this sediment showed many *blood-corpuses*, *considerable pus*, *much epithelium from the bladder and ureters*, and *a few tube-casts*.

At this writing, nearly eight months from her discharge, she informed me that she has had no urinary trouble whatever, even after severe colds.

The improvement of the appetite and removal of the constipation, after the use of *Chimaphila* in appreciable doses, is a suggestive fact. I have often observed it in other cases. *Chimaphila* contains nearly twenty per cent of tannin, and a superficial theorist would suppose it would aggravate the constipation. But it has been observed by Stillé, Wood, and Ringer that tannin and alum, both powerful astringents, often cure chronic constipation. May not the constipation in these cases be due to chronic intestinal catarrh? I think my observations show that this is the case. I believe astringents cure a gastric catarrh sometimes. This condition, namely, chronic catarrh, is a secondary effect of all the astringents. They cure by virtue of their homœopathic relation to the disease; but they must be used in appreciable doses, *i. e.*, low in the scale of attenuation, and often in the crude tincture or powder.

CHICAGO, May 1, 1877.

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#### ŒNANTHE CROCATÁ IN PUERPERAL CONVULSIONS.

BY F. G. OEHME, M. D., STATEN ISLAND, N. Y.

A ROBUST, always healthy lady of twenty-six years, in the seventh month of her first pregnancy, complained on the 4th November, 1875, that she had had for some time headache and swollen feet. I prescribed *Œp.* <sup>2</sup>, every three hours, one dose. The next night I was called, as she had had a singular attack, attended by unconsciousness, of which her husband could not

give a good description. As I suspected convulsions, I gave *Ignat.*<sup>2</sup> every two hours. On the next day I made further inquiry, and prescribed *Bellad.*<sup>3</sup>. The following night I was called again, she having suffered a similar, but worse attack than the preceding night. As it appeared while asleep, I gave *Op.*<sup>2</sup> every hour. Scarcely had I reached home before I was again summoned, there having been another still worse attack. Soon after my arrival, there were two more attacks in quick succession, during which I observed the following symptoms: entire unconsciousness; eyes half closed and set; face and neck dark red and swollen; foam about the mouth; jaws tightly closed; working of the muscles of the face and neck; in the throat a singular noise, something like that when being choked; upper and lower extremities a little flexed; hands tightly closed; the whole body in a shaking, convulsive motion. The affection resembled epilepsy so strikingly that I asked at once if she was subject to this malady, which was answered in the negative. I gave *Enanthe crocata*<sup>3</sup>, 1 *dr.* every ten minutes, and since this time she has had no more attacks.

In order to appreciate fully the effect of this medicine, I must add the remainder of her history.

The 18th November, twelve days after the first administration of *Enanthe*, the anasarca had increased so enormously, from the feet up to the navel, that she could neither sit nor lie; only a half-inclined position was possible. The labia majora were so much swollen, that she could urinate only with the greatest difficulty; they were, besides, covered with several blisters from one to one and one half inches in length. I scarified several places to let out the water. The urine contained an enormous quantity of albumen. On the 22d November she was taken with labor pains, and delivered within a few hours, passing an immense quantity of liquor amnii. The child came about seven weeks too soon, was very lean and weak, and lived only three days. After the expulsion of the after-birth, the abdomen of the mother was still as large, as if containing another child. An examination revealed considerable ascites. The birth itself was as natural as general, but she complained much of severe headache before, during, and after it, and of such a blindness that she could not see my hand at a yard distant. She only saw the outlines of objects, and at a distance of about twenty feet nothing at all. The pain was all over the head

and deep inside, also in the eyes ; it was at times worse, at others better ; but even when at the best, there was an indescribable strange feeling present ; all she could say was, "It does not feel right, — kind of confused."

Before her pregnancy her eyesight was uncommonly good, as she could read at a great distance.

I gave her frequently, especially during the birth, *Ænanthe crocata*, and am convinced that this prevented the reappearance of the convulsions, although the albuminuria and dropsy continued, and even increased during her pregnancy, notwithstanding I used *Apis*, *Ars.*, *Hep.*, etc.

After the birth all symptoms steadily improved, and just one month later she came to my office for the first time. The dropsical symptoms and albuminuria had disappeared, but there was still much pain in the head and eyes, considerable indistinctness of vision, and asthenopia ; she could, however, do some housework. Two months later, she broke off treatment, considerably improved.

I did not see anything of her for the next six months, till the middle of last August, when I advised her to consult T. F. Allen, of New York City. He examined her eyes, diagnosed retinitis albuminurica, and sent her back to me. She then took for two months *Cimicifuga* and *Hep.*, which made her eyesight as good as the general average.

In March, 1877, I was called to her to prescribe for a disordered stomach. With this exception she has been as well as ever, — no headache, and the eyes good and strong. She has not regained her extraordinary acute sight, but to compensate for this loss, *she has not had a fainting fit since her disease*, while formerly she had them often and on the slightest provocation.

A few weeks ago I was called to a child of twenty months, who in apparent health was suddenly seized with convulsions. There was a faint eruption, like measles, on the body, which however soon disappeared. There was a continued working of the muscles and trembling motion of the limbs, frothing at the mouth, and rolling of the half-closed eyes ; swallowing very difficult. The attack lasted two and one half hours. *Bell.* and *Zinc.* ineffectual. After *Ænan. croc.* <sup>3</sup>, every five minutes, one half spoonful, quick improvement and recovery from the convulsions ; three hours after the commencement of the disease, violent fever.

The next day the child was well, except great weakness. No eruption.

*Enan. croc.* is a great remedy in convulsions of an epileptic form, therefore I would like to draw the attention of physicians to its value.

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### CONSTIPATION.

BY G. F. FORBES, M. D., WEST BROOKFIELD, MASS.

I SUPPOSE all physicians are being consulted daily for this troublesome complaint; certainly it has troubled me more than most any of the minor complaints of mankind; nothing being more common, for instance, than to prescribe *Bry.* for a case of rheumatism, or *Puls.* for neuralgia, and speedily finding the patient complaining of constipation, hæmorrhoids, etc., even if the medicine had been given in the 3d, 12th, or 200th potency. Why is this? We find that the rectum is moved by the reflex action of the spinal cord; and whatever medicines affect the spinal system influence the action of the rectum. Physiologically speaking, the vermicular or peristaltic action of the intestines is excited by the presence of food undergoing digestion, and this mass passing along the projecting villi, the active agents in the process of absorption, and increasing enormously the extent of surface over which the food passes, these villi, with the lacteals, acting as absorbents, take up the liquefied portions of food so that at the termination of the small intestines there remain only the indigestible portions of the food and the refuse of the intestinal secretions. Now in constipation the projecting villi become flattened, the hardened fæces irritating the membrane, and reabsorption of what had once been discarded for nutriment takes place, thus vitiating the blood and viscera of the whole system.

We find the disease more troublesome the more refined and cultivated our patients are. The Irishman, with his coarse fare and hard work, has no such trouble; but the overseer, who furnishes brains for a dozen of them, is tormented with this and kindred ailments year after year. The reason is obvious: with activity of brain, finer food, and less muscular exercise, there are of course dormant powers of digestion. Perhaps as bad cases as we meet with are those of women after confinement, where the syringe fails to relieve the accumulations of the first week or two, causing much distress to the patient and nurse, who insists

that the patient should have been properly physicked to avoid a multitude of diseases for the next five years.

Constipation seems to be on the increase, particularly among those who claim they have no time to attend to daily evacuations, which we know is all-important. As to remedies, I have no favorites, except, perhaps, the syringe. *Lye*<sup>100th</sup> or <sup>200th</sup> is very serviceable with me when the urine is red and discolored, and when there is an accumulation of gas in the intestines; *Graph.* in females when complicated with menstrual derangements and eruption on the skin; *Æsculus* when there is pressure or congestion of blood to rectum or bladder, with dryness of bowels, and inability to evacuate them. But diet is the chief remedy in obstinate constipation. If I can get my patient to eating potatoes, cabbage, beans, brown-bread, and the coarser kinds of food of the laborer, I feel that his cure is certain. Nothing is more common in the region where I practise than to be called to the baby, who is badly constipated, and many times has been so since its birth. The mother nurses the child, and seems well enough herself, but the child has no evacuation without castor oil or injections. I usually prescribe rye or Graham puddings for the mother, with an occasional dose of *Nux vom.*; and the child is to be given a few times a day either oat-meal or Graham gruel, and have warm-water injections at just such an hour each day.

In several cases of this troublesome complaint this has been sufficient to cure without medicating the child at all, though sometimes a few pellets of *Sac. Lac.* to the child get the credit of the whole cure. Many cases of obstinate constipation and hæmorrhoids are more easily cured with the above articles of diet and regular habits of evacuation at a stated time in the day than with the best indicated remedies alone.

I cured an old lady of eighty, who, being so badly constipated had not had a passage from her bowels for ten years without taking "Ayer's pills," and she was at that time taking half a box at a dose, twice a week. She was to eat oat-meal puddings every night, and Graham or brown bread at other times, and take no cathartics under any consideration, but have a regular time daily to make an effort for a movement, and a few doses of *Nux*<sup>30th</sup> at night restored the secretory organs to their normal condition, and the cure was complete, and I do believe she ever afterwards remembered me in her prayers for the five years she lived.

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# THE NEW ENGLAND MEDICAL GAZETTE.

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BOSTON, JUNE, 1877.

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*BOSTON UNIVERSITY SCHOOL OF MEDICINE, FOURTH ANNUAL COMMENCEMENT.*

THE fourth annual Commencement of this school was held on the 28th of February last, in the Tremont Temple. The class comprised forty-five, a large number of whom were ladies.

The Germania Band was in attendance, and from half past two till three o'clock performed a number of concert pieces. The platform, reserved for the Faculty and invited guests, was beautifully adorned with plants and cut flowers. So bountiful was the provision, the atmosphere of the large auditorium was heavy with the fragrance of the flowers. At either end of the Faculty's seats was a stand holding large numbers of bouquets, baskets of flowers, and rare products of the conservatory in other designs. When the large concourse of people had been seated by the ushers and the introductory musical exercises had been completed, the invocation was pronounced by Rev. Dr. Patten.

THE REPORT OF THE DEAN,

Dr. I. T. Talbot, followed. He said that while the year had been one of great financial depression, affecting to a greater or less degree educational institutions generally, for this school it had been one of unexampled prosperity, whether considered in the number of students, the extent and character of its teachings, its financial condition, or its future prosperity. The originators of this school had expected only a small number of students the first ten years, but the demand had been greater than supposed. The first year there were 78 students, the second 131, the third 172, and the past year there have been 184 in attendance. Of the last, 117 are men and 67 women. The senior class numbers 38, the middle class 58, and the junior class 56. In the general course there had been 28, many of whom had partially completed their studies elsewhere, and four are taking a special course. Most of the matriculants come from New England, but ten other States are represented, besides Canada, New Brunswick, Nova Scotia, England, Germany, and the Sandwich Islands.

Of the graduating class it may be said that thirty-eight have spent the full three years of study in this school, while one has of her own choice

added to the required course an extra year of study. It has been the aim of the Faculty from the beginning to make the institution thorough and complete in every department. There are seventeen professors and seven lecturers, who give instruction during thirty-six weeks of the year, and every day is occupied by from four to eight lectures. In addition to this, a large amount of collateral reading is required from each student. Thus between six hundred and seven hundred lectures and nearly as many recitations, examinations, and clinics are given annually.

The examinations have been more severe this year than ever before, and an average of seventy-five per cent in all the departments has been required in the final examinations, which are all written, whereas previously, and in most schools, fifty per cent has sufficed. The Dean spoke of the improvements being perfected about the college buildings on East Concord Street, and of the new hospital, which is being carried forward in a manner adding to the beauty of the section wherein it is located.

In speaking of the present class he said that, of all who have been connected with the school, none have excelled, if any have equalled them. He also comments upon the question of educating women for the medical profession. There is no longer any need to prove the propriety. The New England Female Medical College, now merged into this school, settled that. Whether women shall, as a rule, restrict themselves to the diseases of their own sex and possibly those of children, or should prove themselves competent and be accorded the whole domain of medicine and surgery, is a question which the three thousand educated women physicians of the United States are rapidly solving. For his part, he had an increasing belief that there is no branch of medicine or surgery in which some women will not be found to excel.

After the address of the Dean, the band favored the audience with a choice selection. The president of the university then delivered a very able address, which will be found in full in our columns.

At the conclusion of the address the Germanias performed a selection, and then the diplomas were given to the following

#### GRADUATES OF THE CLASS OF 1877.

George Edgar Allen, Chelsea; William Read Bartlett, Lynn; Howard Perry Bellows, Boston; Henry Albert Brown, Peabody; Lorenzo Fowler Butler, Boston; James Wilkinson Clapp, Brookline; Maria Louise Dowdell, Amesbury; Susan Ida Dudley, Boston; Annie Elizabeth Fisher, Yarmouthport; George Newton Gage, East Wash-

ington, N. H. ; Mary Kendall Gale, East Medway ; Willis Webster Gleason, Malden ; Emma Jeannette Gooding, Boston ; Charles Otis Goodwin, Springfield ; William von Gottschalk, Jr., Providence, R. I. ; Andrew Jackson Hare, Boston ; Gilbert Edwin Hetherington, Johnston, N. B. ; Edward Beecher Hooker, Hartford, Conn. ; Lorenzo Gilman Howe, Jr., Lowell ; Sarah Jane Hutchinson, Washington, Vt. ; Adele Stuart Hutchison, Fall River ; Anna Woodward Jackson, Boston ; Frances Gage Janney, Columbus, O. ; Levi Houghton Kimball, Bath, Me. ; Eliza Henderson Lang, Philadelphia, Pa. ; George Batchelder Langmaid, North Danville, Vt. ; Julia Ann Marshall, Neponset ; Herbert Barker Mason, Thomaston, Me. ; Emily Metcalf, Fitchburg ; Mary Amelia Payne, Dover, N. H. ; Sarah Eliza Peirce, Honolulu, S. I. ; Leslie Almond Phillips, Quincy, Ill. ; Hulda McArthur Potter, Augusta, Me. ; Robert Gates Reed, New Bedford ; John Arnold Rockwell, Jewett City, Conn. ; Charlotte Abbie Rollins, East Boston ; Charles Francis Sherman, Lowell ; Asa Dennis Smith, Boston ; Emma Eliza Steene, Brattleborough, Vt. ; Abraham Booth Stronach, Margaretville, N. S. ; Mary Lizzie Swain, Boston ; George Parsons Swift, Colchester, Conn. ; George Augustus Tower, Waterville, Me. ; Richard R. Trotter, Springfield ; Walter Hubbard Weeks, Lowell.

As each member of the class received the diploma, he or she was also handed one or more fragrant tokens of regard from friends. Not a few of the ladies were loaded down with floral gifts, and some of the designs were quite elaborate. The Germanias delighted the audience with several selections. Howard P. Bellows read the valedictory for the class, and the valedictorian for the Faculty was Prof. Mercy B. Jackson, M. D., and then the benediction was pronounced by Rev. James Freeman Clarke.

#### IN THE EVENING

The Faculty entertained the class, the alumni of the school, and a number of invited guests at the Revere House. The Germanias were present there, and added to the general enjoyment. Plates were set for one hundred and twenty guests, and among those present were President Warren, Hon. J. B. D. Cogswell, John P. Philbrick, Rev. James Freeman Clarke, Rev. Dr. Patten, Rev. Dr. Dudley, Hon. Jacob Sleeper, Rev. Alonzo S. Weed, Judge Wright, Mrs. Julia Ward Howe, and Hon. Otis Clapp. Dr. I. T. Talbot, Dean, presided, and excellent speeches were made by several of the gentlemen named.

*ADDRESS DELIVERED AT THE FOURTH ANNUAL COMMENCEMENT OF THE BOSTON UNIVERSITY SCHOOL OF MEDICINE, BY THE PRESIDENT, WILLIAM F. WARREN, D. D.*

LADIES AND GENTLEMEN: We are here assembled to consummate an act which gives new guardians to public health, new alleviators to disease and sorrow. We come to initiate fresh heroes into that eldest knighthood which champions humanity and battles grim death. The occasion suggests a question too seldom considered by the public. It is this: Who are the legitimate custodians of the avenues to the medical profession? Upon whom should devolve the responsibility of fixing the conditions of admission to this form of public service, and who should determine whether the candidates possess the required qualifications? This is a question of profound moment to all here present and to all here represented. On the continent of Europe the almost universal answer is, The State. The function of the physician, it is said, is a public one; it must, therefore, be regulated by public authority. In England, on the contrary, the whole matter is left in the hands of the universities and a few great incorporated medical societies. The result of this arrangement, however, has not been all that could be desired. More than forty years ago the evils connected with this system were felt to be so great that the House of Commons appointed a special commission to investigate the matter, and in due time printed three folio volumes of testimony and recommendations prepared by said commission. Nothing tangible, however, came from this movement, and hence, from that day to this, the air has from time to time been full of schemes of proposed reform. Of late years, a certain "Conjoint Scheme," so called, has held the foremost place in these discussions. Just now, the "Amended Conjoint Scheme" is occupying the disputants. Both are plans aiming at an elevation of the standard of requirements for admission, through the co-operation of the universities and the medical societies authorized to confer the degree of Doctor of Medicine. Despairing, apparently, of any great improvement by such a cumbrous method, Sir Lyon Playfair, an eminent liberal member of Parliament, came out last month in a paper on "Universities *v.* Universities," in which he calls attention to the fact that out of the 14,101 medical practitioners in England and Wales, only 230, or 1.6 per cent, are graduates of the English universities, and as a remedy for this discreditable state of things calls for a closer association and co-operation of the profession at large with the

authorities of the universities. Meantime, in other circles, the conviction is fast gaining ground that no effectual reform can come from the profession itself, organized as it now is, or from the universities ; that the State alone can afford relief. To such an extent is this conviction shared by the medical body itself, that a few days ago Dr. Cameron, M. P., on taking his seat as Honorary President of the Anderson University Medical Society in Glasgow, expressed himself at length upon the subject, declaring that he could see no solution of the problem of right medical qualification, "save in a one-portal system, guarded by a Board of Examiners appointed, not by any medical corporation, but by the State."

This strong drift of public sentiment within the ranks of the profession is likely to be powerfully aided by an unexpected movement beyond the Channel. Not many weeks ago Monsieur Roger Marvaise introduced into the French Chambers a bill relative to foreign practitioners in France, the effect of which, if it becomes a law, will be to render it illegal for any British physician to practise in any part of France without first passing all the State regulated examinations which the French physician has had to pass. This has created no small commotion. It is true that a French physician is and long has been under almost precisely the same disabilities in England as this law would impose upon English physicians in France, no charges of such a physician being collectable in English courts, but somehow the British law on this point never looked so unreasonable to Englishmen as it has since France began to think of copying it. The number of Britons who resort for health or other purposes to Paris and Southern France is large, and as they naturally prefer physicians of their own nationality and speech, the amount of medical service required by them outside of England is very great. Already the fraternity have prevailed upon the English government to interfere, and through its diplomatic representatives at Paris it has asked the French government to use its influence to prevent the obnoxious bill from becoming a law. Under the pressure of the new danger, some of the most conservative organs of the profession in England propose the creation of an international commission, whose license shall be by law made valid in both countries. Whatever the result of the agitation may be, it is evident that the discussion is familiarizing the minds of English physicians, in the most effective manner, with the idea of a more direct regulation of the profession and of admission to it by the State.

But while the friends of a higher medical training in England are more and more feeling the need of the civil arm to back up and carry out their measures of reform, the corresponding party, in countries

where exclusive State control prevails, are sighing for that powerful professional *esprit du corps* which the English system creates and fosters, but which it is impossible to secure in Germany or France. In the lately published autobiography of Dr. Stromeyer, of Hanover (*Erinnerungen eines deutschen Arztes*), this appreciation of the strong point of the English medical profession finds an emphatic expression. Even the great universities of Germany feel that their efficiency is hampered by the system, which, while it requires attendance upon the university on the part of the candidate, yet makes no account of university examinations or of the university degree in admitting to practice. So long as the State certificate is the only thing which gives admission to legal practice as a physician, university diplomas must be lightly esteemed. It is one of the admirable features of the new university reform, now just introduced in the Kingdom of Italy, that it aims to remove this dualism, making all examinations in the university State examinations, and all degrees of civil as well as academic validity. The working of this system will be watched with peculiar interest throughout the world.

The lesson of all these Euproean experiences seems to me to be that the regulation of the conditions of admission to the medical profession, either by the profession alone, or by the State alone, or by the universities alone, is unwise and perilous. Each, it must be admitted, has peculiar qualifications for the work, but each has also fatal liabilities. The profession, like every other unchecked by public law and unbroadened by academic influences, is liable to become self-seeking and clanish. The State cannot lay claim to exclusive control in the premises without logically claiming the right to regulate all other professions and callings as well. The logical upshot of that principle is an exclusive State church, exclusive State education, State regulation of all trades, in fine, an end of all spontaneous action of the citizen, an enthronement of the system of "Paternalism." So in any country where the universities and medical colleges are multiplied at the caprice of individuals or of parties, or where there is any perceptible competition among them for patronage, or where any considerable portion of them are in immediate and pressing need of increased income, it is plain that there are at work influences of such a character and such power as to make it unwise to intrust to these institutions the whole control of the gateways to the medical profession.

What, then, can be done? If neither the profession, nor the State, nor the universities and medical colleges afford a satisfactory guaranty of a high standard of medical character and culture, where shall we find it? Evidently, the only solution of this vital problem of society

lies in a right combination of the methods and forces already glanced at. Each of these has its good points ; these must be retained and utilized. Each has perilous liabilities ; these must be guarded against. The professional body, the State, the body professorial, has each an interest in the maintenance of high professional standards : each should have such participation in the process as shall securely guard that interest. Each has peculiar facilities for promoting the character and efficiency of the profession ; society should have the benefit of them all : each, if it have undue control, imperils the results at which all aim ; each should therefore be balanced, and in some degree checked by the other. The profession should apply its practical knowledge and *esprit du corps* for its own improvement ; the State should use its just authority, and, in case of need, its subsidies ; the school should contribute its nicety of scholarship and thorough knowledge of all candidates : all should co-operate to secure the common end. The modes and degrees in which this desired co-operation may be attained are almost numberless. The ideal adjustment in one country will seldom be the ideal adjustment in another. Some peoples seem able to do all their public work best through the arm of the State ; others do much of it far better by means of voluntary associations, armed with corporate powers and a protected liberty. Perhaps the best statement of the true method which can be given in a generalized form would be something like the following : In the custody of the avenues to the medical profession, the profession itself, the State, and the training institutions should all have part ; nevertheless, the leading part should always be assigned to that one of these three powers which, in the given state of society, has the loftiest ideals of what the profession should be and the amplest means for securing their realization.

How now stands the case with us here in America ? That in the licensing of new physicians the profession and the medical school have all the influence to which they are entitled is beyond question. They have indeed almost the entire control of the matter. The States limit themselves, almost without exception, to the chartering of schools and State medical associations to do this work according to their own discretion. The State's authority and co-operation appear only at this point and in this manner. Many would be glad to see its participation increased by the introduction of State examinations, and a law rendering a State license or diploma, given upon passing such State examinations, requisite in order to practise. Some physicians — and I think their number is increasing — are in favor of such a change and openly advocate it. For myself, I yet hope that there is a more excellent way. In all social reforms, and especially in all educational ones,

spontaneous action is always far better than coerced action. The former is vital and self-perpetuating; the latter is mechanical, and ceases with the cessation of the pressure from without. As matters now stand, the State gives to the friends of a higher standard of medical qualification all the powers and guaranties requisite to call out their best endeavors and to utilize all existing public sentiment in this direction. Let them unite to realize their wish, and they can build up educational institutions in which higher standards can be maintained than the public sentiment of the State would allow it to attempt. And this is the American conception of all social progress. It has great faith in liberty. America assigns to government the part of judiciously authorizing and facilitating the thing to be done, but to the interested parties the doing of it.

The establishment of the school, whose anniversary has brought us together, marked a new and most hopeful era in the history of American medical education.

At that date there was not a medical school in the country which was not effectually controlled and managed by some one particular medical party. This started out with broader ideas. Its Faculty were not afraid to submit their instruction, their examinations, even their nominations to vacant professorships and lectureships, to a university corporation predominantly of a different medical faith. Its trustees were not afraid to invite any medical society, of any faith, in any State, to examine the students recommended for graduation, and thus to aid in setting up and in maintaining a higher and more catholic standard of professional education. Its authorities were not afraid to give identical advantages to men and women. Until this new, vigorous, and enthusiastic experiment for the elevation and broadening of American medical education shall have had time to show its fruits, I, for one, shall not feel ready to fall back upon the compulsory, legal expedients of Old-World monarchies.

Ladies and gentlemen of the graduating class, allow me to congratulate you that in going forth to enter upon professional life and work, you do it in the atmosphere of American freedom. You are not to live under a government which draws its dissecting scalpel through the fair organism of the medical functions, giving just such and no other to the licensed nurse, just such and no other to the licensed medicine-giver, just such and no other to the licensed surgeon, just such and no other to the licensed mall surgeon, and so on. I have lived in countries where it was unlawful for the man who made pails and tubs to make a barrel or a keg, where the man who cut my hair exposed himself to legal pains and penalties if he so far interfered with the pre-

rogatives of another profession as to shave my chin. In those countries it was not lawful for one and the same man to raise a blister and pull a tooth, to give a pill and administer a clyster. There you could find the policy of exclusive State supervision in all its glory. But alas for the profession! Split up into conflicting guilds, each jealous of the other, hampered by police restrictions, minute and vexatious, bound hand and foot with the red tape of government traditions, limited by law to some small fraction of the real work of a physician, the only wonder is that in such countries the profession has retained any of its legitimate vitality and respect. You, young men and women, are to be felicitated on the heritage of freedom into which you are entering. The whole field is before you. According to taste and opportunity, you can take up as much or as little as you will. You can settle where you will, remove when you will, form any affiliations which you please, discard them when you like, and all without soliciting permission from the king's police.

But this freedom brings with it corresponding obligations. It fixes upon you a just responsibility, not only for yourself, but also for your entire profession. Through all your career, remember that if your profession is not what you could wish it, the fault is not with the State, nor with the public, but with yourselves as members of the body. If the standards of admission are too low, it is for you to raise them; if the discipline of the body is too lax, it is for you to make it rigorous.

If displays of party prejudice are weakening the respect of the public for the brotherhood, it is for you, by a deeper science and a broader charity, to harmonize opposing factions and reacquire the old esteem. To you the American people generously commit, not only their own safety, but also your own honor. It is a noble trust. See to it that the response of your profession be such that the people shall have no cause to repent their generous confidence and to place you under restrictive legislation.

I congratulate you, ladies and gentlemen, upon your completion of your course of study. You are all victors in a long and arduous race. We place upon your brows to-day the well-earned crown. You will not forget your *Alma Mater*. I am sure you have caught her lofty and catholic spirit, and that the memories of the years here spent will be to you through life a perpetual inspiration. Almost a score of you are in a pre-eminent sense representatives of a new age. You stand for woman's right to know herself, for woman's right to choose her occupation. Study on, toil on; despise mere money-getting; abhor the man who makes notoriety his aim; live to serve God and to bless humanity in your chosen calling, and verily I say unto you, ye shall in no wise lose your reward.

## CORRESPONDENCE.

## TEXAS FOR CONSUMPTIVES.

EDITORS NEW ENGLAND MEDICAL GAZETTE:—

Western Texas is fast becoming known the world over as a health resort for pulmonary invalids; and of the large number who come among us to spend their winters a very large per cent recover entirely, or are very greatly benefited by their residence in our health-restoring climate. In nearly every instance recovery is certain, when the case has not become necessarily a fatal one before coming to Western Texas; and fatal results follow only when the patient is in the last stage of consumption when he arrives among us.

San Antonio is the distributing point for the western portion of the Lone-Star State, and upon the arrival of invalids they are sent to such point as best suits their individual wants. The more healthy and robust are sent to Fort Mason, one hundred and ten miles northwest of San Antonio, where the air is rare and pure, and where every opportunity is afforded for "roughing it." Others, not so strong and hearty, are sent to Boerne, a little German village but thirty miles distant, or to Fredricksburg, seventy miles to the northwest, or to Castroville or Uvalde, directly west, and, under certain circumstances, even to the Rio Grande.

Our physicians are compelled to exercise as much care in the distribution of their consumptive invalids as they do in prescribing for their patients medicinally, and experience has taught us what particular point is better for this or that patient in this or that stage of consumption or bronchitis.

Not only are consumption and bronchitis cured in this climate, but it cannot be excelled for asthma and all the various forms of throat diseases, and for that hydra-headed monster, dyspepsia. Nearly every ranch in the western part of Texas has its share of employees who came here for their health; and everybody can testify as to the number of remarkable cases which have come under their immediate observation.

Certain it is that the climate of San Antonio and Western Texas is becoming justly celebrated as the proper place for pulmonary invalids, as preferable by far to the damp atmosphere of Florida or the cold climate of Colorado or Minnesota; and we do not hesitate to say to physicians in the East and North, send your consumptives, bronchitics,

asthmatics, and dyspeptics to Western Texas. Send them early; do not wait until they are dead or dying, but if you send them at all, let it be while there is yet a chance for them, and our climate will do all that any climate can do in such cases.

Fraternally,

C. E. FISHER.

SAN ANTONIO, TEX., May 4, 1877.

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MESSRS. EDITORS:—

The agitation in the community upon the subject of hydrophobia has called out reports of several cases, which have been published from time to time in *The Boston Medical and Surgical Journal*. I have read these reports with much interest, hoping to discover some successful method of treating this terrible disease, even though not of my chosen school of medicine. Failure is the record for each case. The object of this communication is to ask the physicians of our school to report any cases they may have had, and the treatment, particularly if successful, that we may, if possible, have something to depend upon if called upon to administer to this fearful malady.

Hoping for light, I am yours sincerely,

C. E. HASTINGS, M. D.

BOSTON, May 1, 1877.

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## SOCIETIES AND INSTITUTIONS.

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### *SURGERY v. MEDICINE.\**

BY WM. TOD HELMUTH.

I AM a surgeon and in making this assertion,  
 'Tis my apology for doing what I can,  
 To set aside that undeserved aspersion  
 That says, while medicine is quite as old as man,  
 Holding within its vast consideration  
 All wisdom, learning, ethics, and decorum,  
 That surgery is claimed, as is a poor relation,  
 Being at best "the *opprobrium medicorum*."

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\* Delivered at the banquet given at Delmonico's to the students and alumni of the New York Homœopathic Medical College, March 8, 1877.

'T is certainly a subject for humility,  
 And one 't is hard *for doctors* to endure,  
 That they must own their utter inability  
 In many cases to effect a cure ;  
 And then, with shrugs and sighs, their patients urge on  
 To give themselves their only chance for life  
 By calling on the poor, forgotten surgeon,  
 Who cuts and *cures* them with the dreaded knife.

But as for age, I 'll prove 't is all a libel  
 (The statement 's bold, but I could make it bolder),  
 For on no less authority than the Bible  
 I 'll prove that surgery is surely older  
 Than any form of medicine whatsoever ;  
 And having finished will appeal to the majority  
 And have the point adjusted here forever,  
 That "*surgery in age* can claim priority."

'Tis true the snake aroused the curiosity,  
 And gave to Eve the apple fair and bright ;  
 She ate, and with a fatal generosity,  
 Inveigled Adam to a luscious bite.  
 That from that time disease and suffering came,  
*Doctors* were called upon to cure the evil :  
 The art of *healing*, then, with all its fame,  
 Was *at the first* developed by the Devil.

Med'cine thus stands coeval with the sinning  
 Of mother Eve, fair creature, though quite human,  
 While noble surgery had *its* beginning  
*In Paradise*, BEFORE there was a woman.  
 The facts are patent, and we all agree,  
 'T was Satan laid on man the direful rod ;  
 That *doctors* are the *Devil's progeny*,  
 While surgeons come *directly down from God!*

For thus we read (although the analgesia  
 Of Richardson was then entirely unknown),  
 Adam profoundly slept with anæsthesia,  
 And from *his thorax* was removed a bone.  
 This was the first recorded operation,  
 (No doctor here dare tell me that I fib!)  
 And surgery, thus early in creation,  
*Can claim complete excision of a rib!*

But this is nothing to the obligation  
 The world to surgery must ever own,  
 When woman, loveliest of the creation,  
 Grew and developed from *that very bone*.  
 Then lovesick swains began inditing sonnets,  
 And Fashion talked with Folly by the way,  
 Then came bulimia for becoming bonnets, —  
 Hereditary epidemic of to-day.

Then, too, began those endless loves and frolics  
 That poets sing in soft and sweet refrains,  
 Doctors grew frantic o'er infantile colics,  
 Announced at midnight with angelic strains.  
 From this the world was peopled. So you must own,  
 While you lay claim to such superiority,  
 That surgery, in the development of bone  
 As well as age, can clearly claim priority.

My task is done, and with my best endeavor  
 I have essayed to vindicate my art ;  
 So list, my friends, ere friendly ties we sever,  
 While waning moments bring the hour to part.  
 Whatever land, whatever clime may hold you,  
 Some time give honor to the bright scalpel,  
 And when you recollect what I have told you,  
 Remember me — 't is all I ask. Farewell.

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*AMERICAN INSTITUTE OF HOMŒOPATHY, THIRTIETH  
 SESSION.*

THE thirtieth session and thirty-fourth anniversary of the American Institute of Homœopathy will be held at the Kent House, Chautauqua Lake, N. Y., commencing on Tuesday, June 26, 1877, at 10 A. M., and continuing four days. A preliminary meeting will be held on the Monday evening preceding. Arrangements have been made with most of the principal railroads for greatly reduced rates, and the prices of board at the Kent House will be at the rate of \$2 per day.

Members of bureaus will please place themselves in correspondence with their chairman in regard to the reports to be presented at the meeting. The following are the chairmen of the bureaus :—

<i>Materia Medica, Pharmacy and Provings</i> . . . .	Conrad Wesselhœft, M. D., 302 Columbus Ave., Boston, Mass.
<i>Clinical Medicine</i> . . . .	S. Lilienthal, M. D., 230 West 25th St., N. Y.
<i>Gynecology</i> . . . . .	J. C. Burgher, M. D., Pittsburg, Pa.
<i>Obstetrics</i> . . . . .	O. B. Gause, M. D., 1519 Arch St., Philadelphia.
<i>Pædology</i> . . . . .	T. C. Duncan, M. D., 67 Washington St., Chicago, Ill.
<i>Surgery</i> . . . . .	E. C. Franklin, M. D., 1402 Olive St., St. Louis, Mo.
<i>Anatomy and Physiology</i> . . . .	A. R. Thomas, M. D., 1617 Locust St., Philadelphia.
<i>Psychological Medicine</i> . . . .	T. L. Brown, M. D., Binghamton, N. Y.
<i>Ophthalmology, Otology, and Laryngology</i> . . . . .	W. H. Woodyatt, M. D., Chicago, Ill.
<i>Microscopy</i> . . . . .	J. D. Buck, M. D., Cincinnati, O.
<i>Sanitary Science, Climatology and Hygiene</i> . . . .	T. S. Verdi, M. D., Washington, D. C.

The general secretary has every reason to believe that this meeting, in point of attendance and interest, will be equal to any previous meeting of the Institute. A circular will be issued prior to the meeting, which will give all necessary information.

Physicians wishing blank applications for membership can obtain them by addressing the secretary.

ROBT. J. M. CLATCHEY, *General Secretary*.

918 N. 10TH STREET, PHILADELPHIA.

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THE homœopathic physicians of Western Massachusetts have recently taken measures for the formation of a society. A preliminary meeting was held at the office of Dr. Foote, at Shelburne Falls, on the 25th, when Dr. E. R. Morgan was elected chairman, and Dr. Theodore Foote, secretary *pro tem.*; several interesting papers were presented. The next meeting will be held at Greenfield on the 23d of May, for permanent organization.

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## ITEMS AND EXTRACTS.

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AGENTS AFFECTING THE SECRETION OF THE BILE. — Professor Rutherford and M. Vignall have continued their observations on cholagogue drugs. They employed euonymin, sanguinarin, iridin, leptandria, ipecacuanha, colocynth, and jalap. The animals used for experiment were invariably dogs. The method adopted was the same as in their former experiments. The animals had a full meal of flesh at 4 P. M.,

and the experiment was begun at 9 A. M. on the following morning, so that digestion and absorption had fully taken place. In all instances irregular muscular movements were prevented by small doses of curara, and artificial respiration was maintained; a glass canula was tied in the common bile duct, and a clamp placed on the cystic duct. The whole of the bile secreted was collected in a finely graduated glass measure, and the amount observed and recorded every fifteen minutes. Each experiment lasted an entire day. The various substances were always injected directly into the duodenum. 1. In regard to euonymin, it was found that five grains mixed with boiling water powerfully stimulated the liver. It is an active purgative in the human subject. 2. In regard to sanguinarin, three grains and one grain in two different experiments, mingled with a little bile, powerfully stimulated the liver, but rendered the bile more watery, though more biliary matter was secreted in a given time. The secretion of the intestinal glands was slightly increased. 3. In regard to iridin, five grains, mixed with a little bile and water, very powerfully stimulated the liver. It is not so powerful as large doses (four grains) of podophyllum, but it is more powerful than euonymin. Iridin is also a decided stimulant of the intestinal glands. 4. Leptandria is a stimulant, but only a feeble one. 5. Ipecacuanha, when given in doses of sixty grains, powerfully stimulated the liver. Even three grains had an effect on a dog weighing seventeen pounds. The bile secreted was of normal composition as regards the biliary matter proper. No purgative effect was produced, but there was an increased secretion of mucus in the small intestine. 6. Colocynth is an hepatic stimulant of considerable power. It renders the bile more watery, but nevertheless increases the secretion of the biliary matter. It is also a powerful stimulant of the intestinal glands. 7. Lastly, the results of the experiments with jalap showed that the drug is an hepatic stimulant of considerable power. It renders the bile more watery, but at the same time increases the secretion of biliary matter. Its effect on the liver is, however, far less notable than its effect on the intestinal glands. — *Journal of Anatomy and Physiology*, Vol. VI, Pt. I, Oct., 1876.

THE PHYSIOLOGICAL ACTION OF QUININE. — N. Jerusalemky finds that in small and in medium doses (one to five grains) quinine causes in dogs (rabbits and frogs were ill adapted for experiments of this nature) increased frequency of the heart's beats, not infrequently doubling their number. Variations occur in this respect, but the rapidity never falls below the normal until shortly before death, if the dose be a poisonous one. On the other hand, the blood-pressure has

a tendency to fall, except just after the injection, when it undergoes variation. Large doses, as from twenty to twenty-five grains, either immediately effect diminution of blood-pressure, or do so after a very short period of increase. The augmentation in frequency of the pulse is due to a depression or paralysis of the inhibitory and excitation of the excito-motor nervous system. The variations in regard to blood-pressure M. Jerusalemky explains by a complicated action of the nerves. The period of increase he attributes to paralysis of the inhibitory and excitation of the vaso-motor apparatus; and in support of his view he points out that little or no increase occurs if the vaso-motor centre in the medulla oblongata be destroyed. The influence of quinine on the vessels is shown from direct observations on the frog, and especially from its action on the spleen. On excitation of the vaso-motor centre, paralysis soon succeeds, affecting the peripheric vessels, the excito-motor, cardiac ganglia, and the cardiac muscle itself. When large doses have been administered, the heart no longer responds to direct irritation. After small doses the tonic, after large doses the paralyzing, action predominates. In man ten-grain doses will cause increased frequency of the pulse and strong pulsation, which may rise to palpitation. The respirations are rendered more rapid by small doses, and are slowed by large doses, as well as rendered irregular. This is owing to the action of the drug on the respiratory centres. The hyperæmia of the lungs and hæmoptysis, observed by some authors after large doses of quinine, are probably the consequence of the paralysis of the vascular system. The action on the temperature of the animals was not constant. In most instances it fell at most about  $1.5^{\circ}$  C., but it sometimes rose or varied about the normal point. This he explains by admitting an action of the quinine upon thermic nerve-centres. From a large number of preliminary experiments it was found that when section of the spinal cord was made between the sixth cervical and first dorsal vertebra considerable elevation of the temperature ( $3-4^{\circ}$  C.) occurred, but when the cord was divided at the level of the second dorsal vertebra considerable depression of temperature occurred; and lastly, section made below the second, and as low as to the sixth, dorsal vertebra caused only slight variations. He admits a heat-exciting centre opposite the second dorsal vertebra, and a heat-regulating centre between the sixth cervical and the first dorsal vertebra, which influence the metamorphosis of tissue through trophic nerves. He attributes the difference observed after the administration of quinine to the alternate action of the quinine on the above centres.

The rapidity of the flow of blood (measured by Ludwig's Stromuhr) is greatly retarded by quinine,—to the extent, indeed, of one half its

original rate. This is due essentially to the paralysis of the vaso-motor centres, since after the destruction of these, quinine causes very little retardation of the blood-current. Jerusalemky corroborates the observations of Binz and others on the action of quinine on the white corpuscles of the blood. It arrests their amœboid movements, and diminishes their emigration from the vessels, and their number. After the application of quinine, all emigrated cells possessed only one nucleus, while previously they were multinuclear. In accordance with Manassein, he found it made the red corpuscles larger. He lastly corroborates Mosler's observations on the influence of quinine on the spleen. This organ, he finds, becomes tougher, granular on the surface, and brighter in color. After section of the splenic nerves (plexus lienalis, ganglion semilunare, or splanchnic nerves) or of the spinal cord of the neck, the spleen greatly augments in size, but if quinine be previously given, the increase is very much less marked. — *Pamphlet, Berlin und Central Blatt f. d. med. Wiss.*, No. 26, 1876.

DR. N. S. DAVIS, in an article published in *The American Practitioner* for January, 1877, calls attention to the remedial value of the *Oenothera biennis*, or evening primrose. He regards it as a mild but efficient sedative to nervous sensibility, acting more especially on the pneumogastric nerve. Hence its adaptation to the treatment of such cases of respiratory or gastric trouble as involve a morbid sensitiveness either in the laryngeal, pulmonary, or gastric branches of that nerve, whether of an acute or chronic character. It is certainly worthy of further trial in the treatment of such affections as whooping-cough, spasmodic asthma, and certain sensitive conditions of the stomach interfering with healthy digestion.

The *Oenothera biennis* grows abundantly throughout all the Middle and Northern States, if not throughout our whole country. As a medicine, it may be used in the form of an infusion or fluid extract. The former may be given to adults in doses of one or two tablespoonfuls, the latter of from twenty to thirty minims, repeated every three, four, or six hours, as the case may require.

MODE OF TERMINATION OF THE TACTILE NERVES. — Up to the present time, as is known, our information concerning the terminations of the tactile nerves is limited to the knowledge that a portion of these nerves end in terminal corpuscles, particularly the tactile corpuscles of Meissner and the terminal bulbs or corpuscles of Krause; it is admitted that the remainder terminate either freely or by closed networks.

Dr. Ditlevsen offers to show that the researches of later years permit of views which are quite distinct and much more satisfactory from an anatomical as well as physiological point of view. With this object, he has reviewed all the researches which demonstrate the termination of the tactile nerves in terminal cells. These researches are the following: 1. The observation of Leydig that the nerves of the tactile hairs terminate by special cells, which are situated in the sheaths of the roots of the hairs, — an observation whose truth was confirmed many years later by Sertoli. 2. The observation of Merkel on tactile corpuscles in the tongues and beaks of birds. These corpuscles are, in reality, nothing but groups of terminal nervous cells. 3. The discovery by Leydig of similar tactile corpuscles in the skin of reptiles and amphibia. 4. The fact that in man the corpuscles of Krause are also groups of terminal nervous cells (Longworth and Waldeyer). 5. The investigation by Longerhaus of *amphixus lanceolatus*. 6. That of Merkel of the skin of man, mammalia, and birds; and, 7. That of Ditlevsen of the skin of frogs. All these investigations show that the nerves of the skin terminate by special terminal cells. If we add the observations, according to which the tactile corpuscles of man and also the terminal corpuscles of birds, ordinarily called Pacini's corpuscles, are also probably groups of terminal cells, as well as other special observations mentioned at length by our author, it becomes apparent that the principal characteristics of the mode of termination of the tactile nerves in man and the vertebrates are as follows: 1. The tactile nerves end in cells. 2. They are situated in the skin and the adjacent mucous tissues. 3. They are spread over the entire body; and, 4. Are specially numerous in the active organs of touch. 5. The corpuscles of Meissner and Krause are nothing but aggregations of such cells. The result of a critical examination of the investigations thus far made on this subject shows that the reduction of gold chloride is particularly liable to lead to error; hence the opinions now prevailing are regarded as extremely problematical.

Finally, special attention is paid to certain terminations of nerves, the nature of which as tactile nerves is still undetermined, namely: 1. The corpuscles of Pacini in man and the mammalia, which have been more particularly discussed by Axel Key and Retzius. 2. The organs of the sixth sense of Leydig. These organs are not, according to the author, organs of a special sensation, as Leydig maintains, but are in part terminations of gustatory nerves (the gustatory bulbs of man and the vertebrate animals), in part terminations of tactile nerves, as well as probably the organs discovered in the skin of reptiles by Leydig and Cartier. As to the lateral organs of fishes and tadpoles, it is still doubt-

ful to which of the two above-mentioned categories they belong, but it is certain that there is no probable reason for admitting them to be organs of a sixth sense. — *Nordiskt Medicinskt Archiv.*, 8de Bd, No. 11. (*Medical Record.*)

TRANSMISSION OF SYPHILIS. — Dr. R. W. Taylor, of this city, states that he has met with four cases in which syphilitic fathers procreated syphilitic children while the mothers remained healthy. These cases were all most carefully studied, and the doctor thinks that there can be no doubt of the correctness of his conclusions. In several other instances, he was personally satisfied that the fact was the same, but as the cases were not sufficiently complete for publication, he does not take them into consideration. At the present time, Dr. Taylor makes public the details of two of the above cases, of which the following is a synopsis. In the first case a man was infected with syphilis a year before his marriage, but under a mercurial treatment of about six weeks' duration, all visible manifestations of the disease disappeared, and he stopped treatment. His wife was perfectly healthy and never presented any symptoms of syphilis, but one year after her marriage was delivered at term of a dead child, which presented no perceptible lesions. She subsequently gave birth to four children, all of whom were syphilitic, and all died within a few months of birth. During this time the father was suffering from periosteal pains, ulcers, and a scaly skin affection. In 1866 he sought relief at a dispensary, and was ordered biniodide of mercury and iodide of potassium, which he continued to take for nearly a year, when he became apparently well. In 1867 his wife gave birth to a healthy child, which is still living, and never presented any evidences of syphilis. In 1869 the husband again began to suffer from periosteal pains. At this time he impregnated his wife, and she gave birth to an apparently healthy girl. Shortly after birth, however, the child became sick and was covered with an eruption. She was brought to Dr. Taylor for treatment, and he found the body and extremities covered with a copious roseolous syphilide, with numerous typical syphilitic papules interspersed among the roseolous patches. The papules about the anus were excoriated. There was also intense ozæna. The mother was perfectly healthy. Repeated and most rigid examinations revealed no evidence of syphilis, past or present. Dr. Wier also examined her and pronounced her perfectly free from syphilis, past or present. The father, however, gave a good history of and presented at the time many signs of syphilis. The child was treated by inunctions and recovered. The father was put on a mixed treatment (mercury and potash), and the mother was given iron

and quinine. In 1872 she gave birth to a boy, who was and has since remained perfectly healthy.

In the second case a healthy woman was married to a healthy man in 1862. In the three years following she gave birth to three perfectly healthy children. In 1865 the husband had a chancre, which was followed by a general eruption. He was treated for six weeks, when he considered himself cured. In 1866 his wife gave birth to a boy, who soon became sick, puny, and covered with a skin disease. The history of anal condylomata and ozæna could be made out. In 1869 she had a girl, who soon became sick in the same way as the boy. When the child was four months old it had a squamous, coppery eruption about the mouth, and a roseolous and papular eruption on the body and soles of the feet. It had also the typical senile facies. At this time, the boy born in 1866 had interstitial keratitis, Hutchinson's teeth, and an umbilical hernia. The mother was in blooming health, and the most careful examination failed to reveal any evidences of syphilis. In fact, between that time and 1875 she was repeatedly examined, but always with the same result. The husband at that time presented scattered papules on the body and a gummatous infiltration over the left eye. He was kept under treatment for several months, and in 1872 his wife gave birth to another perfectly healthy child. — *Archives of Clinical Surgery*, September, 1876.

VENOUS PULSE AS AN HABITUAL SYMPTOM OF THE PHYSIOLOGICAL ACTION OF CHLOROFORM. — Prof. Léon Noël, of the University of Louvain, publishes a paper with the above title in the *Bulletin de l'Académie de Médecine de Belgique*. This remarkable phenomenon does not appear to have been observed by any other writer. It appears always at the same period of the anæsthesia, that is, during the period of awaking. The internal jugular veins, the subclavian veins, in more than half the cases the external jugulars, and sometimes even the facial veins, are then the seat of pulsations which are isochronous with the radial pulse. These pulsations appear very marked to the eye, but give only a very slight sensation to the palpating finger. A double undulatory movement takes place with each pulsation. Compression of the external jugular, in which vein the phenomenon is most easily studied, at the base of the neck, causes the pulsations in that vein to cease; on the other hand, they persist during compression of the vein in the upper part of the cervical region. They last about half an hour, diminishing gradually in intensity. During all this time the heart's action and the respiration present no particular modification.

Prof. Noël thinks that a venous pulse so marked as this indicates a

profound perturbation of the functions of the heart. Its existence proves that the organism is still under the influence of the anæsthetic. In fact, numerous recorded cases show that death may occur from the influence of chloroform even when the inhalations have been suspended for some time. What is the mechanism of this venous pulse? Dr. Noël thinks that it is due, possibly, to an incomplete closure of the right auriculo-ventricular valve, consequent to the paralyzing action of the chloroform on the heart; on the other hand, it is not unlikely that the poison causes an engorgement of the venæ cavæ and the right ventricle, which interferes with the escape of the contents of the auricle into the latter. Whatever its cause, however, the venous pulse indicates a profound functional disturbance of the heart; hence, it is important for surgeons to watch their patients attentively while they are reviving from an anæsthetic. — *La France Médicale*, Nov. 18.

ABSCESS OF THE ABDOMEN SIMULATING A PNEUMOTHORAX. — Dr. F. Levison, of Copenhagen, reports the case of a woman twenty-two years of age, who entered the hospital with all the symptoms of a peritonitis caused by an ulcer of the stomach. Several days later, the percussion of the left subscapular region gave a tympanitic sound over an extent of three to four centimetres, while a dull sound was found above as well as beneath this tympanitic zone. Two days later the tympanitic sound had extended over the entire left surface of the back, as far as the spine of the scapula, and in these regions the respiration and the sound of the voice had an amphoric character. The diagnosis was made of a pyo-pneumothorax, caused by perforation of the diaphragm, and, to relieve the patient, two punctures were made in the seventh and eighth intercostal spaces. Considerable gas, but no liquid escaped; the stethoscopic signs remained nearly the same. A diphtheritic affection of the respiratory passages supervened and caused the death of the patient.

The autopsy demonstrated fresh adhesions between the stomach, the right lobe of the liver, the gall-bladder, the spleen, and the diaphragm. A cavity was formed by these adhesions, communicating with the stomach by a pretty large perforation, and containing gas and a little pus, but without any communication with the cavity of the left pleura, where, consequently, neither gas nor liquid was found. The diaphragm had been driven upwards in such a manner that the trocar necessarily passed through it to enter the cavity formed by the adhesions.

This case is quite remarkable from its rarity; it is rendered still more so by the support it affords to the theory which attributes the formation of the physical signs noticed in pneumothorax, and called

amphoric voice and respiration, metallic tinkling, etc., to the modification of the pulmonary sounds by a stratum of air adjacent to the lungs, but without communication with the bronchi. — *Nordiskt Medicinskt Archiv.*, 8de Bandet, No. 20.

PARACENTESIS OF THE PERICARDIUM, WITH AN ANALYSIS OF FORTY-ONE CASES. — Dr. John B. Roberts, of Philadelphia, gives an interesting *résumé* of this operation from the earliest times, with the indications for treatment and the general results that may be expected. Riolan first proposed it in 1649, but Romero performed the first successful operation at some time before 1819. Paracentesis is indicated when the effusion is large and threatens to destroy life, ordinary treatment failing to produce absorption. The period that the surgeon must allow to elapse before tapping is as yet undecided. As a method of giving relief in chronic cases, it is probably no more open to objections than is excision of the breast or tongue for cancer. The particular method of operating is now tolerably uniform. A small aspirating needle is to be used, so small that it simply makes a fine puncture that would not harm the lung, if that were pierced. The point recommended by Dieulafoy is in the fifth interspace, about three quarters of an inch from the edge of the sternum. In fifteen out of thirty-four cases this point was chosen.

The dangers to be dreaded are wounding of the internal mammary artery, and striking the heart as it is thrown forward in systole. By adopting Dieulafoy's plan, the artery is avoided, as it lies from a quarter to half an inch from the edge of the sternum. Injury to the heart may be avoided by having a canula slide over or within the needle, thus guarding its sharp point. The heart may, probably, however, bear a certain degree of injury with immunity, according to Eve, Steiner, and others. Baizeau and Roger tapped the ventricle without doing harm, both patients surviving the operation, though in one case 150 and in the other 250 grammes of blood were drawn. As for the danger of the operation in these forty-one cases, regarding one in which the final result was not given as a fatal case, the mortality was 53.66 per cent. But then the effusion in many of them was merely a single factor of disease; in fact, in seventeen there were other concomitant and often incurable affections. In five fatal cases no other disease was mentioned, which puts the mortality at 12.19 per cent, supposing it to have been from cardiac dropsy alone. Since the year 1850, of the uncomplicated fatal cases, the mortality has been 21.43 per cent, which, though not so low as the figures given for all the uncomplicated cases taken together, is perhaps as low as in many other operative procedures that

are regarded as perfectly justifiable. In acute rheumatic pericardial effusions the results have been excellent; where, however, the disease becomes chronic, a perfect cure is almost hopeless, for, owing to the long continuance of the inflammation, the maceration of the heart and the pressure of the distended sac, the tissues have assumed new pathological characters. — *New York Medical Journal*, December, 1876.

THE MANUFACTURE OF MILK SUGAR IN SWITZERLAND. — In a communication to the *Schweizerische Wochenschrift für Pharmacie* for the 20th of October, the author gives an account of a visit to Marbach, in the canton of Luzerne, Switzerland, where half a dozen refiners are said to make a handsome income from the manufacture of milk sugar.

The raw material used for the recrystallization comes from the neighboring Alps, in the cantons of Luzerne, Bern, Schwyz, etc.; a considerable quantity is supplied also by Guyères. It is the so-called "Schottensand" or "Zuckersand," the French "Déchet de lait," obtained by simple evaporation of the whey after cheese-making. Notwithstanding a continual rise in the price, consequent upon the demand and the increased cost of labor and fuel, the manufacture continually expands, and now amounts to 1,800 to 2,000 cwts. yearly, corresponding to a gross value of about 300,000 francs, — certainly a handsome sum for a small mountain village, with but few inhabitants.

The manufacture is only carried on in the higher mountains, because there the material can no longer be used profitably for the fattening of swine, which are found chiefly in the valleys, and the wood required for the evaporating process is cheaper in the highlands.

The crude material is sent to the manufacturer or refiner in sacks containing one to two cwts. It is washed in copper vessels, and dissolved to saturation at the boiling temperature over a fire, and the yellow-brown liquor, after straining, is allowed to stand in copper-lined tubs or long troughs to crystallize. The sugar crystals form in clusters on immersed chips of wood, and these are the most pure, and therefore of rather greater commercial value than the milk sugar in plates, which is deposited on the sides of the vessels.

In ten to fourteen days the process of crystallization has ended, and the milk sugar has finished growing (*ausgewachsen*). The crystals are then washed with cold water, afterwards dried in a caldron over a fire, and packed in casks holding four to five cwts.

As the "Schottensand" can only be obtained in the summer, the recrystallization is not carried on in the winter; hence a popular saying that milk sugar does not "grow" in winter.

The entire manipulation is carried on in a very primitive manner, it being a matter of astonishment to find a specific-gravity instrument in any place. The author is of opinion that with a more rational method of working, a whiter and finer quality of sugar could be produced.—*By A. Sauter, Pharm. Journ. and Trans.*, Nov. 11, 1876.

TREPANNING AS A PROPHYLACTIC.—M. Sédillot has already presented several communications to the *Académie des Sciences de Paris*, recommending preventive trepanning in cases of fracture of the skull with splintering of the internal table, to avoid the usually fatal complications of this injury. He has now collated one hundred and six cases of this sort of injury, which he publishes in support of his recommendation. Of these cases seventy-seven were trephined and twenty-nine were not. Nine of the operations were preventive, — that is, they were performed before the appearance of the primitive or consecutive accidents ; sixty-eight were curative, — that is, they were performed to remove grave complications, such as paralysis, convulsions, or coma. In twenty-one of the one hundred and six cases the external table was not fractured ; and as the symptoms in most of these cases were not marked, the injuries were often thought to be slight.

Of the twenty-nine cases that were not operated on, one recovered and twenty-eight died ; of the nine cases in which preventive trephining was performed, six were cured ; of the curative trephinings, twenty-one were performed during the first five days after the injury, and eight of the patients recovered ; forty-seven were performed after the fifth day, and fifteen patients recovered. The mortality was consequently proportionate to the delay in the application of the trephine. When the operation was preventive, two thirds of the patients were saved ; when it was curative, but performed early, over one third were saved ; when performed late, less than one third ; while only one case in twenty-nine recovered without an operation.

In the diagnosis M. Sédillot suggests that auscultatory percussion may help the surgeon.—*Le Lyon Médical*, November, 1876.

ABDOMINAL SECTION AND COLOTOMY FOR INTESTINAL OBSTRUCTION.—Surgeon-Major J. Johnston, M. D., gives an interesting account of a case upon which he operated. A woman thirty years of age was admitted to the hospital on the 25th of September, 1875. A few months previously she had given birth to her second child, and during the latter five months of gestation was troubled with extreme constipation. After the birth of her child the bowels were never moved without strong medicine. When admitted, she complained of great pain

on the right of the umbilicus, and of intermitting pains on the left of the same. The abdomen was tympanitic, but not more so on one side than another. A large enema brought away hardly any fæces; the pain was relieved by opiates. For several days enemata of warm water were repeated, the tube at length passing in about eleven inches; but no fæcal matter was discharged. Three weeks after admission, the symptoms became much aggravated, the pains being very violent and uncontrolled by opiates, the pulse 120, temperature 101.2°, and the abdomen enormously distended. An operation being deemed advisable, an incision was made under chloroform, from the umbilicus to within an inch and a half of the pubes. The cæcum and ascending colon were found greatly distended with fluid fæces, and, as the transverse colon then appeared to be the seat of the obstruction, and was beyond reach, the cæcum was transfixed by a strong silk thread and held in position, while the protruding intestines were replaced, and the upper portion of the wound was brought together. The gut was then opened in the long axis by an incision one and a half inches long, and its margins were stitched with strong silk sutures to the abdominal wall. There was a large quantity of dark brown putrid, semi-fluid fæces and flatus, which continued for several days. Nine days after the operation, the patient passed healthy, well-formed fæces from the artificial opening, and three days later all the sutures were removed. Fourteen days subsequently, it was observed that a quantity of damson and raisin stones and skins and vegetable marrow seeds were passed with the fæcal matter from the colon. It was then found that she had eaten damsons and the other articles two months previous to her admission to the hospital. Subsequently, immense quantities of hardened fæces containing these stones were tunnelled out of the transverse colon. On the 1st of May, 1876, seven months after the operation, hardened stools were passed for the first time by the natural channel, although the artificial opening was as large as ever. From that time the bowels were moved daily by the natural channel, and contraction of the artificial opening was aided by firm strapping with adhesive plaster. For eight months there had been no free natural passage of fæces per rectum. — *Obstetrical Journal*, November, 1876. (*Medical Record*.)

DISEASES OF THE PANCREAS. — Dr. J. E. Lockbridge, of Indianapolis, thinks that writers on the practice of medicine have treated the diseases of the pancreas too lightly. He sees no reason why we should not meet with diseases in this organ as well as in others. During the last ten years he has seen a number of cases in which he thinks the pan-

creas was the seat of disorder. In the first ten years of his practice he had not directed his attention to the pancreas, because, as he says, he was taught to believe its affections were very rare, so that probably they were overlooked. Dr. Lockbridge says the disease may be taken for dyspepsia, liver derangement, scirrhus of the pylorus, aneurism of the abdominal aorta, enlarged spleen, floating kidney (left), or an accumulation of fæces from obstruction of the transverse colon. There are two symptoms which he considers pathognomonic of pancreatic disease, — a tumor situated between the pit of the stomach and the umbilicus, and the constant passage through the bowels of the undigested fatty portions of the food, with an inordinate desire for fat meats. — *Atlanta Medical and Surgical Journal*, November, 1876. (*Medical Record*.)

RESEARCHES ON THE ACTION OF JABORANDI. — Dr. Schwahn, from experiments made in the physiological laboratory of Geissen, obtained the following results: 1. The chorda tympani was divided in a dog, and the superior cervical ganglion and adjoining portion of the sympathetic were excited. It was found that the flow of saliva caused by the injection of jaborandi continued, and that an injection of an additional dose of this drug caused an increase in the amount of saliva eliminated. 2. The blood flowing from an opened inferior maxillary vein in a dog under the influence of jaborandi was found to be bright red, was two or three times larger in quantity than natural, and in one instance pulsated. This augmented flow of blood from the veins was also observed after the chorda had been divided. 3. In rabbits, the pill-like fæces were expelled suddenly and in large quantity. When the abdominal walls were so divided that the intestine could be seen through them, it could be seen that immediately after the administration of jaborandi both the large and small intestines underwent violent peristaltic movement, which lasted for an hour or more. — *Centralblatt f. d. med. Wiss.* No. 25, 1876.

IT is announced that the position of sergeant-surgeon to the queen, the highest medical honor in the gift of the British Empire, which was made vacant by the recent death of Sir William Fergusson, Bart., has been conferred upon Sir James Paget. The position of sergeant-surgeon extraordinary to the queen has been given to Mr. Prescott G. Hewett, president of the Royal College of surgeons, while Mr. J. E. Erichsen, a member of the Council and Court of Examiners of the Royal College, has been appointed surgeon extraordinary to Her Majesty. — *Boston Medical and Surgical Journal*.

THE ACTION OF SOME ETHEREAL OILS.—Binz states that one of his students, M. Meyer, has investigated the action of some ethereal oils, and finds that they exert an influence on the number of the colorless corpuscles of the blood. This is in accordance with some prior observations of E. Hirt, who noted that in the course of from ten to twenty minutes after the administration of five to fifteen drops of oil of turpentine, cymol oil of valerian, oil of cinnamon, or of three or four grains of camphor, the number of white corpuscles augmented to nearly double their former amount. The effect disappeared in the course of two hours. It was necessary that the oils should be introduced into the stomach, for no action of the kind was observed if they were subcutaneously injected. It was remarkable that oil of peppermint did not produce this effect. It is the only ethereal oil that causes a sensation of coldness in the mouth, and at the same time makes the vessels contract. Spirits of wine (15 cm.) has no effect on the number of the white corpuscles. M. Meyer attributes the increase in the above cases to the oils producing a temporary hyperæmia of the lymphatic glands of the abdomen, and especially of the spleen.—*Archiv. f. experiment. Pathologie*, B. V, p. 109.

ON THE TREATMENT OF DEEP-SEATED ATHEROMATOUS CYSTS OF THE NECK.—Esmarch recommends in those forms of atheromatous cysts which can only be removed with difficulty, or with the formation of a large cicatrix, puncture of the sack; the injection of a one per cent solution of carbolic acid, until the solution returns clear, and then the injection of a solution of Lugol's solution, containing about three per cent of *Iodine*, and *Iodide of potassium* in water, which he allows to flow out again after the lapse of a few minutes. If the tumor have not considerably diminished in size in the course of six or eight weeks, the operation is repeated. In the course of half a year the cyst is usually reduced to the size of a small node.—*v. Langenbeck's Archiv.*, Bd. XIX, p. 340.

IN a paper on mental anxiety as a cause of granular kidney, Dr. T. Clifford Allbutt reports to the *British Medical Journal* of February 10, 1877, that during the last two years he has made notes of thirty-five cases of granular kidney occurring in private practice, and finds a marked history of mental distress or care, or both, in twenty-four of them. As a result of these causes, he finds that granular kidney follows more frequently than degeneration of the brain or spinal cord, and far more frequently than primary failure of the heart's muscle.—*Boston Medical and Surgical Journal*.

HOW LONG DOES THE POISON OF TYPHUS RETAIN ITS ACTIVITY?—Ritter supplies some evidence towards the solution of this interesting problem. An epidemic of typhus occurred amongst the inmates of an isolated house, and eleven people were affected. After the lapse of nearly two years, during which the house remained untenanted, it was again occupied by two newly married couples. A month or two after taking it, it was found to be in such bad repair, and so dirty, that a thorough renovation and cleaning was required. The women as well as the men engaged in this work, and in the course of a fortnight or three weeks all four were affected with abdominal typhus. In this case typhus had not occurred in the immediate vicinity for twenty months, and as the new tenants had not been otherwise exposed to the poison of typhus, Ritter considers that strong evidence is afforded that the typhus poison may remain active for the long period of twenty-three months, that being the interval between the primary epidemic and the succeeding attack. — *Berlin, klin. Wochenschrift*, 1876, No. 29. (*Pract.*)

DR. ZÖLLER, says the *Medical Examiner*, proposes a new antiseptic in the form of bisulphide of carbon in a state of vapor. Two or three drops allowed to evaporate spontaneously in a closed vessel are sufficient to form an antiseptic atmosphere in which meat, fish, vegetables, and fruit may be kept perfectly fresh for several weeks. When first uncovered, the articles smell strongly of the bisulphide, but a short exposure to the air effectually rids them of the slightest odor or taste. Dr. Zöller also describes the antiseptic properties of xanthate of potash, a salt obtained by the action of fused caustic potash on a mixture of bisulphide of carbon and potash. Dr. Zöller, in a paper which he read before the Berlin Chemical Society on the 29th of January last, stated that a small quantity of this salt is sufficient to prevent decay and fermentation in organic bodies for an indefinite period. If made in large quantities the salt could be manufactured very cheaply. It has the further advantage of being devoid of dangerous properties.

THE BLUE RAY.—From General Pleasanton's article we deduce the following facts of therapeutic value: 1. The glass should be dark mazarine blue, and the best is imported from France. 2. Each square should have a border of plain or uncolored glass. 3. The greatest force is developed from exposure to the *south* pole. 4. Most electromagnetism is developed in a clear atmosphere, with a temperature below 32 degrees F. 5. A very considerable degree of heat is produced by the rays of sunlight passing through the blue glass, when at

the same time ordinary transparent glass would be cold. The General claims to have been greatly relieved by this method of the pain resulting from strain and shock in consequence of a fall which he experienced. The blue ray is being experimented with at the State Homœopathic Asylum for the Insane, at Middletown, with negative results thus far.

CLIMATOLOGY — The Bureau of Climatology of the New York State Homœopathic Medical Society has taken for its study this year “The Relations of Disease to Surface Conditions.” In this country, where so little attention has been paid to vital statistics, it is impossible to make any correct comparative study of climatic effects in different localities.

The subject is one of great interest to the medical profession, and *may* be of immense value to the public generally. Yet in this State, only a few of the large cities, not more than half a dozen, publish even an annual mortuary report. In some parts of Europe vital and sanitary statistics are so well kept that sanitary science may be studied with almost the same precision as any other. This bureau wishes to contribute to a better knowledge of existing sanitary conditions in this State in the investigation of the subject announced. They propose three factors for the study of the problems :

1. The sanitary condition of the surface.
2. The meteorological changes.
3. Annual mortuary reports.

To get the *first*, they propose to make a *sanitary chart* of the State by means of answers to *circulars* sent to leading physicians in every locality. Said circulars consist of the following questions:—

1. Is the surface level, undulating, or hilly?
2. Is the soil sand, clay, loam, etc.?
3. What of the surface drainage, and of ponds, lakes, or stagnant water, and their effect on the health of the immediate locality?
4. If in a town or city, has it defective drainage, and what is the effect on health?
5. Do you note any decided effect on health from the quantity of rainfall, fog, ice, overflow of lowlands or meteorological changes, as humidity and temperature of atmosphere, direction and force of wind, etc.?

The quarterly report of our excellent United States Signal Service will give us the *second*; and the practical working of the Registration Act, passed at the last session of the Legislature, will give us the *third*.

It will be readily seen that to make their sanitary chart reliable, the bureau *must* have the co-operation of the profession throughout the

State, and they ask of each physician who receives the circular that he give it careful attention, and return clear and decided answers to each of the five questions as promptly as possible: If this be done, the most difficult part of their work will be rendered comparatively easy. Very interesting answers have already been obtained from some localities, on the bad effects of surface drainage on wells, locations of malaria miasm, etc. It is particularly requested that every constant noxious influence, however small, may be reported. — *A. R. Wright, M. D.*

*The American Journal of Pharmacy* states that from the library of Sardanapalus, king of Assyria (found by Layard at Nineveh), it is proved that the Assyrians, some three thousand years ago, had a system of weights and measures almost as philosophical and methodical as the French metrical system, all the units of surface, volume, and weight being derived from a single linear unit. The base of the system was the cubit or elbow (equal to 20.67 of our inches). These cubits, multiplied with three hundred and sixty, gave the stadium, measure for great distances. The fundamental unit of surface was the square foot (foot equal to three fifths of the cubit). The cubic foot constituted the metreta (bushel), which, with its subdivisions, was the standard of all measures of capacity. A metreta of water was the talent, the unit of all measures of weight. The sixtieth part of the metreta gave the mine, and this, divided into sixty parts, the drachm. The weight of the metreta (or bushel, water) was about seventy avoirdupois pounds, the mine about 18.7 ounces, and the drachm about one hundred and fifty-nine grains. The sexagesimal system appears to have been used in all these calculations, and is evidently a very practical one, combining the advantages of the decimal and the duodecimal systems.

KUMYSS is a remedy that was brought into use thirty or forty years ago by the Russian physicians, who had noticed the remarkable absence of pulmonary consumption and other forms of defective nutrition in certain named tribes on the steppes of Russia, whose food consists almost entirely of fermented mare's milk. Since its first introduction into civilized Russia, it has spread over entire Europe, and is now the chief agent in the hands of many physicians in diseases characterized by defective nutrition. At first it was prepared from mare's milk solely, then from cow's milk and mare's milk mixed, and some have prepared it from ass's milk. Recently in this city, where it has come into very general use, it is prepared alone from cow's milk, by Dr. Brush, who has devoted a great deal of time and attention to

the subject, and is at present giving his whole time to its manufacture. His plan consists in bringing cow's milk into the same chemical composition as mare's milk, and fermenting it in strong pint bottles, which, when fermentation is complete (about ten days after bottling), shows the following relative quantities of constituents : alcohol, 3.23 per cent ; fat, 1 ; lactic acid, 2.92 ; caseine and salts, 3.71 ; carbonic acid.

As remarkable results are obtained by the use of Kumyss in all diseases of the digestive organs, and defective nutrition generally, let us consider its constituent parts. First of all, the alcohol, in small quantities, promotes absorption, saves the fatty and also the nitrogenized substance from oxidation, promotes secretion and excretion, heightens nervous action, and, in a very diluted form, as we find it in Kumyss, induces sleep ; it also lowers the temperature of the body and increases the power of the heart ; lactic acid lowers the temperature of the body, decreases the frequency of the pulse, which makes it very desirable when fever is present ; it is also an acid tonic, anti-pyretic and diuretic. The caseine we find partially soluble, and very finely divided ; thus presented, it is easily digested and assimilated for the renewal of the wasted albuminoid parts ; the fat is presented in a very easily digestible form ; then we have the salts and the carbonic acid.

We do not find all these qualities combined in any single article of food or medicine excepting Kumyss, "the most easily digested, highly nutritious food" known.

IF our readers want to eat the most digestible veal, the most healthful veal, let them order *red* veal.

If they prefer to eat the veal from a calf that has been *bled for days before being killed*, bled till he is sick and faint, so weak that he cannot stand, and so sick that he cannot eat, let them buy white veal.

This cruel process is adopted to please the eye of the customer.

As the veal season is now coming on, we make our annual appeal to our friends to help to discourage the practice by demanding red veal. Will our exchanges please circulate the appeal?—*Our Dumb Animals*.

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## PERSONAL.

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DR. WALTER M. DAKE has located at Jackson, Tenn.

REMOVAL.—DR. SPOONER has settled at Colebrook, N. H.

DR. J. S. SHAW has removed to 1222 Washington Street, Boston.

REMOVAL. — E. E. ROWELL, M.D., from North Stratford, N. H., to Stamford, Conn.

REMOVAL. — DR. MARY J. SAFFORD-BLAKE has removed to No. 3 Hamilton Place.

DR. C. E. FISHER, Homœopathic physician, opposite Vance House, Houston Street, San Antonio, Texas.

EMMA M. E. SANBORN, M.D., 1409 Olive Street, St. Louis, Mo., refers by permission to I. T. Talbot, M.D., J. H. Woodbury, M.D., and E. P. Colby, M.D., Boston University School of Medicine. Office hours: 9 to 1, 3 to 5, and 7 to 9.

WE give below the location of such of the class of 1877, Boston University School of Medicine, as have settled in practice.

Dr. G. E. Allen . . . . .	Youngstown, O.
W. R. Bartlett . . . . .	12 Bowdoin Street, Boston.
H. P. Bellows . . . . .	162 Tremont Street, "
L. F. Butler . . . . .	Granite Street, Quincy, Mass.
M. L. Dowdell . . . . .	51 Fourth Street, Troy, N. Y.
G. N. Gage . . . . .	East Washington, N. H.
M. K. Gale . . . . .	Wollaston Heights, Mass.
W. W. Gleason . . . . .	Jamaica, Vt.
E. J. Gooding . . . . .	775 Tremont Street, Boston.
C. Otis Goodwin . . . . .	22 Pearl Street, Worcester, Mass.
Wm. Von Gottschalk, Jr. . . . .	130 Central Street, Central Falls, R. I.
A. J. Hare . . . . .	Rutland, Vt.
G. E. Hetherington . . . . .	St. John, N. B.
A. S. Hutchison . . . . .	Minneapolis, Minn.
A. W. Jackson . . . . .	35 Temple Street, Boston.
F. J. Janney . . . . .	464 East Broad Street, Columbus, O.
L. H. Kimball . . . . .	Bath, Me.
G. B. Langmaid . . . . .	96 Springfield Street, Boston.
H. B. Mason . . . . .	417 Congress Street, Portland, Me.
Emily Metcalf . . . . .	Waltham, Mass.
Mary A. Payne . . . . .	Dover, N. H.
L. A. Phillips . . . . .	Watertown, Mass.
R. G. Gates . . . . .	New Bedford, Mass.
C. A. Rollins . . . . .	102 Princeton Street, East Boston.
C. F. Sherman . . . . .	Exeter, N. H.
A. D. Smith . . . . .	731 East Fourth Street, South Boston.
Mary L. Swain . . . . .	Minneapolis, Minn.
Geo. A. Tower . . . . .	Main Street, Marlboro', Mass.
W. H. Weeks . . . . .	5 John Street, Lowell, Mass.

The following of the class are now in Europe :—

Dr. Annie E. Fisher.

H. McA. Potter.

Dr. J. A. Rockwell.

Emona E. Steene.

THE  
NEW ENGLAND MEDICAL GAZETTE.

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*THE PATHOLOGICAL SCHOOL OF PHYSICIANS.*

BY M. J. RHEES, M. D., NEWTONVILLE, MASS.

THE adjective "homœopathic" is purposely omitted from the title of this paper, because a man who prescribes in any given case according to the doctrines of the pathological school cannot be said to prescribe homœopathically, and is therefore, for the time being, not a homœopathic physician. The pathological physician may be said to prescribe conjecturally. He conjectures that a certain pathological condition exists, and then he conjectures that because the power to develop a similar pathological lesion has been attributed to a certain drug, it will therefore cure the case in hand. But the fact that dissection has proved that a drug is capable of producing a certain pathological condition does not necessarily establish the homœopathicity of that drug to any given case. Even the microscope is not capable of showing a dissimilarity between any two cases of apparently the same pathological condition sufficient to account for the difference in the distinctive symptoms which existed during life ; and however exactly the case in hand may resemble, in its supposed pathological state, the state produced by the drug, it can only be a conjectural resemblance in any case ; and unless the resemblance is between the symptoms of disease and the pathogenesis of the drug, the cure, if one results, is not homœopathic, and such treatment cannot be called in any sense homœopathic treatment.

This pathological method is a terribly uncertain one for the following reason, if for no other : of any half-dozen well-educated physicians in consultation on a case of disease, probably no two of them will agree as to the exact pathological condition ; each

will wish to prescribe the medicine conjectured by him to be capable of producing the pathological condition he has in his mind, and nothing but variance and discord can result; but let any number of genuine homœopathic physicians, equally well versed in pathogenesis, come together in consultation, and they will have no difficulty in agreeing on the proper remedy, if such a one exists.

The purpose of this paper, however, is to discuss the object of the researches and the result of the teachings of the pathological school. Although Dr. Lilienthal says their object is mainly amusement, and that the highest motive they have is to raise medicine from an art to a higher science, it is but charitable to suppose that so numerous and learned a body of gentlemen must have a motive more hopeful, an object more laudable. It seems much more probable that they are seeking to facilitate the choice of the remedy by finding a shorter road than that which must be followed in covering symptoms. Their object appears to be almost identical with that of Dr. H. N. Guernsey in his advocacy of the key-note system; but while the latter tends to the enhancement of the value of peculiar, characteristic, and minute symptoms, and therefore to the more exact and conscientious practice of Homœopathy, the teachings of the pathological school tend to the massing of symptoms in groups, to the treatment of diseases by name, to the ignoring of characteristic and minute differences in symptoms, and consequently away from true Homœopathy; and although, as is believed, the object is to facilitate the choice of the remedy and is therefore praiseworthy, the real tendency is extremely pernicious, rendering nugatory one of the highest attributes of the true physician, viz., minuteness of observation; and the result is exactly in accordance with the tendency, as is evidenced by the frequent publication in our American journals of papers purporting to be provings of new remedies and reports of clinical cases, which prove nothing but the failure of the reporters to grasp, and their inability to adapt to use, the true homœopathic doctrine.

As an illustration of the tendency, it may be worth while to study a case which appeared in one of the journals two or three years ago; not because it is worse than the majority of clinical reports, but because it is a fair sample. The case is called

“Gastro-Enteritis and Dysentery,” and is introduced by the following remarks:—

“The forms of disease of the stomach and bowels are so various, and the complications so many, that nosology seems often at loss to designate by some single term the cases that occur in practice. In diseases of children this is peculiarly obvious. Thus, we often meet with dysentery with symptoms that leave no doubt of inflammation of the rectum and colon, but in some cases vomiting from inflammation of the stomach, and in other cases vomiting from reflex action upon the sympathetic and pneumo-gastric nerves. Other cases of dysentery show that the inflammation of the rectum and colon is accompanied with inflammation of the ileum and jejunum; in others, again, the brain and spinal nerves suffer by the reflex action from the inflamed surfaces; and in still other cases, disease of the brain is developed, and adds to the difficulties of the case. In many such cases it is difficult to designate the diseased action by a single medical term.”

As an example of pathological and nosological erudition this is quite passable. But what practical advantage is gained in any case by the ability “to designate the diseased action by a single medical term”? Are you better able to treat the case homœopathically? Suppose you have a case of “dysentery, with symptoms that leave no doubt of inflammation of the rectum and colon” (and it is difficult to understand how you could have dysentery without those symptoms), “but in some cases vomiting from inflammation of the stomach, and in other cases vomiting from reflex action upon the sympathetic and pneumo-gastric nerves,” how do you know on which pathological condition the vomiting depends? You can only answer, “By the symptoms.” Why not, therefore, treat the symptoms existing, which alone can show you the pathological state?

“Dysentery complicated with gastritis is of frequent occurrence in children, and sometimes fatal. The following case is given, with some detail, in the hope that the report of it may be of some use to the profession.” We shall see.

“Aug. 21, 8 A. M., I was called to the daughter of I. J. P., æt. two years. She had light skin and hair, and blue eyes. Had been usually well, and had good flesh and a full habit. She was

taken the night before with diarrhœa, and vomiting came on at 3 A. M. Now the head and body are hot, with coldness of the hands and feet; face red; pulse 140, full and sharp. Frequent jumping and jerking, as though convulsions were imminent. The discharges from the bowels are greenish, watery, and slimy, and run away without warning, as though the sphincter muscles of the rectum were paralyzed. Very thirsty; very sleepy and stupid; breathing quick and short. *Aconite* and *Belladonna*, each in the thirtieth, were given in solution, a dose each hour alternately."

Our author has omitted to state the character of the ejection from the stomach, which certainly ought to have had a bearing on the decision as to the pathological condition as well as on the treatment, and there are two superfluous remarks which show the disposition of the gentleman to explain things scientifically; but what influence ought his conjectures that "convulsions were imminent," and that "the sphincter muscles of the rectum were paralyzed," to have had on the treatment? Has he discovered sphincter muscles in the *rectum*? Does he mean to say that the breathing is *frequent* and short, or what does he mean?

There is some show of adherence to homœopathic law in the first prescription, inasmuch as *Aconite* covers the symptoms given, except the greenish color of the evacuations and the stupor. But why not give it alone? Where are the indications for *Belladonna*? It suits the stupor, to be sure, but it has very few of the other prominent symptoms, and greenish diarrhœa is not at all an indication for its use. It will be remarked that there are no symptoms recorded above of gastritis or dysentery; there is no mention of the child being in pain; no tenderness to pressure in the scrobiculus; no tenesmus, but the opposite.

"6 P. M. She has had five discharges since morning,—greenish and brownish and slimy. Some colicky pain, attended with paleness about the mouth, indicating nausea; no vomiting since morning, but some retching at times after taking the solution of medicine or water. Has slept most of the time, with her eyes partly open. My friend, Dr. —, of —, saw the case with me, and *Rhus Rad.* <sup>2d</sup> and *Gelsemium* <sup>1st</sup> were agreed upon, and given in solution, a dose each hour, alternately."

Here we have two tendencies of the pathological school, which

are not strictly homœopathic, well illustrated. The first is the proneness of the gentlemen of that school to use medicines almost in a crude state. The drugs used in this second prescription were doubtless in the second and first decimal attenuations, and might quite as reasonably have been given in the mother tincture, for any advantage they had gained by dynamization. And if aggravation was feared from the mother tincture, it certainly was to have been feared from the preparations used.

The second tendency referred to is towards the using of new and untested medicines, and those of which we have no proving worthy of the name, in preference to the old remedies which on all accounts are worthy of our implicit confidence. Of *Rhus Rad.*, indeed, we have a most elaborate proving, carefully collated and arranged by the lamented Joslin. But although it is one of the few American provings deserving to be called a proving, it has unfortunately been very insufficiently tested, comparatively speaking, and if it had been ever so suitable to this case, the dose in which it was administered and its combination with *Gelseminum* were sufficient to prevent our learning anything of its effects in disease. But it was not truly homœopathic to the case. It has the symptom "stool greenish brown"; but that symptom occurred to only one observer and only once in the whole mass of symptoms recorded, and it is not even stated to have been a loose stool. It has not the symptom, "stupor, with eyes partly open," nor the symptom "colicky pain, with paleness about the mouth." Altogether, it is difficult to understand why this drug was given, unless it may have been to cover a symptom not yet mentioned, but stated in the next quotation, viz., "tongue brownish, with red tip." It is still more difficult to find a homœopathic reason for the choice of *Gelseminum*. There is scarcely a symptom in what purports to be a proving, contained in Hale's book called "New Homœopathic Provings," corresponding to the symptoms recorded in the case thus far; but we may possibly find the true reason for its use in the following "Clinical Remark" by Hale: "In enteritis it may prove more valuable. As it causes congestion and hyperæmia of the intestines, it may prove homœopathic to the first stages of acute enteritis." Shade of Hahnemann! Is this Homœopathy?

“ Aug. 22, 8 A. M. She has had discharges each hour through the night, which were black and gelatinous, but this morning are brownish or dark green and gelatinous, accompanied with considerable straining and tenesmus. Pulse 120 per minute. She had a fever fit from 11½ P. M. to 1 A. M. This morning the breathing is more natural and the skin cooler. Tongue brownish, with red tip. *Rhus Rad.* 2<sup>d</sup> was given.”

The legitimate anticipations as to the effect of the last prescription are fully realized. The child is worse, and dysentery is rapidly developing. The evacuations, in about fourteen hours, have increased under treatment from one in two hours to one every hour. Still there appears to be no attention paid to the distinctive character of the stools.

“ At 12 M. the symptoms were about the same, with the addition of considerable nausea and retching with each discharge from the bowels. In consultation with Dr. —, *Bismuth sub. nit.* 1<sup>st</sup> decimal trituration, was agreed upon and administered, a dose each hour.”

Another *scientific* prescription, so far as the drug is concerned ; but why not give it in a scientific dose? *Bismuth* does not, in the least degree, cover the symptoms of the case, so far as can be discovered by perusal of the pathogenesis. Diarrhœa does not there appear as a prominent symptom, and diarrhœa with the characteristic peculiarities existing in this case is not once mentioned. There seems to be no better reason for the use of *Bismuth* than the following remark, quoted from the United States Dispensatory : “ M. Monneret, who praises this remedy in gastrointestinal affections attended with diarrhœa, never gives less than two or three drachms a day.” This, then, would have been the *scientific* dose. What folly to give a pseudo-homœopathic dose on allopathic principles !

“ 9 P. M. She has had a discharge each hour, sometimes green and brownish, and sometimes bloody mucus. The discharge is preceded by violent colic pains, attended with tenesmus and followed by relief. Pulse 85, soft and full. Skin cooler ; less stupor, and the expression of the face and general appearance more natural ; all the symptoms seem better except the bloody discharges. To continue *Bismuth.*”

No improvement in the state of the bowels, but rather the con-

trary; yet the prominent symptoms are still neglected, under the absurd notion that the disease supposed to exist must be combated by medicines given on general principles, as the allopathist would say.

“Aug. 23. The symptoms continue about the same. The tongue is white, and she has vomited twice. A good deal of pain before and tenesmus with the discharges, which are green and bloody mucus. It is evident that the gastritis is better, but the dysentery is not improved. As *Mercurius sol.* <sup>6000<sup>th</sup></sup> had proved curative in all cases of uncomplicated dysentery, it was given at 3 P. M., in solution, a dose each hour. 9 P. M. Had nine discharges in five and a half hours. A little less tenesmus and pain with the discharges. Pulse 108. To continue.”

Although the vomiting has returned and the tongue is white, our author says that the gastritis is evidently better. It is noteworthy that vomiting, the only symptom heretofore recorded on which the diagnosis of gastritis could be founded, has not occurred until now since the first morning when the child was taken sick. Under the use of *Bismuth* this symptom has recurred.

And now we see a comical summersault. The use of an unhomœopathic drug in an almost crude state is temporarily abandoned for the most homœopathic remedy yet given and for the ultra-homœopathic dose of the <sup>6000<sup>th</sup></sup> attenuation! But what a reason is given for the use of *Mercurius sol.* <sup>6000<sup>th</sup></sup>! Instead of pointing out the fact that it covers the prominent symptoms of the intestinal disorder, the reporter says because “*Mercurius sol.* <sup>6000<sup>th</sup></sup> had proved curative in all cases of uncomplicated dysentery, it was given.”

“Aug. 24, 8 A. M. She has had about two discharges every hour since nine last night. Pulse 84. She looks brighter and better. The pain and griping were worse the latter part of the night, and seemed to involve the stomach. *Bismuth* <sup>1<sup>st</sup></sup> and *Merc. sol.* <sup>6000<sup>th</sup></sup> were given in alternation, a dose each hour. At 3 and 9 P. M. the discharges were about each half-hour, and looked about the same; but she looked a little better, and took some beef-tea and milk, showing a better state of the stomach. Pulse 100.”

In the above prescription we have an almost inconceivable

instance of absurdity. If it were not criminal thus to trifle with the life of a patient, it would be exceedingly ludicrous. The alternation of even allied remedies is seldom, if ever, advisable in true homœopathic treatment. What, then, can be said for such an alternation as this, of two unallied medicines, one in an almost crude state, and the other in the 6000<sup>th</sup> attenuation? If any one is credulous enough to believe that the subsequent abatement of the symptoms resulted from the prescription, to which of the medicines does he attribute it? Is it possible that the *Mercurius*, being homœopathic to some of the symptoms, had sufficient power, even in the 6000<sup>th</sup> attenuation, to accomplish its work, notwithstanding the disturbing influence of *Bismuth*? Or is it conceivable that the 6000<sup>th</sup> of *Mercurius* and the 1<sup>st</sup> dec. of *Bismuth* so combined and worked together, although the latter was not homœopathic to the case, that they cured when neither was capable of curing alone?

The same prescription was continued four days, at the end of which time we have the following report.

“Aug. 28, 9 P. M. Had seven discharges in twenty-four hours, some of them of partly digested food and green mucus, some feculent diarrhœa. She worried a good deal from 1 to 2 A. M. Pulse 80. *China X* and *Merc. sol.* 6000<sup>th</sup> were given in solution, a dose every two hours, alternately.”

If the alternation of two allied remedies is not good homœopathic practice, what shall we call this? Here are two medicines not only not allied, but positive antidotes to each other, given, as the last were, in incompatible attenuations.

“Aug. 29, 10 A. M. The discharges are about the same, but her appetite is poor, and she has considerable pain in the bowels at times. *Ferrum* 6<sup>th</sup> and *Merc. sol.* 6000<sup>th</sup>, were given in solution, a dose every two hours.”

The last medicines are also mutual antidotes. It may be asked, What *Ferrum* was used? Was it *Ferrum met.*, *Ferrum acet.*, *Ferrum carb.*, or *Ferrum mur.*? And why was it used? For its tonic or its astringent properties? There was certainly no good homœopathic reason for its administration, even when used alone, as it is in the next quotation.

“Aug. 31. Has had eight discharges in twenty-four hours, which are looking better. *Ferrum* 6<sup>th</sup>, a dose every two hours.

“Sept. 2. No discharge for fifteen hours. The last she had looked well. To take three doses a day of *Ferrum* for a few days. Was discharged, and made a rapid and complete recovery.”

On a general survey of this case, it will be observed, *firstly* and prominently, that, although it was published in a homœopathic journal, the treatment was not homœopathic, but was founded on the theory that the pathological condition was properly designated by the nosological term, *gastro-enteritis and dysentery*. *Secondly*, it is evident that the treatment was erroneous on a pathological basis, because gastritis was not present, or if present the distinguishing features thereof were not recorded. The vomiting was not frequent; there was no vomiting of thick, ropy, or frothy mucus, mixed with yellow or greenish bilious matter; no heat, tension, and pain upon pressure of the epigastrium, and no expression of countenance indicative of suffering. Hence we must conclude that the recovery resulted from the recuperative powers of nature, in spite of the bad medication. *Thirdly*, we have a very clear illustration of the real tendency of the teachings of the pathological school. The object being, as is supposed, to facilitate the choice of the remedy, the teachings result, not in the choice of the *remedy*, but in the choice of *medicines*; and a medicine may be, instead of a remedy, a poison. The *remedy* can only be chosen according to the homœopathic law, which requires that each case shall be individualized. But the individuality of the above case was entirely disregarded; the nosological term was treated, not the symptoms peculiar to that individual case.

It is much easier to remember that somebody has said a certain drug might be, or had been, useful in a certain pathological condition, than to note all the minute symptoms of that condition, and then search out the pathogenetically corresponding remedy. Consequently, although the leaders of the school say, “In any given case we all select the remedy strictly by covering the symptoms of the case with the corresponding symptoms of the remedy, as found in our *Materia Medica*,” the actual tendency is decidedly in another direction; and the result has been, the growing up of a class of physicians whose chief dependence for practice has been and is, if we can judge from their published

reports of clinical cases, upon the "Clinical Observations" of Jahr's "Symptomen Codex," and the still more pernicious and unhomœopathic "Clinical Remarks" of Hale's book, called "New Homœopathic Provings." They give *Hamamelis* for hemorrhages, *Æsculus* for piles, *Veratrum Viride* for accelerated pulse, *Digitalis* or *Apocynum* for dropsies, *Baptisia* for typhoid fever, *Bismuth* for gastro-enteritis, etc., etc., etc. Why? Because they suit the symptoms of the individual case? O, no! That is altogether immaterial. Is this "a work of which any physician may well be proud?" (Lilienthal.)

It will doubtless be objected that this mongrel kind of practice is not justly chargeable to the teachings of the pathological school. But to what else can it be charged? It certainly is not due to the teachings of Hahnemann, or any of his true disciples.

In conclusion, let it not be supposed that this article is intended to show any incompatibility between pathological studies and genuine homœopathic practice. A man cannot be a thorough homœopathist without a knowledge of pathology; but neither can he be a thorough homœopathist nor a good pathologist unless he is a very minute observer of the phenomena of disease. While pathology is a science, and as yet a very imperfect one, homœopathy is an art, and as far as its fundamental law is concerned a very perfect one; and while the homœopathic physician must be a scientific man as well as an artist, he cannot merge his art in his science, but must make his science subservient to his art. And although, as indicated in the preceding pages, what is known as the pathological school is responsible for the mongrel and absurd practice which prevails to so great an extent under the name of Homœopathy, pure pathology meddles not with art, but confines itself to the acquisition of knowledge for the sake of knowledge.

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#### INVERSION OF THE UTERUS.

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[Read before the Massachusetts Homœopathic Medical Society, at the April meeting, 1877]

INVERSION, or the turning of the enlarged and recently emptied uterus either partially or entirely inside out, as it is ordinarily described, is an accident of very rare occurrence.

Notwithstanding it is so seldom met with, the fact that it places the life of the woman in extreme hazard has called out much discussion and led to the most careful observation, research, and inquiry as to the causes immediate or remote that may induce it or favor its induction. These remarks apply more especially to that form of inversion that commences at the fundus. It is generally conceded that the uterus may become twisted to a greater or less extent, from a simple, cup-shaped depression of the fundus to complete inversion, the organ being turned entirely inside out as far as the cervix, and it may be projecting even beyond the vulva. Moreover, it is believed in many instances to have resulted from mismanagement of the third stage of labor; in other cases from partial or irregular contraction of the uterus; still other cases, in which no theory accounting for the force brought to bear upon the uterus neck, the process of induction being generally accepted. But it is not my object at this time to specially consider this form of inversion (that commencing at the fundus), but rather that form where the cervix or inferior portion of the uterus is first inverted, and which has been overlooked, or at best thought of little account, until a very recent date.

I cannot perhaps better introduce the subject than by reporting a case of partial inversion that recently occurred in my own practice. Being called to attend a lady in her second labor, I found that she had experienced only slight pains, and had summoned me only that she might be assured whether or not labor was approaching, and that I might, if I deemed necessary, remain within early call. By examination per vaginam I found the os uteri fully dilated, the membranes intact, the head already entering the brim of the pelvis, the cervix, although so much distended, yielding to such a degree as to be almost flabby, and so very thin as to resemble more a membranous substance than the ordinary tissues of the cervix uteri. When I attended her in her first labor, some fourteen months previously, I observed the same peculiar condition of the cervix, and the labor as regards duration and progress was not unlike this. Considering this condition of things, the bed was hastily prepared, and in about half an hour, having had only five or six expulsive pains, she was delivered of an eight-pound boy. After the delivery of the child the uterus seemed normally contracted, and there was no attempt to

remove the placenta until after the lapse of full twenty minutes, during which time she had four or five pains. Then, the child having received such care as was demanded of me, I turned my attention again to the woman. On placing my hand upon the abdomen, I discovered the uterus to all appearance firmly contracted, the fundus quite low, nearer the brim of the pelvis than usual, and concluded that the placenta had been expelled from the uterine cavity, which was the fact, as I found it occupying the vaginal canal and ready to escape through the vulva. Steadying the fundus uteri with the left hand, and taking hold of the edge of the placenta with the right, it was removed without having to exercise traction to any appreciable degree, and the delivery was attended by little hemorrhage or coagula. Still the fundus seemed to occupy a position lower than usual, and the contour of the uterine tumor not quite natural, and another examination per vaginam was made, as is my custom, to see that everything was right. I then discovered, in place of the ordinarily open os, what at first appeared to be a firm, hard tumor, anterior and above the lower portion of which was the opening leading to the uterine cavity. This was smaller than the normal os, and found immediately after delivery and in place of the flaccid tissues of the cervix uteri. It was surrounded by a firm, hard mass, much larger posteriorly than anteriorly, having the appearance of the inferior portion of the uterus being turned or rolled outwards upon itself, as indeed it was higher up, and encircling this firm, ringlike protuberance was the cervix, the lips of which were still lax and yielding.

Here, then, was an unquestionable case of partial inversion of the uterus, commencing at the cervix, fully one half, as well as I could estimate, of the body of the uterus having passed through the cervix, and a greater portion of the posterior than of anterior wall. Excepting some faintness and signs of prostration, which might or might not be attributed to this, she being of a weak habit of body, this condition was accompanied by no marked constitutional symptoms, no unusual amount of hemorrhage or pain, so that the patient is not to this day aware of any extraordinary occurrence in her case, and indeed congratulates herself on her easy and natural delivery.

Of course it was necessary that this abnormal condition should

at once be remedied, and the treatment adopted was simply this : Steadying and supporting the fundus with the left hand, firm and continued pressure, directed upward and forwards, was brought to bear upon the posterior and most depending portion of the inverted mass by means of the fingers of the right hand. Under the influence of this pressure, after the lapse of a few minutes, the mass was felt gradually to yield and recede, until at last it suddenly gave way, the uterus assuming its normal form with something like a snap or spring, as we might suppose a thick rubber pouch to do if in like manner turned inside out. At this moment the patient experienced a temporary shock of pain, which was the only discomfort complained of. Watching the case for a little time, lest the inversion might recur from the effects of continued uterine contractions, I observed no further indications of trouble.

It is believed by many that this form of inversion, in perhaps a much less degree than the case I have recorded, is of frequent occurrence, and will right itself without any aid or interference from the medical attendant ; while it is claimed by others, and with a fair degree of reason, that many of the cases for which there is no apparent cause — those cases that evidently are not the result of mismanagement on the part of the medical attendants, and indeed some of those that are — are in reality of this particular form of inversion ; and by analyzing this, which may be claimed to be a fair, typical case, we may assume that the theories as to cause, probable result, and treatment that will apply to this may also apply to other like cases. As to the probable cause or combination of causes that produce this result, there was in the first place an evident want of tone or contractility of the muscular fibres of the extreme inferior portion of the uterus and cervix, more especially those fibres which by their contraction constrict the os. It is a well-known fact that under certain conditions the circular rings of muscular fibres which act as a kind of sphincter to the internal os may lose their power of contraction, as for instance under the influence of *Belladonna*, and yet the longitudinal fibres be unaffected. The circular fibres may have been in a state of paralysis or inertia from some unknown cause or imperfectly developed and rudimentary, as compared with the longitudinal and transverse fibres. The fact of the relaxed

condition and almost painless dilatation of the cervix being observed in the previous labor would seem to favor the latter hypothesis. To whichever cause we attribute it, the complete dilatation of the os, almost without pains, and the flabby, relaxed condition of the tissues of the cervix, both before and after delivery, go to prove that there was no appreciable contractile power exhibited by the circular bands of muscular fibres of the inferior portion of the uterus. With this inertia of the internal or circular coat of muscular fibres, while the middle, and especially the external or longitudinal layers of the body and fundus are brought into prolonged natural and powerful contraction, the cervix or lower portion was readily rolled out or everted as the first step towards complete inversion. The placenta was still within the uterine cavity, and the contractions continuing to effect its expulsion, as it was expelled, there was forced downwards with it more of the substance of the uterus. If at this time there was any action of the muscles of the cervix, it tended only to constrict and prevent the return to its normal position of such portion of the uterus as had become already inverted. The very presence of the mass within the cervical canal might incite the uterus to continued expulsive contractions; and the portion already expelled being doubled upon itself, acting, if acting at all, at a mechanical disadvantage, the continued contractions of the remaining portion of the body and fundus, aided by the expulsive bearing-down efforts of the patient, sufficed to finish the work of complete inversion. Here again this process of inversion may be aided, if indeed not induced, the condition of the cervix favoring, by the improper management of the third stage of labor, and this not alone by making improper traction on the placenta to effect its removal, as is the case when inversion commences at the fundus, but also by the injudicious use of the at present recommended and accepted plan of delivery by expression. Says one of our latest writers on obstetrics, Playfair, in describing the mode of effecting the expulsion of the placenta by expression, "For this purpose, therefore, the os should be grasped in the hollow of the left hand, the ulnar edge of the hand being pressed well down behind the fundus, and *when the uterus is felt to harden*, strong and firm pressure should be made downwards and backwards in the axis of the pelvic brim. If this measure

be properly carried out and sufficiently firm pressure made, in almost every case the uterus may be made to expel the placenta into the bed along with any coagula that may be in its cavity."

No one who has attempted the feat will deny this; but when the placenta has been expelled from the uterine cavity, and already occupies the vaginal canal, what possible harm can arise from taking hold of the placenta, and gently, carefully withdrawing it from the vagina? In the case reported, the moment the real condition of the uterus was discovered, I congratulated myself that I had not sought to expel the placenta from the vagina by pressing upon the uterus, for had I done so, it is more than probable that I should have had a complete instead of a partial inversion of the uterus.

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#### A CASE OF DISPLACEMENT OF THE OVARY.

BY E. M. HALE, M. D., CHICAGO.

WHEN we consider the extreme mobility of the ovaries and the laxity of their supports, we may well wonder why they are not oftener displaced than they are.

It is probable that they are much oftener dislocated than we are aware of, for it is very difficult to diagnose the difficulty unless we are allowed a thorough examination.

The case I am about to relate will illustrate the severity of the suffering which may ensue, and the method of treating similar accidents.

A young married woman, previously healthy, with the exception of obstinate constipation, reports that her last menstrual period, which usually lasted six days, reached eight or ten days, and was accompanied by more pain than usual in the ovarian regions.

During the next month she felt a painful uneasiness in the right ovarian region, with dragging sensation all through the pelvis. These symptoms increased and became greatly aggravated when the menses appeared. She had flowed several days, when I was sent for one night when she was in great agony, with prostration and cold sweats. Being ill, I sent some *Viburnum*, and some *Chloral* to be used if the former did not relieve the suffering. The next morning on visiting the patient, I

found that the *Virburnum* gave no relief, and the *Chloral* (twenty grains) was taken, with the effect of giving her a few hours of fitful sleep. The pain had returned, and from her vivid description I supposed it to be a case of *retroversion of the uterus*. It lacked, however, one essential symptom of acute retroversion, namely, *constant desire for stool, with tenesmus*.

On examination I found the uterus high enough in the pelvis, but the fundus was thrown to the right and the cervix to the left, being a case of lateral flexion. The *right* ovary was found displaced and dropped into the *cul-de-sac* of Douglas, a little to the left of the median line. It was swollen to four times its natural size, and so exquisitely tender that the slightest touch caused intense suffering and faintness. She informed me that the only position she could rest with *any* relief was on the knees and shoulders. In this position the severe dragging pains were ameliorated. With the greatest carefulness and patience, using steady, upward pressure, while she lay upon her back, I succeeded in elevating the ovary until it disappeared from touch, when a sense of great relief to the patient followed. She was ordered to lie on the left side, or on the face with the hips elevated, or if the pain returned, to place herself immediately in the knee and elbow position until relieved. There was intense tenderness over the entire lower abdomen, with soreness on movement, slight fever; pulse 96, temperature 102. *Aconite* and *Belladonna* were prescribed, with tepid compress of *Hamamelis* water.

The next day she was greatly improved, but had found great difficulty in preventing the ovary from falling. As the pain had subsided, *Apis* was given instead of the *Aconite*, and an enema for the bowels ordered, as the rectum contained a hardened fecal mass.

The next day found the bowels had operated, but on examination found the ovary lying within reach and trying to fall into the *cul-de-sac*.

Fearing another displacement, I placed an ordinary elastic ring-pessary in such a position as to prevent its occurrence. Continued *Apis* and *Bell.* During the next few days rapid improvement in all the symptoms followed, but when she tried to sit up or stand upright the dragging in the left ovarian region still annoyed her.

As *Lilium tig.* covered all these symptoms, as well as many more in the history of the case, she was placed under the influence of the fourth trituration of the *pollen*, which I consider the real medicinal portion of the plant. (I have been frequently disappointed in the action of *Lilium*, and had been somewhat sceptical of its virtues, until I procured and prepared a trituration of the pollen *just matured*. Since then I rarely fail to see prompt curative effects.)

Under this remedy my patient has steadily improved. The pessary was removed, and, with due care, no untoward symptoms have appeared. The pain, tenderness, and cramps have disappeared.

We should be cautious about giving a decided opinion, or even treating a case of abdominal and pelvic pain, in a woman, without previously making an examination. This case might have ended seriously, by resulting peritonitis, ovaritis, or pelvic cellulitis, had the inflamed organ not been replaced and kept *in situ*.

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### SURGICAL CASES.

BY WM. TOD HELMUTH, M. D.

#### REMOVAL OF A FIBRO-CYSTIC TUMOR OF THE NECK.

MISS —, of Utica, New York, applied to me for the removal of a tumor of the neck which had given her trouble in various ways, and which appeared to be growing steadily, though slowly. Upon examination, I found the whole digastric triangle occupied by a firm, round, hard tumor, which extended into the mouth on the right side, causing difficulty in deglutition and accompanied by cough, not violent but spasmodic, with occasional neuralgic pains. The tumor was evidently deeply seated, was partially movable, and extending diagonally across it the facial artery could be detected forcibly pulsating. It was difficult to say how deep the tumor was situated, that is, whether the mylo-hyoid was above or below it, — a fact which rendered its removal more difficult on account of the proximity of the ninth nerve and also of the close relations of the lingual artery. If the growth was *above* the mylo-hyoid, the nerve would be, in a measure, shielded from harm; if, however, that muscle overlaid it, then great trouble might be anticipated in its removal. Again, as the lin-

gual artery, in the second portion of its course, is covered by the tendon of the digastric and the stylo-hyoid, this vessel was also to be avoided, because a hemorrhage from this vessel is often difficult to arrest on account of its depth.

The diagnosis made of the growth was a fibroid tumor, deeply seated, and surrounded by most important structures.

The patient having been etherized, I first arrested the flow of blood from the facial, by placing an acupuncture pin beneath the trunk of the facial, after the first method of Simpson. This being done, an incision was made in the long diameter of the tumor, downward and forward toward the hyoid bone. Having gone through the integument, fascia, and platysma, and making pressure within the mouth, to force the tumor forward, the mylo-hyoid came distinctly into view, and was divided upon a director. This opened up the deeper recesses of the neck, and knowing now how much depended upon caution, I introduced my finger into the wound and gradually separated the tumor from its adhesions, which were dense. I could feel the lingual beating distinctly under my finger, and therefore was careful in the enucleation. Having loosened the attachments below, I made pressure in the mouth, and in endeavoring to turn out the growth through the wound, the capsule gave way and a semi-fluid substance was discharged. This partially lessened the size of the tumor and permitted its more easy removal. The tumor was a true fibro-cystic, enveloped in a tolerably firm capsule, and containing a semi-solid tissue, in some parts almost cartilaginous. On the third day an erysipelatous blush spread over the neck, which was caused by the patient sleeping with her head towards a window, through which came a draught of cold air. This complication was however readily subdued, and after a short period the patient returned home cured. I mention this case especially on account of the peculiarity of the situation of the tumor, and to show how important is caution in the extirpation of such growths.

REMOVAL OF A POLYCYSTIC OVARIAN TUMOR. — ONE HUNDRED AND EIGHT CYSTS. — DEATH.

No one can read over the cases of ovariectomy reported by Mr. Spencer Wells and Mr. Keith without being struck with the

wonderful successes obtained by these two gentlemen under the most adverse circumstances.

During the year 1876 the operation has been performed at the Samaritan Hospital fifty-five times with but *five* deaths. Of these, forty were performed by Mr. Wells, with four deaths; seven by Bantock, with one death; and eight by Thornton, without the loss of a patient. In finishing an article on "The History of a Burst Ovarian Cyst," published in the *Lancet* for March 10, 1877, Mr. Keith thus concludes: "I have now operated fourteen times in cases of acute suppurating or putrid cysts. Every one at the time looked hopelessly bad, yet twelve of them recovered. . . . In the last one hundred and seven operations (ovariotomy) there have been ten deaths; while of twenty-one performed last year, all got well save one."

I do not think that at the present our ovariatomists have been so successful in their operations; indeed, I am informed that ovariotomy in the Woman's Hospital in this city has been proscribed until the new addition to the house has been opened, on account of the number of successive deaths that have occurred after the operation. There is certainly no operation within the domain of surgery wherein so much is to be learned by experience as that of ovariotomy; and if I remember rightly, Peeslee says, somewhere in his book, that though he has seen hundreds of cases (and he is by no means an unsuccessful operator) of his own and others, yet in every one there was something to be learned. This I know from my own experience to be a fact. This case, though unsuccessful, was instructive, especially as indicating the great service of the *glass* drainage tube in the prevention of septicæmia, and also as showing the advantages of the carbolized catgut ligature in the treatment of the pedicle and vessels. In my last four cases of ovariotomy performed during the past year, I have employed Lister's antiseptic method with excellent results, and in one, published in the *Homœopathic Times*, the dressings were not disturbed for six or seven days, and then almost the entire external wound had healed without suppuration and without odor.

The following account of the case and treatment is written by Dr. J. M. Dillow, house-surgeon to the Hahnemann Hospital, and I give it in detail, as he has written it from the books of the institution.

Mrs. P——, æt. twenty-five, married six years, one miscarriage, but no children ; enjoyed good health until two years ago, when she had bearing-down pains, which led to treatment for *prolapsus uteri* for three months without result. Feb. 15, 1876, she was seized with intense pain, shooting from left iliac region down the thigh, which did not disappear for six weeks. Two weeks after beginning of pains, a lump was discovered in seat of pain. She was declared by the attending physician to be with child. Ten months having expired without delivery, Dr. Bemer diagnosed ovarian tumor. Dec. 13, 1876, she was "tapped," and twenty-three pounds of a dirty-brownish fluid of the consistency of thick syrup was drawn out. Four days after the fluid began to return, together with shooting pains. The tumor has filled up so rapidly that it is nearly the size when tapped. Since the tapping she has had little pain.

She is five feet four and one half inches, in good flesh, of healthy color, of phlegmatic temperament and dark complexion, appetite good, but rather costive habit of bowels. No *facies ovariana*, and no *œdema pedum*. **R** *Sulp.*<sup>200</sup> one powder every evening. A slight cold immediately yielded to *Phos.*<sup>3</sup> and a sick headache to *Puls.*<sup>300</sup> during week.

March 19. Ether was given, but the patient did not yield to its effects readily, and hiccoughed considerably before completely anæsthetized. At 3.03 P. M. Dr. Helmuth made the first incision ; Drs. Burdick, Bartlett, Bradford, Robinson, and Green being present. Lister's antiseptic method was employed, and a drainage tube inserted. Adhesions dense and extensive anteriorly and posteriorly ; pedicle broad and long.

Patient recovered from effects as from a sleep. No shock whatever was apparent in face. **R** *Brandy*, one fourth ounce every ten minutes for a few doses, and afterwards every twenty minutes. After a few hours *Acon.*<sup>1</sup> every half-hour, and after two hours every two hours.

March 20. Slight sleep, thirst, backache, and some shooting pain in abdomen, no restlessness. Vomiting at 11.30 A. M. led to *Ver. alb.*<sup>3</sup> every half-hour, effectual. Dr. H—— orders *Ver. alb.*<sup>3</sup> after each emesis ; *Acon. tinct. gtt.* ij in *aq.* two teaspoonfuls every two hours ; milk, *Val.*, extr. beef and tea. Stomach rejects milk and beef extract ; rice water given instead. In evening

*Acon.* every hour. Bloody serum filled drainage tube and overflowed; serum withdrawn from tube with syringe, and *Carbol. tenax* superimposed.

March 21. Little sleep, but feels better; serum still escaping; some tympanitis; no restlessness and no peritonitis decubitus. Nourishment retained for an hour, but then partially rejected. In P. M. a flexible catheter was passed to bottom of drainage tube, and following solution injected into peritoneal cavity:—

Carbol. acid cryst. . . . .	grs. ij
Sodii chloridi . . . . .	ʒij
Aquæ com. . . . .	Oij

The current flowed out at first bloody, then clearer, and finally colorless as water. A slight quantity of a colloid substance was discharged. Injection followed by shooting pains in uterus, passing away in one half hour. In evening pulse more rapid and feeble, tympanites increased, hiccough at intervals (to which she was subject before operation); no vomiting, but a sensation in throat as if wind were there and would not come up. No restlessness, and no pain, and sour eructations. *R Morph. Sulph.* up to gr, ss was given with the result of increasing insomnia.

March 22. No pain, no restlessness; pulse feebler and more rapid, but not wiry; hiccough about the same; no vomiting, facial expression natural, with the exception of blackness under eyes. Bloody serum in drainage tube, and much saturated compresses. Two or three strings of colloid withdrawn. Dazed at intervals during day, but pulse grew weaker and uncountable. Tympanitis enormous. At night she began to manifest a desire to be raised upon the pillows, which increased until 2.20 A. M., on the morning of the 23d, when *œdema pulmonum* showed itself at the mouth, and she passed, as she herself expressed it, while dying, "through forty thousand million whirls, to heaven."

The following is a statement of her various symptoms: *Mind* clear and calm, up to within ten minutes of her death; dryness of the *mouth*, but no marked thirst; *vomiting* on the day after operation, and almost immediately controlled by *Ver. alb.*<sup>3</sup>; for if the drug was given before desire for emesis had been accomplished, the desire would be postponed for several hours; vomiting was slight and not a prominent feature of the case. *Hiccough* began upon the day preceding her death, but was not marked,

and seemed to arise from an effort to eructate; *tympanitis* began upon second day, and was enormous on day preceding her death; no stool after operation; *urine* drawn by catheter; *pulse* full and strong up to 21, when it became more compressible as it grew rapid, but at no time wiry; pain not present in a great degree; first night, lumbar pain; following day, a few shooting pains in region of incision, but never enough to produce an expression of suffering; after peritoneal injection, for one half hour had sharp pain in womb; decubitus dorsal, but no flexion of the thighs upon pelvis; no restlessness; no depressed corners of the mouth, with the lines said to be characteristic of peritonitis.

Date.	Time.	Pulse.	Temp.	Resp.
March 19	9.15 P.M.	110	99 2-5	26
" "	11.15 P.M.	110	99 3-5	25
" 20	5 00 A.M.	"	99 4-5	"
" "	9.00 A.M.	120	99 4-5	24
" "	2.00 P.M.	129	101	24
" "	7.00 P.M.	130	100 4-5	29
" "	11.00 P.M.	120	99 4-5	38
" 21	1.30 A.M.	"	100	"
" "	9.00 A.M.	125	99 4-5	29
" "	2.30 P.M.	144	100	26
" "	7.00 P.M.	146	101 1-5	33
" "	10.00 P.M.	158	100 3-5	36
" 22	4.15 A.M.	"	101	"
" "	9.30 A.M.	160	101 2-5	36
" "	5.00 P.M.	160	99	36

Temperature went down to normal just before death; pulse could not be counted after 5 P.M.; respirations progressively shallower and rapid.

*Autopsy* revealed dark but not gangrenous ecchymotic spots upon peritoneum and omentum, when the adhesions were ruptured; omentum somewhat lacerated; no serous or purulent fluid in abdominal or pelvic cavities; thin, plastic exudation, slightly "gluing" the intestines to each other; no colloid, no blood, and no odor; intestines enormously distended with pure hydrogen sulphide gas; ligatures found to have been effectually tied upon pedicle; free extremity of pedicle dark purplish, but not gangrenous; attached extremity, together with contiguous broad ligament, perfectly normal. The tumor was not weighed, nor were its contents measured. At the lowest estimate, it

could not have weighed less than forty pounds. There were found by actual count one hundred and eight cysts, varying from the size of a pea to a capacity of several quarts. The contents of these cysts varied in consistency and color. Most of them were filled with a transparent albuminous fluid, which coagulated like the white of an egg; some contained a dark, blood-colored, viscid fluid; others a still more viscid substance of *café au lait* color, or dark soft soap; others still a pus-like fluid; while many small congeries of cysts consisted of a solid, gristle-like, yellowish substance. The cysts were found upon the exterior and interior of the sac of the largest cyst, and the greater number were collected in one mass of smaller cysts. It would seem as if each of these cysts had resulted from a degeneration of the original *Graafian follicles*.

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#### CLINICAL OBSERVATIONS.

BY F. G. OEHME, M. D., STATEN ISLAND, N. Y.

[Continued from page 255.]

2. *CENANTHE CROCATA* IN EPILEPSY. — A childless, stout, healthy-looking lady of thirty-six years, whose father, one sister, and cousin were epileptic, miscarried seven times during the first years of her marriage, and suffered from several diseases of the sexual organs. At one time the menstruation did not appear, and very irritating injections were administered to force it, but the consequences were inflammation of the womb and an epileptic fit, and soon after insanity, — melancholia, with hallucinations of the ear and attempts at suicide, with entire suppression of the menses. Up to this time she had been treated by sixteen allopathic celebrities in America and Europe, who had not spared drugs internally and externally. As the disease of the mind continued to grow worse, she was put under homœopathic care, and was cured of it in about one year; the menses reappeared, but also the fits. They showed few characteristic symptoms, appeared from one to three times shortly before or during the menstruation, while asleep or awake, and commenced with a peculiar outcry; afterwards she would fall into a very deep sleep of several hours' duration, or was for several hours out of her senses, and talked much and incoherently. There frequently followed

cramp-like pains in the lower part of the bowels (womb) and vicinity. She had no aura epileptica, but redness and a heavy expression of the face, and something inexpressible in her manners indicated the approach of the fits. The menses a little too scant and not of sufficient duration. After she had suffered from epilepsy two years, she was put under my care, and I was her nineteenth physician. I consulted, in the course of the treatment, several distinguished physicians, and devoted a great deal of study and attention to the case, but all of no avail. Many apparently indicated remedies, high and low, were administered during one and a half years, but without any decided result, although now and then there seemed to be a transient improvement; treatment was therefore discontinued. About a year later, in spring 1875, I happened to read several cases of poisoning with *Ænanthe crocata*, the same which Hale quotes in his fourth edition, and I recalled at once my old patient. She accepted the offer to try this remedy, and took alternately the third, sixth, and thirtieth dilution, once or twice a day one drop, tolerably regularly from the 15th July, 1875, till 15th January, 1876. Until the commencement of December, 1875, she had her attacks regularly every month, but after that *they did not appear for one whole year*. She felt better generally, the menses were more in quantity and lasted longer, and she lost in weight, greatly to her delight (as she had begun to grow fat); but her hands and arms still retained the singular-looking marbled or rather spotted appearance, as if from bad circulation. The left ovary was also still sensitive to touch as formerly. As in the commencement of December, 1876, she again had an epileptic attack, she resumed taking the medicine in the third dilution once or twice a day. In the beginning of January, 1877, she had none. As this dilution now produced *sudden, short-lasting, but very disagreeable attacks of choking with great anguish, which came mostly in sleep and towards morning*, I gave the thirtieth dilution. Now the choking ceased, but in February an epileptic attack appeared. I ordered the tenth dilution. No attack of epilepsy in March. She grew very irregular and neglectful about taking the medicine, and an epileptic fit the first week of April was the consequence. I prescribed 23d April *Ænan.*<sup>8th</sup>. No attack of choking or epilepsy so far (beginning of June).

3. A young girl of fourteen years, with hereditary epilepsy, was quickly benefited by *Ænan.*, but the treatment was interrupted by removal. The attacks came in sleep and while awake. No aura epileptica. I saw her in one attack, but could observe no particularly characteristic symptom. She is a blooming, healthy-looking girl, formerly very amiable, now very irritable.

Although the second case does not present a cure, the remedy had such a decided influence upon this *hereditary* affection as no previous drug, and performed such a remarkable cure in the first case (page 252), that it strongly calls our attention in cases of *epileptic-like convulsions*.

4. IRIS. VERSICOL. AGAINST THE LIABILITY TO DIARRHŒA. — A generally healthy man was subject to sudden and often unaccountable attacks of diarrhœa. The discharges were brown, slimy, or watery, frequent and generally very offensive, but the most marked symptoms appeared to be *an uncommonly severe tenesmus, prolapsus of the rectum* (frequently piles), and *very intense feeling of exhaustion, from the very commencement of every attack and growing rapidly worse with every discharge*. Appetite not much affected, generally no pain in bowels. I gave at different times *Merc. sol.*, *Merc. corros.*, *Puls.*, *Nux.*, *Ars.*, *Phos.*, *Phos. ac.*, etc., but none of them seemed to have any decided effect, as the diarrhœa grew slowly better within two, three, or four days. At last I prescribed in a new attack *Iris. vers.*<sup>2</sup>, one dose every hour, which checked the diarrhœa at once. Using in the subsequent attacks the same remedy, they came less and less frequently, and ceased finally entirely, or at least developed no further. If the patient feels as if diarrhœa might appear, a dose of *Iris.* will prevent it.

[To be continued.]

## THE NEW ENGLAND MEDICAL GAZETTE.

BOSTON, JULY, 1877.

At the close of his article on *Ranunculus bulb.*, read before the last meeting of the State Society, Prof. Smith aptly says, "It seems the fashion to seek, like the Athenians of old, to hear and tell of some new thing. We even suffer our *Materia Medica*, as the fathers knew it, to grow obsolete, and accept a mass of untested material."

The professor has here touched upon a truth which we consider of vital importance, and one demanding the attention of our best students in this department of medical lore. Undoubtedly, the tendency has been and still is to add something new to the already more or less unwieldy mass of our *Materia Medica*. The result is that our literature is burdened with a huge bulk of undigested, unproved, and more or less unreliable matter. This is especially apparent to the student, young in the pursuit of knowledge as to our method of prescribing drugs; it stands before him as an impenetrable jungle of heads, hearts, stomachs, bowels, spines, and limbs, in various states and stages of aches and agony. Firm in the belief that there is good somewhere there, he plunges in, but once within the labyrinth he vainly searches for the silken thread which shall lead him out.

Many symptoms recorded in our pathogenesis are ridiculous and absurd; many more are unnecessary and detract from rather than aid our ability to form a mental picture of the drug and of the diseased condition of the body which it causes. As that is the best painting which contains, not the greatest multitude of natural objects huddled together in a small space, but a few objects and those evincing in their portrayal the truth and harmony of nature, so that is the best picture of the diseased state our drugs are able to cause which presents, not the greatest number nor the most skilful mixture of symptoms, but those only which are most striking, most reliable, and explicable (and these as few as expedient), but so arranged and connected as to present the morbid state to us as an entity, and that as the personal entity, so to speak, of that drug. Re-proving, verification, pruning, and consequent reduction, not increase, of our medical matter, then, should be the labor which should engross the attention of our students for the present. It matters not whether it be done by investigation of the pathological condition caused by the drug, and verification of the symptoms based upon that,—a work so admirably begun by our friend, Dr.

Hughes, of London,— or by the laborious and painstaking review of all previous literature on the subject, as has been evinced by the last masterly production of our own *savant*, Dr. Hering, viz., the *Condensed Materia Medica*. Both are necessary and mutually beneficial. A learned man, once being asked how he had acquired such vast knowledge, replied, “By constant repetition and review.” Accurate knowledge of the old is indispensable, for by it alone are we able to judge the new.

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It is with regret that we have to announce the withdrawal of Dr. E. P. White, of Charlestown, from the editorial staff of the GAZETTE. His removal to Cleaveland, O., renders his further official connection with the journal impracticable, though we feel assured that continued interest while in his new field of labor will be of practical benefit to us.

Correspondence and personal items may in future be sent to H. A. Chase, M. D., 772 Main Street, Cambridgeport, Mass.

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THE articles on “The Blue Ray,” “Climatology,” and “Kumyss,” which appeared in our last issue, were inadvertently allowed to pass without mention of their source; they were taken from the *Homœopathic Times*.

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WANTED, by a homœopathic physician, a good town in New England in which to locate. Address “Location” at this office.

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## CORRESPONDENCE.

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TUNIS, AFRICA, 28th May, 1877.

TO THE EDITORS OF THE NEW ENGLAND MEDICAL GAZETTE:

Sir,—I shall scarcely need an apology with you and your numerous readers for calling attention to the great and exceptional advantages the above town offers as a winter resort and residence, to all who, like my own family, suffer from consumption or chest complaints.

In the early autumn of last year, my son, then almost past reasonable hope, was ordered to winter in Algiers, only to find that, although the air is generally good, the extreme cold winds from the adjacent mountains, to which the place is extremely liable, prevented all real recovery. Whilst anxiously looking forward to the worst, I accidentally met with a book by Dr. Davis, “The Ruined Cities of North Africa,” written in 1862, in which I read the following: “Generally speaking, the climate of this part of Africa is certainly not inferior (if it is not

superior) to that of any other part of the world; and for persons suffering from pulmonary complaints it is considered to surpass all those places usually recommended as a last resort. A late friend of mine, a medical man, had reached that stage of consumption at the age of thirty, that his was regarded by the profession as a perfectly hopeless case. He went to Tunis, lived to the age of seventy, when he met with his death by a melancholy accident, but in no way connected with his hereditary disease. It is his opinion, corroborated by other very intelligent physicians, to which I now give utterance."

I am happy to be able personally to confirm, in the fullest manner, all Dr. Davis says, as we at once acted on this hint and went to Tunis, which we found an exceedingly pretty city of 120,000 inhabitants, 30,000 of whom are Europeans. My invalid had scarcely been there ten days before he showed marked signs of improvement. At the end of a month the medical man gave a decidedly favorable opinion, and now, although six months since his life was not apparently worth six weeks' purchase, he is, for him, comparatively strong and able to take moderate walking exercise. We now start for Europe for the summer, and look forward with every hope to the future.

Tunis, being comparatively out of the way of the usual run of tourists, has been to the general public a *terra incognita*, and thought to be a place where property and life were not safe. It is in reality, however, an exceedingly agreeable city. From the end of August to the end of May, or even a fortnight later, the air is pure and beautiful, warm without being sultry, and dry without being dusty and full of insect life, as in Egypt. American subjects are not subject to native laws, but only American, which in all cases are administered by their own consul, a most worthy representative. No passports are required, and every one is free to come and go as he likes, without inquiry or hindrance. Tunis also contains everything an invalid can require, including good medical advice of both schools of practice, and both continental and English; the only drawback being that there are no furnished lodgings, and the hotel accommodation is so limited, there being only two, that intending visitors should early secure any apartments they may want. Could not some enterprising person be induced to set up a boarding-house here? He need not fear the want of customers. I shall be happy if this letter induces any to seek relief and obtain it, as we have done.

I remain, sir,

Yours obediently,

HORACE L. HADLEY.

P. S. — No hesitation need be felt as to the war, as the Bey is in reality independent and not mixed up in the least with it.

EDITORS OF NEW ENGLAND MEDICAL GAZETTE :

*Dear Sirs,*— Please allow me to place before you the following, regarding an interesting case of scirrhus involving the pylorus.

Mr. H. G., of Malden, Mass., began to be troubled in October, 1876, with sour belching after eating, for which he took soda after eating, without relief. His symptoms at that time were as follows: distressed feeling at stomach, but no pain; sour belching after eating; poor appetite; constipation. This state of things continued without alteration till Feb. 15, 1877, when he commenced to be treated by Dr. A——, an eclectic physician, who gave him *Mandrake* for the purpose of producing emesis, but without success. He also gave him other medicine to take till he again saw him.

Feb. 20. He was again given *Mandrake*, without effect.

Feb. 21. Vomited a large quantity of stringy mucus, appearing albuminous, like white of egg, also raisins, and a piece of ham which he remembered to have eaten three weeks before when taking dinner one day at a restaurant. He continued under treatment of Dr. A—— till March 27, when being no better, but much more constipated than formerly, he stopped taking his medicine, but still continued the emetics occasionally, at which times he would vomit from two to three quarts of a foul-smelling, dark-colored liquid, mixed with undigested food.

March 28. I examined the region of the stomach and found it contained a large quantity of fluid, which, when he moved, might be heard splashing about. Constipation grows worse. Appetite very poor. Hungry gnawing feeling at the stomach. Bowels bunched up at times with wind. Rancid belchings after taking food, which is rejected by the stomach. No pain anywhere. He complains of a snake-like feeling in the bowels, as of something crawling about there. He now began to lose flesh very rapidly, and became weaker and weaker.

May 2. Became so weak that he took to his bed. Dr. F——, of Malden, was called, who told him that he could not be cured, but gave no decided opinion as to what the disease was. He advised him to take no medicine whatever, and to keep the strength up by beef-juice injections.

May 5. Mr. G——, not being satisfied but that there was still help, called Dr. S——, of Malden. Oil was ordered to produce an operation of the bowels, but without success, the stomach rejecting it soon after being taken.

May 8. The oil was now stopped, and *Belladonna* was prescribed in the form of pills, one fourth of a grain at a dose, two doses to be taken the first day, gradually to increase till one grain per day was taken. This able (?) physician diagnosed the case as “cancerous ulceration

of the stomach," and gave the *Bell.* for the alleged purpose of drying up the fluid which was contained in the stomach, at the same time giving one half teaspoonful doses of *Bismuth to dry up the ulceration*, the strength being kept up by beef-juice injections and doses of brandy.

May 9. No change, except that he is weaker; same treatment.

May 10. No change; same treatment.

May 11. No change; same treatment.

May 12. The *Belladonna* begins to show its effects; dizziness is complained of.

May 13. The sense of sight is destroyed; he cannot distinguish light from darkness; a light waved before the eyes is not noticed; pupils dilated.

May 14. Dr. S—— seemed rather surprised at this visit at the effect of the *Bell.*, and substituted in its stead a still more dangerous medicine, *Calomel*, to be taken in ten-grain doses; two doses the first day, one dose per day afterwards, *Bismuth* still continued.

May 15. Much worse; speech much impaired, tongue much swollen and very sore, mouth and throat ulcerated, and lips parched, deglutition difficult, calomel-stools all day. Another ten-grain dose of *Calomel*.

May 16. Speech very difficult; almost impossible to swallow, even fluid; an occasional involuntary calomel stool; so weak that he cannot move himself in bed; excessive thirst; lips brown and parched; tongue, throat, and roof of mouth ulcerated, tongue also much swollen. This is the condition in which I found the patient on the afternoon of this day (May 16). Dr. S—— was discharged, and I attended Mr. G—— till his death, which took place May 18, at 9.30 P. M. He gradually became paralyzed all over. Retention of urine occurred May 17, and upon trying to pass the catheter, stricture of the urethra was discovered, which could not be overcome. Dr. W. G. Dawes was called in consultation, and at his suggestion *Gels.* and *Apis*<sup>3d</sup> were used, which so effectually overcame the stricture that the urine passed away freely.

May 19. *Post mortem* examination revealed the existence of a scirrhus tumor, involving the whole pylorus and a portion of the duodenum. There was not a particle of ulceration to be found. The stomach contained nearly three pints of a foul, dark-colored liquid, and about two and a half ounces of *Bismuth, sub. nit.*

There is little to be said, perhaps, about the above case, except that it is rather peculiar that Mr. G—— never experienced the least pain throughout his whole sickness. There might be much, however, said regarding the treatment of the case since May 5, did it not so completely condemn itself. It is just such treatment that has many times

shortened life, as no doubt it did in this case. Were a homœopath to use such treatment in any case, it would be heralded through the world in less than twenty-four hours, as it would deserve to be; but when one of our allopathic brothers makes use of it, it is all right. I think that when we observe such treatment used, it is to us one of the most convincing arguments in favor of the Darwinian theory, — that we did in reality descend from the monkey, and that in some branches of the family the old original blood still sometimes gains the ascendancy.

Yours respectfully,

W. W. GLEASON, M. D.

MALDEN, MASS., May 24, 1877.

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## SOCIETIES AND INSTITUTIONS.

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### NEW HAMPSHIRE HOMŒOPATHIC MEDICAL SOCIETY.

THE twenty-fourth annual meeting of this Society was held at the Phœnix Hotel in Concord, May 30, the chair being occupied by the president, Dr. J. H. Gallinger, of Concord. After the transaction of some routine business, the president gave his annual address, the theme being "Medical Reciprocity." It was an earnest plea for a more honorable discharge of the reciprocal duties that physicians owe each other, and an emphatic condemnation of those physicians who attempt to gain position or secure patronage by misrepresenting and maligning others in the profession.

Dr. A. M. Cushing, of Lynn, Mass., a delegate from the Massachusetts Homœopathic Medical Society, was introduced and made a brief address.

Reports from committees were next heard, and the Committees on Clinical Medicine, Surgery, Epidemics, Obstetrics, and Gynecology made reports which elicited interesting discussions, participated in by various members.

Dinner was served at the Phœnix Hotel, after which the Society re-assembled, when a committee appointed to draft suitable resolutions on the death of Dr. L. T. Weeks, of Laconia, vice-president of the Society, reported the following:—

"WHEREAS, Since the last meeting of this Society, one of our most honored members and officers, Dr. L. T. Weeks, of Laconia, has been called from his earthly labors to his eternal home; and *whereas* his fidelity to principle, his nobility of character, and his interest in our Society justly entitle his memory to grateful remembrance, therefore be it

“*Resolved*, That in all the elements essential to true character and genuine work, our late esteemed colaborer and vice-president, Lorrain T. Weeks, M. D., of Laconia, was richly endowed, and we feel a sense of personal bereavement in missing from our annual gathering his genial face and pleasant voice.

“*Resolved*, That as an evidence of our esteem and sense of loss, we hereby order that one page of our record book be set aside as a Memorial Page, expressive of the sorrow of our hearts, and also that a copy of these resolutions be transmitted to the family of the deceased and published with our proceedings.”

After feeling remarks by Drs. J. C. Moore, of Lake Village, A. Lindsay, of Laconia, and others, the resolutions were adopted.

The following resolution was adopted :—

“*Resolved*, That in all cases when application is made to this Society for certificates under the requirements of the Act entitled ‘An Act to regulate the Practice of Medicine and Surgery in New Hampshire,’ a personal examination of the qualifications of the applicant shall be made by at least two members of the Board of Censors, and no certificate shall be issued unless recommended by said censors ”

Dr. J. H. Gallinger, of Concord, was appointed a committee to represent the Society before the Legislature in opposition to a repeal of the law regulating the practice of medicine and surgery.

A committee was appointed to revise the constitution of the Society, and report it in a new draft at the next annual session.

The following officers for the ensuing year were chosen :—

*President.* — Dr. J. H. Gallinger, of Concord.

*Vice-President.* — Dr. T. E. Sanger, of Littleton.

*Secretary and Treasurer.* — Dr. J. C. Moore, of Lake Village.

*Counsellors.* — Drs. Charles S. Collins, of Nashua, and A. D. Smith, of Manchester.

*Censors.* — Drs. T. E. Sanger, of Littleton, D. F. Moore, of Lake Village, D. L. Jones, of Lancaster, J. H. Gallinger, of Concord, and W. C. Welch, Jr., of Manchester.

After the selection of delegates to the several national and State societies, and the appointment of committees by the president, the Society adjourned to meet in the town of Lancaster on the third Wednesday of June, 1878.

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*VERMONT HOMŒOPATHIC MEDICAL SOCIETY.*

THE annual meeting of the Vermont Homœopathic Medical Society was held at Montpelier, on the 6th and 7th of June. There was

a very full attendance. Much interest was manifested in regard to the new law in Vermont, which requires all physicians practising in the State to have a certificate from a Board of Censors. The officers for the ensuing year are : —

*President.* — Dr. S. Worcester.

*Secretary.* — Dr. A. A. Arthur, of Vergennes.

*Treasurer.* — Dr. S. Colvin, of Burlington.

The semiannual meeting takes place in January, at St. Albans.

### RHODE ISLAND HOMŒOPATHIC SOCIETY.

[*Reported by the Secretary.*]

A QUARTERLY meeting of this Society was held at the residence of the secretary, on Friday evening, April 27. In the absence of Dr. Wheaton, the vice-president, Dr. Gottschalck occupied the chair. Dr. T. H. Shipman, of Bristol, was admitted to membership, and Dr. Wm. Gottschalck, Jr., of Central Falls, but recently of Providence, was proposed as a candidate for admission. The attending physicians in the out-patient department of the dispensary presented their first quarterly report. The one in charge of the east side of the city had made one hundred and nineteen visits to twenty-two patients; the one upon the west side, two hundred and seventy-five visits to thirty-five patients.

A paper on "Erratic Hemorrhage" was read by Dr. Geo. L. Barnes.

Dr. Charles Hayes read a paper on "Congenital Phimosis a Cause of Reflex Paralysis."

Dr. Geo. Barrows, of Taunton, chancing to be present, read by request his paper on "Baptisia as a Prophylactic," originally prepared for the annual meeting of the Massachusetts Society. So great a portion of the evening was consumed in the consideration of financial and other equally important matters, that reports of singular cases by Drs. Sawin and Wilcox were deferred, also a letter by Dr. Mann, on the "Climatology of Block Island." This last has been embodied, with other important information, in a paper entitled "Block Island as a Sanitarium," and forwarded by the secretary as an appendix to his report to the Bureau of Climatology of the Institute, at the special request of Dr. Bushrod W. James.

The secretary stated that in accordance with the Society's vote he had prepared a paper, entitled "Rhode Island and its Mortuary Record," which contained sketches of the general features of the State, each county, and the city of Providence, most related to the sanitary condition of the people; the climate in minute detail, as established

by records from 1865 to 1875, and in general, as indicated by a forty years' record; the comparative mortality of counties in various typical diseases; and the percentage of deaths from every cause reported during the eleven years already indicated. It was accepted as the report of the Society on the "Climatology of the State," and ordered to be sent to Dr. James. The writer mentioned that the point of chief interest to them was the fact that every epidemic of scarlatina in Rhode Island had occurred in years characterized by great relative humidity and unusual variation in barometric pressure, neither by itself seeming sufficient to influence the death-rate. He promised a detailed study of this subject at the next meeting. The Society was entertained by the secretary at the close of its deliberations, as is customary.

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#### *OPENING OF THE CHILDREN'S HOMŒOPATHIC HOSPITAL.*

THIS new charitable enterprise for the care of poor and needy sick children opens for reception to-day. The success of the hospital is assured by the election of a Medical Board composed of physicians of the first talent in the city, consisting of the following Visiting Board: Drs. J. G. Houard, A. A. Ashton, Bushrod W. James, W. H. H. Neville, John E. James, C. S. Middleton, Pemberton Dudley, E. E. Farrington, Aug. Korndoefer, Robert J. McClatchey, M. M. Walker, and M. S. Williamson. Consulting staff: Drs. C. Hering, Jacob Jeanes, James Kitchen, Charles Neidhard, and Thomas C. Williams.

The matron is Mrs. Beulah P. Townsend; the resident physician, Thomas L. Bradford. Solicitor, William H. James, Esq. The ladies have decided to hold a Fair in the fall in behalf of the hospital, to which the friends of the cause are earnestly requested to contribute.

Donations of articles for immediate use will be gladly received at the hospital at any time.

#### CHARTER OF THE CHILDREN'S HOMŒOPATHIC HOSPITAL OF PHILADELPHIA.

TO THE HONORABLE THE JUDGES OF THE COURT OF COMMON PLEAS NO. 2, IN AND FOR THE CITY AND COUNTY OF PHILADELPHIA.

IN compliance with the requirements of an Act of the General Assembly of the Commonwealth of Pennsylvania, entitled "An Act to provide for the Incorporation and Regulation of Certain Corporations," approved the twenty-ninth day of April, A. D. one thousand eight hundred and seventy-four, the undersigned, citizens of the State of Pennsylvania, having associated themselves together for the purpose of establishing and maintaining a Hospital for the treatment of sick children, a Dispensary for the treatment of general diseases, and a Rural Sanitarium for the uses of said Hospital during the summer season, wherein the treatment shall be in accordance with the

homœopathic method, desiring that they may be incorporated according to law, do certify :

#### ARTICLE I.

The Corporation shall be called "The Children's Homœopathic Hospital of Philadelphia."

#### ARTICLE II.

The object of the Corporation shall be to establish and maintain a Hospital for the treatment of sick children, a Dispensary for the treatment of general diseases, and a Rural Sanitarium for the uses of said Hospital during the summer season, wherein the treatment shall be in accordance with the homœopathic method.

#### ARTICLE III.

The place where its business is to be transacted is in the city of Philadelphia, with a branch office at such place as may be designated by the Board of Directors.

#### ARTICLE IV.

This Corporation is to exist perpetually.

#### ARTICLE V.

The names and residences of the subscribers are as follows :

John G. Houard, M. D., 402 S. Broad St., Philadelphia ; Henry C. Carey, 1102 Walnut St., Philadelphia ; A. H. Ashton, M. D., 730 S. 10th St., Philadelphia ; Robert J. McClatchey, M. D., 918 N. 10th St., Philadelphia ; Enoch Turley, 1819 Mount Vernon St., Philadelphia ; Bushrod W. James, M. D., 1719 Green St., Philadelphia ; Joseph L. Caven, 2227 Green St., Philadelphia ; W. H. H. Neville, M. D., 1901 Fairmount Avenue, Philadelphia ; Mark H. Cobb, 865 Corinthian Avenue, Philadelphia ; Rev. J. A. Kunkelman, 1314 Spring Garden St., Philadelphia ; Pemberton Dudley, M. D., 684 N. 12th St., Philadelphia ; John J. Kersey, 1920 Green St., Philadelphia ; C. S. Middleton, M. D., 646 N. 10th St., Philadelphia ; Edwin J. Howlett, 1536 N. Broad St., Philadelphia ; Aug. Korndoefer, M. D., 805 N. 11th St., Philadelphia ; Milton Foreman, 1617 Brown St., Philadelphia ; John E. James, M. D., 600 N. 10th St., Philadelphia ; Wm. M. Shoemaker, 1509 N. 10th St., Philadelphia ; Mahlon M. Walker, M. D., 12 W. Walnut Lane, Germantown ; Amos Hilborn, East Logan St., Germantown ; W. C. Hannis, 1707 Mount Vernon St., Philadelphia ; Thomas M. Montgomery, 1712 Franklin St., Philadelphia ; Rev. George Bringhurst, Church Lane, Germantown ; S. L. Kirk, 814 N. 6th St., Philadelphia.

And the persons so named shall, with such others as may become contributors in accordance with the requirements of the By-Laws, be members of this corporation.

#### ARTICLE VI.

The number of its directors shall be fifteen, and the names and residences of those who are chosen directors for the first year are : Enoch Turley, 1819 Mount Vernon St., Philadelphia ; Robert J. McClatchey, M. D., 918 N. 10th St., Philadelphia ; John E. James, M. D., 600 N. 10th St., Philadelphia ; William M. Shoemaker, 1509 N. 10th St., Philadelphia ; Joseph L. Caven, 2227 Green St., Philadelphia ; John G. Houard, M. D., 402 S. Broad St., Philadelphia ; Bushrod W. James, M. D., 1719 Green St., Philadelphia ; John J. Kersey, 1920 Green St., Philadelphia ; S. L. Kirk, 814 N. 6th St., Philadelphia ; Mark H. Cobb, 865 Corinthian Avenue, Philadelphia ; C. S. Middleton, M. D., 646 N. 10th St., Philadelphia ; Pemberton Dudley, M. D., 684 N.

12th St., Philadelphia ; Edwin J. Howlett, 1536 N. Broad St., Philadelphia ; E. A. Farrington, M. D., 1616 Mount Vernon St., Philadelphia ; Thomas M. Montgomery, 1712 Franklin St., Philadelphia.

#### ARTICLE VII.

There is to be no capital stock of this Corporation.

#### ARTICLE VIII.

The expenses of the Corporation shall be met by voluntary contributions and donations, by annual and life subscriptions, by legacies and by payments for board and treatment to be made by patients who may be able to afford it, or by their parents or guardians, or by such other means as the Board of Directors may propose.

#### ARTICLE IX.

The management of the affairs of the Corporation shall be vested in a Board of Directors to consist of fifteen persons, at least seven of whom shall be homœopathic physicians, and the time and manner of their election shall be fixed by the By-Laws. They shall have power to provide suitable buildings and all the necessary appliances for the Hospital, Sanitarium, and Dispensary, and to make and carry into effect all necessary arrangements for their support.

#### ARTICLE X.

The officers shall consist of a President, a Vice-President, a Secretary, and a Treasurer, to be elected by the Directors, from their number, at the first stated meeting of the Board succeeding their election. Their duties shall be such as may be prescribed by the By-Laws.

This instrument having been accepted by the corporators, was organized with the above title, and with the following

#### DIRECTORS.

Henry C. Carey, *President*, 1102 Walnut St.; Enoch Turley, *Vice-President*, 1819 Mount Vernon St.; Wm. M. Shoemaker, *Treasurer*, 1509 N. 10th St.; Thomas M. Montgomery, *Secretary*, 1033 Beach St.; Robert J. McClatchey, M. D., 918 N. 10th St.; John E. James, M. D., 600 N. 10th St.; Joseph L. Caven, 2227 Green St.; John G. Houard, M. D., 402 S. Broad St.; Bushrod W. James, M. D., 1719 Green St.; S. L. Kirk, 814 N. 6th St.; C. S. Middleton, M. D., 646 N. 10th St.; Pemberton Dudley, M. D., 684 N. 12th St.; E. A. Farrington, M. D., 1613 Mount Vernon St.; Wm. C. Hannis, 1707 Mount Vernon St.; Amos Hilborn, East Logan St., Germantown.

#### ADMISSION OF PATIENTS.

Children under fourteen years, suffering from any form of non-contagious disease, or injury of any kind, will be admitted to the hospital at any time, and cared for without charge, provided their parents or friends are unable to pay for them ; but in case they are able to pay, a small weekly sum will be required.

During the summer months, the convalescents of the hospital, and

such other sick children as will bear removal, will be sent to the Seaside Sanitarium.

The Dispensary will be opened daily (except Sundays) from 12 to 1, for the treatment of children and adults.

#### SUPPORT OF THE INSTITUTION.

Being at present entirely unendowed, the Hospital must necessarily be supported by annual subscriptions, donations, and other voluntary gifts. The following extracts from the By-Laws explain the methods of maintenance, and these you are particularly requested to note :—

#### BY-LAWS. ARTICLE I.—SUBSCRIBERS.

Annual subscribers who shall pay into the treasury of the corporation a sum of not less than \$10 per annum shall be members of the corporation, and as such be entitled to vote at the annual election, provided their subscriptions are not in arrears ; and all persons paying at one time the sum of \$100 shall become Life Members, and as such be entitled to vote at each succeeding annual election.

#### ARTICLE II.—FREE BEDS.

Any person who shall pay at one time the sum of \$200 shall be a member of the corporation, with the privilege of one Free Bed during the ensuing year ; and any person paying at one time the sum of \$2,000 shall be entitled to the same rights and privileges during life. They shall be privileged to visit the inmates of their bed every day, in accordance with the rules of the Hospital, at the specified hours, or only at the discretion of the attending physician, if the nature of the case require it.

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## REVIEWS AND NOTICES OF BOOKS

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BLUE AND RED LIGHT ; OR, LIGHT AND ITS RAYS AS MEDICINE. By S. Pancoast, M. D. Philadelphia : J. M. Stoddart & Co.

This book should be carefully read by every scientific man, as it contains some new ideas which are worthy of consideration. The author has studied the subject of light for more than thirty years, both from the standpoint of modern scientists and from that of the ancient philosophers. He gives an excellent exposition of the kabbalistic views of light, and in fact makes the kabbala the chief basis of his theories.

He utterly rejects the undulatory theory of light, and gives some apparently good reasons for so doing ; he substitutes what he calls "the impulse and tension theory," which he claims to be rather a fact than a theory.

His main point, as we understand it, is, that there is growth only by disintegration and consequent building up; that it is the province of the blue ray to disintegrate, while that of the red ray is to rebuild. As long as these two forces act in harmony, all is well; but if one has undue influence, the equilibrium is destroyed, and disorder ensues; in the human organism, disease is the result of this want of harmony.

The red and the blue rays constitute the only true *Materia Medica*, according to our author's opinion; he gives several cases illustrative of his views.

The book is printed with blue ink, with a red line around the page, and is a very handsome volume.

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## ITEMS AND EXTRACTS.

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**EUCALYPTUS GLOBULUS AS A CURE FOR AGUE.** — Dr. John Curnow observes that whilst there is an almost complete unanimity as to the advantageous effect of the cultivation of the eucalyptus-tree in the removal of the malarial fevers from marshy districts, foreign observers differ greatly in their estimate of the value of its preparations in the treatment of these diseases, and very few, if any, trials have as yet been made of them in this country. The experiments of Fichter at Basle, and of Hertz at Copenhagen, gave almost negative results, whilst those of Groos in Hungary were extremely favorable. Further investigations are required to clear up these discrepancies, which are doubtless due to the difference of the preparations made use of and the varying doses in which the drug was exhibited, as well as to the length of time that the disease had existed, and perhaps also to the place of growth of the trees from which the preparations had been made. Hertz thinks that old cases will yield better results than new ones; but that recent ones are sometimes very speedily cured by this drug is sufficiently evident from the notes of the two cases which Dr. Curnow gives. The cases came under his care whilst he undertook the temporary charge of the patients at the Seamen's Hospital for his friend, Dr. Harry Leach. His successful results are the more important because when he prescribed the eucalyptus he was very sceptical as to its value; for, with the exception of the chinchona alkaloids and arsenic, he had always before observed a signal failure of the numerous alleged remedies for intermittents. Amongst these were the sulphites of magnesia and soda, salicin, sulphate of beberia, picrate of potash,

etc., and they had all been administered most freely. Moreover, both patients were under observation for some days before the medicine was exhibited in order that the severity of the cases might be properly estimated and that no fallacy might arise from the spontaneous subsidence of the disease, as occasionally occurs from a change of residence. The preparation of eucalyptus that Dr. Curnow used was the tincture made by Messrs. Savory and Moore, and, except an agreeable feeling of warmth in the mouth and pharynx, no appreciable effects but the rapid cure of the fever were noticed. — *Practitioner*, May, 1877.

RESEARCHES ON THE SECRETION OF SWEAT. — B. Luchsinger in a recent paper shows experimentally the direct functional dependence of the sweat secretion on certain nerve irritations, and thus places the relations of this obscure process to the nervous system on the same footing as Ludwig, Bernard, and Heidenhain have done for other glands and secretions. Luchsinger's experiments were made upon cats. These animals under certain conditions begin to sweat freely on the under surface of their paws. If, however, one of the sciatic nerves be divided or ligatured, no sweating occurs on this foot, whilst it continues to do so on the other three. Sweating on the injured side can, however, be induced by direct irritation of the divided nerve, and the effect can be produced ten or fifteen minutes after amputation of the leg. The sweating persists as long as irritation is applied to the nerve. The view, therefore, that sweating is a mere process of filtration becomes untenable; the view also that the act of sweating is a simple excretion of a preformed and stored-up fluid is equally unsatisfactory. Sweating must be regarded as a true process of secretion, and this function of the sweat-glands is directly connected with the excitation of certain secretory nerves, — the sweat-nerves. The nerve fibres possess no automatic activity. Their natural stimuli proceed from special central apparatus. Prof. Luchsinger has made investigations to determine the seat of these nerve-centres, and the mode in which they can be excited, as well as the course of the sweat-nerves for the hind foot. If the spinal cord be divided in the middle of the dorsal region, and the animal be then placed in conditions which ordinarily excite the secretion, it continues to sweat in both fore and hind feet, but if the posterior segment of the cord be thoroughly broken down with a probe, the secretion is permanently arrested in the hind feet. The centre must, therefore, lie in this part of the cord. The sweat-nerves do not, however, run, as might *a priori* be imagined, in the course of the muscular and sensory nerves of the lower limb. They do not proceed from the sacral plexus, proofs of which may

be obtained both by the effects of stimulation and of section. They run in the cord of the sympathetic, and having issued from this join the sciatic nerve. They pass from the sympathetic by fibres proceeding to the first four roots of the lumbar plexus as well as to the roots of the three last dorsal nerves. It is only when all these nerves have been divided that the sweat secretion is arrested in the foot, whilst irritation of any of the fibres can induce it. The modes in which the sweat-centres can be excited are just those that are in ordinary operation. In some instances peripheral stimuli and differences in the quality of the blood exert a great influence. The secretion is induced by psychical conditions, as anxiety; and Luchsinger has observed it to be occasioned by a peripheral stimulus in a colleague, in whom the use of pepper causes the formation of large drops of sweat on the forehead and bridge of the nose. Amongst the changes in the quality of the blood observed by Luchsinger to exert a positive influence on the secretion are dyspnœa, exposure to a high temperature, and the toxic influence of alcohol. These produced an increased secretion even when the cerebral hemispheres had been removed to abolish psychical impressions, or when the cord had been divided, or the four cerebral arteries had been ligatured. — *Pfluger's Archiv. f. Physiologie*, Band XIV, Heft. 8 (*Practitioner*, May, 1877.)

TREATMENT OF CATARRHAL JAUNDICE. — Dr. Krüll, of Güstrow-Mecklenburgh, recommends enemata of cold water as an excellent remedy in this disease. One to two litres of water, at a temperature of 59° Fahr., which may be gradually increased to 72° Fahr., are to be slowly injected into the rectum by means of an irrigator once a day. The patient is to retain the water as long as possible. The first effect of this treatment is the rapid disappearance of oppression in the epigastrium, as well as of nausea and headache; the appetite also quickly returns. In half of the cases thus treated (eleven in all) the fæces were tinged with bile after the second injection; and in the cases of longest duration, in one of which the disease had lasted for more than a year, their normal color returned not later than the fourth day. The largest number of injections used in any one case was seven. Most of the patients had previously been treated unsuccessfully by the ordinary methods. Dr. Krüll explains his results on the supposition that the cold water not only increases the peristaltic action of the bowel, but also excites sufficient contraction of the bile-ducts to enable them to overcome the obstacle due to catarrhal swelling or inspissated mucus at the entrance to the duodenum. — *Berlin klin. Wochenschrift*, No. 12, 1877, and *Medical Times and Gazette*, March 31, 1877. (*Practitioner*, May, 1877.)

THE PHYSIOLOGICAL ACTION OF SALICYLATE OF SODA. — The results of a series of investigations made by Dr. Danewsky show that the salicylate of soda exerts a very characteristic influence on the vascular system. In the first instance it augments the energy of the cardiac contractions, causing more powerful systolic movements and increase of the blood-pressure. In consequence of the action of the drug on the vagi, the pulse frequency is sometimes greater, sometimes less than normal, and at a later period, from the excito-motor cardiac nervous system becoming paralyzed, the pulse is weak. The augmentation of the blood-pressure is due partly to the greater energy of the cardiac contractions, partly to the direct stimulation of the vaso-motor centres. This is proved by the fact that the blood-pressure falls after division of the spinal cord in the cervical region, whilst it rises on the injection of salicylate into the carotid artery, which causes the brain to receive a certain quantity of the remedy before the heart. There is an increased frequency of the respiratory movements due to irritation of the pulmonary vagi, and not to direct participation of the respiratory centre in the medulla. It is only after very large doses have been administered that the respiratory centre is gradually or rapidly paralyzed and asphyxia is produced. In regard to the influence of the salt upon the temperature, which is of chief importance in a therapeutic point of view, it is very inconstant as well as inconsiderable, both in healthy men and animals, but in the febrile state its action is powerful in both. The most probable explanation of its refrigerent powers he considers to be that in the febrile condition there is diminution of blood-pressure, as a result of diminished cardiac and vaso-motor activity; but when the salicylate of soda is given, it acts like *Quinine* and *Digitalis* in augmenting the blood-pressure, and promotes the elimination of caloric. — *Arbeiten aus der pharmakolog. Laborat. zu Moskau*, 1876, Band I, p. 198. (*Practitioner*, May, 1877.)

ELASTIC COMPRESSION BY SPONGES. — Prof. C. Heine has for some time used compression by means of sponge, in order to produce absorption in cases of chronic, serous, fungous, and deformative inflammations of joints, sheaths of tendons, and bursæ. He usually applies a plaster-of-Paris bandage, in which an opening is left at the point where pressure is to be applied. A piece of dry sponge, cut to the proper size, is then laid on the part, and compressed by a roller to about one tenth of its thickness. The plan has, he says, been very successful in the above-mentioned affections; and he has also cured a very large cavernous angioma by elastic pressure applied in the same way. — *British Med. Journ.*, March 31. From *Prag. med. Wochenschrift*, No. 32, 1876. (*Practitioner*, May, 1877.)

HOMŒOPATHY IN MELBOURNE. — We are pleased to learn by the following extract from the last issued report of the Melbourne Dispensary that a homœopathic hospital is now in operation in Melbourne. The report says : —

“The necessity of having a homœopathic hospital for the effectual treatment of in-door patients has engaged the earnest attention of your committee, and, with a view to supplying that want in the most approved and at the same time economical style, steps were taken to obtain suitable designs.

“The limited funds at the disposal of your committee, however, did not warrant them in adopting those first recommended by the sub-committee to whom the matter had been referred.

“It was, therefore, resolved that one cottage hospital, providing limited accommodation, would have to suffice until funds were raised for the erection of others. Fresh plans have accordingly been submitted by Messrs. Crouch and Wilson, architects, and are now under the consideration of your committee.

“A cottage hospital, however moderate may be the cost of its construction, will necessarily require for its efficient maintenance a largely increased revenue, and it is therefore trusted that not only homœopaths, but all who are favorably disposed to the system, and who desire that its merits should be put to the test of hospital practice in this colony, will, as they are able, cheerfully contribute to its support.

“If this be done, and the government grant made in any degree proportionate to the private subscriptions, your committee will have no difficulty in carrying on the hospital satisfactorily.”— *Monthly Homœopathic Review*, June 1, 1877.

IN a paper by John L. Cleaveland, M. D., on “The Effects upon the Fœtus of Medicines given to the Pregnant Woman,” published in *The Clinic* for May 19, 1877, the author arrives at the following conclusions : —

(1.) That certain remedies, *potassium iodide*, *salicylic acid*, and *chloroform* may pass from the maternal into the foetal circulation.

(2.) The acute exanthemata, scarlatina, measles, small-pox, and perhaps vaccination can be propagated by the mother to the foetus. Whether syphilis passes from the mother to the foetus, or *vice versa*, remains yet undecided.

The effect of maternal, mental, and emotional influences upon the vitality and development of the foetus is undetermined.

As to the therapeutic effects of medicines upon the foetus, almost nothing is known. There is only one class of remedies that is admin-

istered with the belief or hope that they will have any effect upon the foetus, namely syphilis specifics, and the efficacy of these is stoutly denied by some.

Chloroform is known certainly to enter the foetal circulation, but it is not known to exercise any pernicious effects. Zweifel claims that jaundice may be caused. This, however, is not proved.

It has not been demonstrated that *morphia* passes into the foetal circulation, but clinical testimony seems to show that it sometimes does. Clinical experience appears to prove that in the hands of most practitioners, and in the vast majority of cases, opiates may be used with safety to the foetus.

It appears, however, on the other hand, from the testimony of some observers, that the hypodermic use of *morphia* to its full physiological effect produces in the foetus dangerous phenomena,—cyanosis, impaired respiration, irregular pulse, contracted pupils, a disposition to sleep, and sometimes convulsions. It is of the utmost practical importance to us all that this latter point should be determined. — *Boston Medical and Surgical Journal*.

CHELIDONIUM MAJUS. — Experiments have recently been made with a view to determine the amount of alkaloid existing in this plant at various periods between the months of May and September. It contains two alkaloids, viz., *chelidonine* and *chelerythrine* (*sanguinarine*). These were estimated every few days during the period specified, and the result tabulated. The general results show a diminution in the total amount of alkaloid before flowering, and a marked increase after a few days. The young plant collected in autumn shows a regular increase of alkaloid. “This may be explained by assuming the alkaloids to be the immediate precursors of the albumin, and that they are gradually transformed into albuminous substances. The weather is an important factor in the amount of alkaloids. In rainy weather the consumption is greater than the production, and the percentage is decreased; while in fine, sunny weather, consumption and production are nearly in equilibrium, the production having a slight advantage. These changes are more noticeable in the root than in the leaf. A good soil influences the formation of alkaloids, for plants grown in a garden were found to contain double the amount of alkaloids found in wild plants.” The quantity of alkaloid varied from 0.27 to 1.09 per cent, the average being about 0.6 per cent.

These results have an important bearing upon the collection of the plant for the preparation of our tincture, which will vary in strength according to the time of gathering. The Pharmacopœia fixes this at the

commencement of flowering ; but it follows from what has been shown that a later period, in fact the months of August and September, would be more suitable for the process. — *Monthly Homœopathic Review.*

LONDON HOMŒOPATHIC HOSPITAL. — The return of patients admitted to the London Homœopathic Hospital during the month ending May 16 gives the following statistics : —

Remaining in Hospital, April 18, 1877 . . . . .	55
Admitted between that date and May 16 . . . . .	40
	—
	95
Discharged between April 18 and May 16 . . . . .	41
	—
Remaining in Hospital, May 16, 1877 . . . . .	54
The number of new out-patients during the above time has been . . . . .	490
The total number of out-patients' attendances for the same period has been . . . . .	1,398

— *Monthly Homœopathic Review.*

THE *New York Medical Record* makes some remarks on the address which Dr. Fordyce Barker delivered at the recent meeting of the American Gynæcological Society. They seem well worthy of notice.

“Without wishing to ignore the just claims of operative gynæcology, he very properly urged the giving of more attention to the medical treatment of uterine disease. There is no doubt that this latter branch of our science has been too much neglected, — that many operations have been done more because they were fashionable than for any good conferred upon the patient. It is so easy to gain credit by such procedures that it is no wonder that so many yield to the temptation. Then, again, the uterus is so non-retaliatory that it invites all sorts of inroads upon its textural integrity. The shedding of uterine blood apparently begets an insatiety for gynæcological operations, which, when once established, is sometimes dreadful to contemplate. Cases are on record in which surgeons have timidly begun with incising the os, then with excising the cervix, body, and fundus of the uterus, and lastly, when ovaries were included in the ablation, have actually mourned that nothing more was left to conquer. The fact that some of these patients get well may help to prove that gynæcologically speaking, the uterus and appendages are incumbrances. But the other side of the argument is that women who are not operated upon, whose uteri know not the knife, the scissors, ecraseur, or pessary, also get well. This is certainly great comfort to the ordinary practitioner, who has a healthy fear of disturbing peritoneal coverings, of poking pessaries

into the bladder, of mistaking the uterus for the ovary, and of any of the other trivial accidents which occasionally happen in the higher walks of gynæcology. The fact is that the desire to cut, twist, burn, amputate, electrolyze, and pessarize the uterus has amounted almost to a mania. The aspiring gynæcologist, who has been unable to devise a new operation, invent a speculum or modify an old one, has been compelled to infuse his energies either into a new cautery iron, a novel back-action curette, or a manifold self-acting elevator. If, perhaps, he fails in every other way in encouraging operative procedure, he gives a new and important twist to a pessary, establishes a principle, and makes a reputation. But if the time has come for a change of opinion, if the worst has come to the worst, advocates of the new doctrine can do no more than arrest the study of surgical statistics, and, as a possible consequence, create a corner in uterine pathology. In any event, we are willing to give the uterus one more chance.” — *Boston Medical and Surgical Journal*.

At a recent meeting of the Medico-Chirurgical Society of Edinburgh, the *Edinburgh Medical Journal* mentions that a case of colica pictorum, due to swallowing a lead bullet, was reported. In the discussion which followed, it was remarked by Dr. Gillespie that many surgeons had seen instances where halfpence and pence were swallowed without harm. He himself had seen two such, and there was no reason why copper should not prove fatal as well as lead. The new way to get lead poisoning was by drinking soda water. He has lately read a case in the *Medical Gazette*, where a tailor got it by putting his measure, which was covered with enamel and white lead, into his mouth. Probably the action of no poison had been more investigated than that of lead, and the paper was a valuable addition to its literature.

THE *Horticultural Gazette* of Nicaragua, says *L'Union Médicale*, publishes some statements regarding a plant of the family of the *Phytolaccaceæ* which grows in that country and possesses electro-magnetic properties. When one touches a twig of the plant, the hand receives as vivid a shock as from a Rumkorff battery. The reporter, surprised at the phenomenon, made some experiments with a small compass. Seven or eight paces off, the influence of the plant made itself felt. The deviation of the compass-needle was in proportion to the distance; the nearer it was brought the more marked the movements became, and when the instrument was placed in the middle of the bush the movements were changed into a rapid rotation. The subjacent soil did not contain any iron or other magnetic mineral. There was not any doubt

that the electric quality resided in the plant itself. The intensity of the phenomenon varied with the time of day. At night it was scarcely perceptible; at two o'clock P. M., it attained its maximum. During a thunder-storm its power was increased, but when it rained the plant faded. The reporter has never seen birds perch nor insects light upon the *Phytolacca electrica*. — *Boston Medical and Surgical Journal*.

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SOFT RUBBER TRACHEOTOMY TUBES. — This form of tube has been introduced in England lately by Mr. Marrant Baker, the advantages claimed for it being its flexibility and the non-irritating character of the material. Ulceration is thereby avoided, and the secretion from the trachea is less than when other tubes are worn. The tube is single, and must therefore be removed from the trachea to be cleansed. Its non-irritating character, however, renders this less often necessary, and although flexible, it slips back quite readily into the trachea. It is customary with those who employ this form of tube to substitute it for the rigid tube on the fourth day. In a recent society report in the *Lancet*, Mr. House reported a case of a patient who had been tracheotomized ten years previously for syphilitic disease of the larynx, and had since worn a tube; for seven weeks he had been wearing a soft rubber tube, and on the day of entrance to the hospital had, while endeavoring to remove it, torn the shield from the tube, which slipped back into the trachea, and was eventually with difficulty extracted from the right bronchus. The red rubber of which the tube was composed was found to be quite rotten. It was evident that the wound had formed an annular contraction around the tube sufficient to resist the efforts at withdrawal by traction on the shield. Improvements have lately been made to obviate these dangers by the introduction of canvas between the layers of the tube to strengthen it. It is considered important to use the "No. 1 red rubber." Rubber can easily be made brittle during the process of curing, but if properly prepared may retain its elasticity for two or three years. Mr. Howard Marsh had recently a case which showed the advantages of the soft tube, symptoms of commencing ulceration of the trachea disappearing on the substitution of a soft tube for a metal one. A number of cases of separation of the tube have, however, been reported, and although this catastrophe has been caused by the use of improper material in the manufacture of the tube, the possibility of the occurrence will probably stand in the way of its general adoption by the profession. A case was recently reported at the Medical and Chirurgical Society, where a silver tube had become detached from the shield and had slipped into the trachea. On removal, a soft rubber tube was intro-

duced, but it partially collapsed, and being choked with mucus, and air being driven into the cellular tissues of the neck, it had to be replaced in three or four hours by a metallic tube, which gave immediate relief. We understand that Codman and Shurtleff have samples of this form of tube. — *Boston Medical and Surgical Journal*.

MEDICAL NOTES. — At a recent meeting of the Medical Society of Marburg, Dr. Külz reported a case of diabetes mellitus by which he proved that there is at times difficulty in establishing a diagnosis. In all doubtful cases he recommends the following method of procedure : The patient is to be made to empty the bladder, and then to eat a large quantity of white bread at once ; during four hours the patient is to keep perfectly still, the urine is to be passed every hour after eating the bread up to the fourth hour, when the experiment may cease and the patient may resume his ordinary mode of life. In the examination of the samples of urine the chief attention is to be devoted to that passed at the end of the second hour after partaking of the bread. In twelve persons affected with the light form of diabetes the urine of all was found to contain most sugar in the second hour after eating bread. Külz has already published experimental proof of the fact that forced muscular exertion may reduce the excretion of sugar in mild as well as in severe cases of diabetes, though at the same time he said that this favorable result did not always follow. Eight cases are known to him in which methodical experiments have shown the usefulness of this treatment. In none of these cases could vicarious excretion of sugar through the sweat be proved. Mere exercise in a closed room has no beneficial effect, or only a slight one ; mountain-climbing, according to his experience, is the most efficacious. He finished with the exhortation to encourage “ forced marches ” in the open air in diabetic patients who are capable of it and disposed to try the experiment, more especially if a few preliminary trials show that the amount of excreted sugar is reduced thereby, rather than to resort to the use of medicines, a practice which he considers as at least questionable. — *Boston Medical and Surgical Journal*.

THE *Lancet* of Feb. 24, 1877, calls attention to a communication recently made by Dr. Onimus to the *Société de Médecine*, of Paris, on the prevalent and pernicious fashion of high and narrow heels on women's boots. The heel of the boot is not only high, but narrow and inclined forwards, so that the distance between the heel and the point of the foot is lessened, and the foot appears smaller than it really is. — a very desirable effect in the eyes of the wearers of high heels. The effect of

the oblique position of the foot is to remove the weight of the body from its natural support, — the prominence of the os calcis, — and to project it forwards on to the plantar arch. Hence arise acute pain and tenderness in the sole of the foot. The forced depression of the anterior part of the foot causes a painful displacement of the articular surfaces, the toes instead of the heel first touch the ground, and the walk is clumsy and heavy. The toes become permanently flexed and pressed together. In consequence of the height of the heel, the body has a tendency forwards, and the muscles of the calf have to overact to correct this tendency, and are in a state of painful contraction. Even the muscles of the thigh may suffer. In cases of nervous temperaments the pain and irritation have produced general nervous symptoms of hysterical character. The mode of carriage of the body is influenced by the position of the feet; the centre of gravity must be kept in the line of the base of support, hence the pelvis is tilted forwards, and anteflexion of the uterus is easily produced when high-heeled boots are worn. — *Boston Medical and Surgical Journal.*

ACETIC ACID AND ACETATES IN THE TREATMENT OF CANCER OF THE BREAST. — M. Eugene Curie states that he has obtained excellent results in the treatment of cancer of the breast, and also in that of the uterus and stomach, by the employment of acetic acid or of the acetates. Under this treatment, he observes, the pains cease and the development of the tumor is arrested, or it may even diminish in size. He employs dilute solutions for external application, and internally the acetates of lime or soda, in doses amounting to thirty grains per diem. — *Revue Scientifique.* (*Practitioner, May, 1877.*)

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## PERSONAL.

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CHANGE OF LOCATION. — DR. W. R. BARTLETT. No. 9 Temple Street, Boston. Office hours, till 9 A. M., and from 2 to 4 P. M.

REMOVAL. — DR. F. H. UNDERWOOD has removed from 709 Tremont Street to 79 Rutland Street, first house on the left from Tremont.

REMOVAL. — C. R. NORTON, M. D., has removed from Madison, Wis., to Philadelphia, where he holds the position of Resident Physician to the Pennsylvania Homœopathic Hospital for Children.

DR. R. G. REED, class of '77, B. U. S. M., has become associated in the practice of medicine with DR. DANIEL WILDER, at 102 Purchase Street, in New Bedford, Mass.

CORRECTION. — In the June number, DR. R. G. GATES, New Bedford, Mass., should have read DR. R. G. REED.

THE  
NEW ENGLAND MEDICAL GAZETTE.

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*ADDRESS BY GEO. BARROWS, M. D., BEFORE THE MASSACHUSETTS HOMŒOPATHIC SOCIETY.*

MR. PRESIDENT AND MEMBERS OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY :

*Ladies and Gentlemen,* — More than a quarter of a century has passed away since I first met some of you, my brethren, in monthly social fraternal conference at your homes in the goodly city of Boston. The recollection of those devoted moments has cheered and refreshed me in many, many hours. A sense of duty, of stern necessity, inspired us then, for we had few books of reference, very little clinical experience, scarcely any homœopathic literature. We came joyfully together at the appointed time to consult one another in regard to the best treatment of those friends and patients who had trusted their health and lives to our skill and care. We were all equally ready and eager to impart, or to receive thankfully, any suggestion which our individual experience could furnish, — suggestions which, in the aggregate, for the twelve meetings which made up the year, were by no means trivial or unimportant. They were much every way to us, being but recent converts to a *truth*, not understood, but despised and rejected by all around us, — a glorious truth, indeed, enlightening and inspiring those who received it with hope and courage and love to all mankind. Some of those noble, warm-hearted men who met us then with earnest, kind words, redolent with wisdom, are not with us to-day in the flesh. No, they fell on the highway to victory and glory, weary with the march of life. Their memory is glorious. Some of you whom I have the honor to meet and welcome on this occasion have resisted almost unto blood, striving against sin, martyrs for the truth, cruelly pierced with envenomed spears, and thrust forth from the State Medical Society to die, but translated heavenward,

the coil of mortality still unbroken. Welcome, thrice welcome, to gather fresh fruit and flowers from the broad, ripening fields and beside the pure, still streams of Homœopathy! No dishonorable scars disfigure your fair forms, no foul aspersions tarnish your fair fame. Many others I am permitted to meet and greet here to-day, — good men and true, those who have joined us from year to year, honestly and earnestly inquiring for the better way. Those who, with us, have adopted the great therapeutic law of the immortal Hahnemann, the common bond of union, which should firmly bind together all who would labor to promote the true science and art of healing; allow me to congratulate you, one and all, on this occasion, in regard to the honorable and commanding position which we, as a Society, have attained and are in duty bound to maintain. The position which we, as a Society and as physicians, hold to-day, implies progress, and progress is the legitimate result of law, Hahnemann's law of cure as applied to therapeutics.

More than thirty years ago a celebrated professor of general pathology and of clinical medicine in the University of Edinburgh, William Henderson, M. D., by an inquiry into the homœopathic practice of medicine, so clearly and forcibly presented the status and claims of Homœopathy that the celebrated allopathic writer, John Forbes, M. D., F. R. S., one of the editors of the *Encyclopædia of Practical Medicine*, and editor of the *British and Foreign Medical Review*, in a review of Dr. Henderson's work, was forced, as he says, to add a few momentous words on Allopathy, — words which have long had their prototypes in our thoughts, but which now find formal utterance for the first time, forced from us, as it were, by the immediate pressure of the important discussion in which we have been engaged; words which virtually demolish and set at naught the whole practice of Allopathy, the accumulated art of 6,000 years. "Things have arrived at such a pitch that they cannot be worse: they must mend or end."

He believed they would mend under the regenerating influence of the prophetic and long-looked-for young Physic. He predicted that Homœopathy would probably be the cause of more important fundamental changes in the practice of medicine than any previous system since the days of Galen. He says, "Re-

garding homœopathy, as it will now be seen we do, as a system of medicine which essentially leaves disease to the operations of nature, we must consider it as having been the means of instituting a grand natural experiment in therapeutics, which, though of vital importance to our art, could not have been compassed by any other means we know of. From the results of this experiment, conducted as it is on the most extensive scale, and likely to be prolonged through an indefinite period, we have the prospect of obtaining at last a true natural history of human diseases, and the means of ascertaining the actual powers of nature in relieving or removing them. We may also hope to learn from the same source, directly or indirectly, the proper occasions for applying and withholding the instruments by which art works, so as to come at length to something like an appreciation of the true powers and actions of remedies, of which at present we are lamentably ignorant."

Momentous words, indeed,— a proclamation to the world of the entire unsoundness of the existing *regular* practice. The gentlemanly courtesy, the comparative candor, with which Dr. Forbes treated Homœopathy and its adherents afford a very notable proof of progress. Dr. Forbes was the first public opponent of Homœopathy who freely admitted its remarkable progress in every country in Europe, both as a system of medical doctrine and as a system of medical practice ; the first to admit his belief that Hahnemann was a man of true genius, a scholar, and an industrious, honest, and learned man. This shows something of the progress already caused by the operation of this great law in Europe more than thirty years ago.

What are some of the signs of progress since then effected by the operation of this law, in this as well as in the old country ? By a partial or one-sided comparison of the success of the homœopathic practice of Dr. Henderson and of Fleischman, as tabulated in the homœopathic hospital of Vienna, with that of several French and British allopathic hospitals, Dr. Forbes forms and announces the conclusion that the equal results of the two classes of agents used by the two schools point to a *community of power*, or a want of power, in both. The recoveries under the old system are mostly due to nature ; *ergo*, the recoveries under the new can be due to nothing more. Thus having set at naught

the accumulated wisdom and skill of six thousand years, he promised to the world, as a forlorn and future hope, young Physic, which should arise from the youthful energy and scientific investigation of the age, to eclipse the glory, or rather to atone for the follies and misfortune of the past.

When that gentlemanly discussion by Drs. Henderson and Forbes first found its way across the water, I had the pleasure of calling the attention of Dr. H. H. Childs, president of the Berkshire Medical College, to the book, and of lending him a copy. He read it through ; and on meeting the medical class, at his next lecture, he was constrained to exclaim, in confession of his own sin and of that of his compeers, " Gentlemen, I have been reading Drs. Henderson and Forbes on the subject, and I am fully satisfied that we are all wrong. We have been and are still giving entirely too much medicine, and I, for one, am determined to give no more medicine until I am sure I am right." Alas ! the futility of good resolutions against the force of life-long habits. The old doctor continued, as far as I could judge, to prescribe just as large doses of turpentine and castor-oil as ever, viz., a tablespoonful of each.

That committee of three, Drs. Hayward, Jackson, and Holmes, appointed in 1850 by the Massachusetts Medical Society to devise some course of action to be pursued by the Society in regard to all homœopathists, gave countenance to the same hope and promise. I quote from their report : —

" At no period have the various changes which disease produces in the different tissues, organs, and secretions of the body been subjected to so rigid a scrutiny. The microscope and animal chemistry have been enlisted in the science of the pathologist, and we are already reaping rich rewards from his labors. If we have not yet gained more control of disease than our predecessors had, we better understand the power of remedies. We know more than was formerly known, — when it is best to withhold them altogether, relying on the powers of nature, and when they can be used advantageously in aid of these powers."

Ten years later one of that same committee (Dr. Holmes) would have dumped the whole of their *Materia Medica* into the sea, with the exception of wine, *opium*, and *ether*, together with a few specifics which he admits were not discovered by their art, and was only prevented from the rash act by his kind regards for

the welfare of the fishes. We law-abiding homœopathists have been carefully watching and waiting, lo! these thirty years, for the fulfilment of the prophetic promise, anxiously inquiring, Where is young Physic, the promised Savior of the world, to Gentile as well as Jew? Echo still answers, "Where?" True, the practice of the empirical school has been greatly modified, in this country as well as in Europe, during the last quarter of a century, but whence, we may well ask, this modification? The old school — the regulars — always were empirical. By the great law of similars, many specifics have been discovered and adopted by the new school, to the great relief of suffering humanity. Not specifics for names of diseases, but specifics for diseased conditions, for groups of troublesome disease-and-death-producing symptoms. Quite a number of the important remedies thus discovered and published to the world have been adopted by the regulars, and empirically used, if not always wisely, yet with much comparative advantage to the suffering sick. If they would but learn that the *how much* and *how often* are quite as important to be considered by the physician as the *what*, their patients would fare much better.

Who among the regulars ever thought or dared to prescribe *Aconite* in fevers thirty years ago? At a reading term of the Berkshire Medical School, where it was required of each student, some thirty in number, to read a thesis on some medical subject every two weeks, I read one on the question, "What is Homœopathy?" When the subject was announced, the president, Dr. Childs, throwing his spectacles up on his forehead, called out, "Stop, Barrows, stop! Where's Tim? Go tell him we want him! Barrows has come down upon us with Homœopathy." Now Timothy was his son, an assistant surgeon, fresh from the Mexican war. Tim having arrived, I read, and answered all questions as well as I was able. After the reading, the senior doctor asked me very sharply, "Who believes that so little medicine ever produced any effect? Did you ever see it produce any effect?" I instanced a case of fever, where the symptoms called for *Aconite*, and where a drop or two of the third dilution was followed by profuse perspiration. "How many times did you ever see it sweat anybody?" "Eight or ten times, at least," I answered. "Well," said he, "we will try the medicine and see if

it will produce any effect." I said, "I shall be very happy to give you all the assistance I can in any experiments you would like to make."

*Aconite* is one of the medicines which the learned, witty, and poetic Dr. Holmes consigned to the sea in 1860, as you may find in a note appended to his address, "Currents and Counter Currents in Medicine." *Aconite*, we know, is now very generally prescribed for fever empirically by the so-called regulars. We might speak of *Arnica*, also, and other important medicines brought to light by our law, which have greatly enriched their empirical storehouse; but my chief purpose was to show progress by the opposition around, and made manifest by the successful operation of this useful law. That committee of three in their report said, "At such a period as this (1850), your committee cannot persuade themselves that the doctrine of homœopathy can have any extensive or permanent influence." Therefore, they recommend only needed reproof and comparatively mild punishments, viz., taking arrearages and erasing the names from the list of fellows of all those who might make application to resign. Very few, if any, availing themselves of this quiet way to leave the Society in disgrace, but finding that great and growing success followed the introduction of the new theory, they determined, in their wise counsel, to make further *desperate, decisive* effort to rid themselves effectually of the growing evil, and this, too, in full view of the glaring truth of the just and noble sentiments which they themselves also had announced, viz., that the present period is an inauspicious one for the success of any medical theory that does not rest on a substantial basis. Hence the ridiculous farce of enacting a *post facto* law by which to expel the offensive members — these homœopathists — from the Society. They succeeded by *might* in doing that which by *right* could never have been effected, — an everlasting disgrace to the Society and their cause. "Whom the gods would destroy they first make mad." The first effort at expulsion made it easy for Homœopathy to raise a hundred thousand dollars for the establishment of a hospital in the city of Boston. The second inglorious effort will, I trust, equally serve to further the good cause. "Surely the wrath of man shall praise thee, the remainder of wrath shalt thou restrain."

A few years since France exhibited a curious spectacle of antagonism and approximation to Homœopathy, expelling homœopaths from medical and anatomical societies, while they adopted, with or without acknowledgment, some of their chief remedies in the treatment of disease, blindly and empirically wielding weapons with the use of which they were not familiar.

There is and has been moral force at work in the allopathic ranks. Uneasy at the success of the new school, *anxious, jealous*, dissatisfied with their own therapeutic law or want of law, too proud to follow Hahnemann in the proving of drugs upon the healthy human subject, yet in a roundabout way they have commenced proving them upon animals, and then, from analogy, infer their application to human diseases, just as we are now obliged to prescribe for our domestic animals from analogy.

Allow me to call your attention to the manner of the expulsion of the homœopaths from the Anatomical Society of Paris, in January, 1856.

“Unanimously expelled from the Anatomical Society, on account of homœopathic publications, — the corresponding members, MM. J. P. Tessier, Gabalda, Fredault, Jousset, and also, on account of a degrading act already judicially punished, M. —, corresponding member. DR. AXENFIELD, *Secretary.*”

Dr. Tessier remarks, “I leave it to any man of honor to form his own opinion of Prof. Cruveilhier’s conduct in presiding over the meeting at which this infamous vote was passed, and associating the name of a man judicially punished with those of his *confrères*, for no reason than that they hold different therapeutical views to his own.”

MM. Fredault, Gabalda, and Jousset immediately addressed the following letter to the *Gazette Hebdomadaire*: —

“*Mr. Editor*, — Your number of the 12th January announces, in the proceedings of the Anatomical Society, our expulsion from that body. Had our names been simply expunged from the list of members, we should have made no complaint about it, for we are used to violent proceedings; but the circumstances attending that measure and the manifest intention to render it disgraceful render it a duty to protest against it, and to point out that, first, we were expelled in our absence and without notice, contrary to the custom of the Society and the rules of equity; second,

the only motive for this step was that we hold therapeutic opinions different from those of your colleagues, and that we have candidly expressed these opinions in a medical journal; third, the initiative was taken in this measure by men who profess toleration and freedom of opinion; fourth, lastly, — and this makes the act the more odious, — our names have been associated with that of a criminal punished by the hand of justice, whom it had been more generous to have left unmentioned.

“GABALDA.  
FREDAULT.  
JOUSSET.”

Dr. Milcent, another member of the Anatomical Society, immediately tendered his resignation in the following letter, addressed to Prof. Cruveilhier: —

“*Sir*, — In a recent sitting, the Anatomical Society expelled MM. Tessier, Gabalda, Fredault, Jousset for their authorship of homœopathic publications. Every honorable man will appreciate this act, and the cruel outrage sought to be inflicted by a most odious fellowship. To me it recalls the fact that I also was a member of the Society. Now, as I am bound by the closest fellowship of principle, labors, and sacrifices for the truth, to the honorable physicians lately expelled, and as I have, moreover, lately been honored by the thunders of the faculty, and deprived of a service at the *Val de Grace*, I cannot imagine how the Anatomical Society could do me the injustice to forget to expel me also. Therefore I protest against this offensive negligence, and insist on being excluded in such good company. Accept, Mr. President, this sincere expression of the feelings of your humble servant and old pupil,

ALPH. MILCENT.

“‘Tantæne animis cælestibus iræ?’”

What reason can account for such irrational treatment of honorable members of any Society, either in France or in Massachusetts?

Gentlemen, I had fully intended to pursue the subject still further and to consider our threatened political rights, and some of the possible duties and privileges pertaining thereunto; but I shall leave this task for the present to some abler pen, hoping that from the hasty and imperfect allusions to some of the opposition which our great and good cause has met and survived during the last

quarter of a century, we may fully appreciate the controlling *animus* of the old school of medicine, and learn that wisdom from these lessons of the past which, in the providence of God, shall still guide us to the successful termination of this inglorious war. Let us, in the spirit of our Revolutionary sires, go forth, clad in all appropriate armor, fearless and independent as we are this day, and of right ought to be, cultivated and perfect through the unfolding of this great law of similars, the noblest of all human arts, the art of healing.

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*BRAIN DISEASES OF CHILDREN.*

BY T. P. SCALES, M. D., WOBURN.

[*Read before the Massachusetts Homœopathic Society.*]

MR. PRESIDENT, BROTHERS AND SISTERS, — I do not propose, in the few short minutes in which I may be allowed to trespass on your time, to go into an elaborate essay on the diseases of the brain physiologically and pathologically considered, nor do I feel competent to instruct you in regard to the treatment; but I may, perhaps, present something which will elicit instructive remarks, the result of clinical experience in others. From the modern allopathic school, of which Brown-Séquard is just now a very prominent example, we can learn very little of any value, except astonishing evidence how much abuse the human system can endure before death releases the tortured victim.

In the treatment of tubercular meningitis, which in my locality is a disease of very frequent occurrence, hygienic and sanitary measures for preventing the disease are of the utmost importance. It is much more desirable to prevent the development of the malady than to make futile efforts for a cure after its full maturity. If the grand essential characteristics of tuberculosis are imperfect nutrition, debility, deficient vitality, feebleness, and prostration of vital forces, then assuredly reason and common-sense would advise us by every means in our power to keep up the tone of the system to its highest capacity. If tubercles are constituted material, not fit to form perfect tissue, in consequence of weakness in the digestive and assimilative organs, we should avoid all circumstances and conditions which tend to any dimi-

nution of physical vigor ; we should prevent the formation of tubercles by keeping up a higher grade of vitality and the better performance of nutritive functions, but never by the use of alcoholic stimulants. In order to do this effectually, let us consider the predisposing causes. Prominent among these, and in fact constituting almost the whole entirety of first causes, is hereditary syphilis. Mixed psora and venereal disease, especially if it is intensified by injudicious drugging and by improper medication, demands careful consideration. Too much importance cannot be attached to pre-natal influences, remote as well as more immediate, to which tuberculosis is the natural sequel. It requires sound parents to beget sound children. Occasionally a young man is led away, and has been "unfortunate" as he says, and then he gets cured very quickly before his friends "find it out." But subsequently he is troubled with stricture or catarrh or glandular troubles, or some abnormal condition which is consequent upon errors of his own or his ancestors, or both. Then he marries a beautiful but psoric young lady (who is also herself, perhaps, the heir of ancestral errors), and then the offspring of such union, who follow each other in quick succession, with big heads, large, lustrous eyes, brilliant, precocious intellects, mostly die, leaving only the consolation of a mysterious dispensation of Providence in "taking home the little angels." When we see all this, it does not require the most gigantic intellect to trace the relation of cause and effect. Who could not very easily have predicted their fate?

If it would not be an unwarrantable digression, I should like just here to protest against the customary treatment of the whole class of venereal diseases largely by local applications, but I could not do that subject justice. I could not even faintly portray in their enormity the evils, lasting and remote, evils transmitted to succeeding generations indefinitely, which result from even slight, but too quickly cured gonorrhœa. Although the so-called cure is accompanied by the assurance that "it will never do him the slightest harm," we all know too well that "the iniquities of the parents have been visited upon the children." Ever since this world was young till now, our chief business as physicians is the treatment of ills inherited from bad habits and from excessive, misdirected medication. Errors of ancestors, either imme-

diate or remote or both, supplemented by excessive sexual indulgence and neglect of cleanliness, naturally ruin the offspring, and God is blasphemously accused of making what he only suffered to be made. In many cases the little, puny sufferer, unintentionally made from the remnants of exhausted sexual organs, if it does not die very early, continues to wear out an already debilitated mother, and wearies the patience of the physician if he undertake the hopeless task of remedying such physical defects.

In addition to the inherited weakness and imperfection of these little organisms there is another closely allied evil which greatly increases and intensifies the tubercular tendency. It comes under the general term *education*. Our Puritan ancestors had great admiration for mental culture, and procured for their children school advantages which they could not afford. The noble examples of educated men during the last century achieved their knowledge through hardships and privations which developed and strengthened their physical powers for sustaining laborious and continued brain action; but the desire for learning and for the mental culture of their children which filled the parents of this young Republic was transmitted and increased from generation to generation, till the people of Massachusetts to-day are really monomaniac on the subject of education.

The errors of our school system cannot be pointed out here, even if I were the man to do it. For successive generations, brains have been cultivated at the expense of the physical organism and without any regard to the healthy growth and support of the aforesaid brain, till the proper balance between mind and body has been destroyed, not to mention the promising exceptional cases ruined by alcoholic drinks. How rarely do we see, at the present day, a perfectly sound mind in a thoroughly strong and vigorous body. As soon as possible we begin to ply the hopeful prodigy with indestructible books, alphabet-blocks, etc., etc., and by assiduous efforts in every way, try to see how fast we can make him learn and how much we can make him know. Ambition is aroused, competition and a system of marks, medals, prizes, and every possible incentive is used to increase the activity of his already too active brain. Soon stimulation amounts to irritation; "he becomes crusty, crispy, petulant, impudent," etc., — "lazy," we say, he says, "tired." His system

is generally impoverished, his vigor exhausted; the delicate digestive organs are weakened; nutrition is diminished; tuberculosis takes place. Chorea and a variety of ills ensue; and debility, increasing month by month and year by year, accompanies and characterizes the successive steps of advancing mental culture. What wonder that failure distinguishes the graduates of our advanced schools!

How often, while the process of so-called education is going on, does the youth, whom we wish to see a striking example of physical and mental vigor, become most hopelessly wrecked in both mind and body. When the diseased condition of the child becomes too apparent to be ignored or neglected, the physician recommends that he be taken out of school, for a while at least; and alterations in diet, sending the patient into the country or to the sea-shore, cod-liver oil, or some preparation of iron or *quinine* or *pepsin*, or some new fashionable nostrum, or a little electric or galvanic treatment, or all combined, with a little wine or whiskey or porter added, are tried, in order to get him back to school as soon as possible, so that he shall not get behind his class. It is probably too late to save him. The thoughtful, careful physician should have recognized, soon after its birth, the delicate organization of the fat, bright, cunning little baby, and its probable tendencies. (Babies belong to the neuter gender.) He might notice that it starts at noises, takes a good deal of notice, seems to be quite precocious, laughs in its sleep, has perspiration about the head, perhaps has a tendency to draw the head back, or sleep with the eyes shut not quite tight, or too much rolled up. It is troubled with wind, although the old nurse says all babies are so; sometimes there is a little cough (though she says that is nothing), also a ravenous or fickle appetite. It frequently overloads its stomach, vomits easily, is pot-bellied, perhaps is subject to occasional cholera attacks (for the so-called cholera infantum always originates in the brain), and has frequently loose, undigested, light-colored stools, also not unfrequently has leucorrhœa, if it is of the female persuasion. The little patient is also liable to have offensive discharges from within or behind the ears, and perhaps kicks off the bedclothes in the evening and early night.

If these abnormal symptoms are recognized at an early period,

and remedies are selected which are homœopathic to the case, and judiciously administered, and if constant care is taken to develop the rest of the organism and to keep the brain as quiet as possible, success is liable to attend such wise efforts ; at least I most emphatically say that the only successful treatment of brain disease must be in strict accordance with the apothegm, "Similia similibus curantur." In the selection of these remedies *Calcarea carb.* is specially indicated for fair children, with soft tissues, large heads, bright eyes, light, dry, tow hair, and in early infancy large, open fontanelles covered with dirty or scurfy skin. They have, during sleep, perspiration from the under side of the head, wetting the pillows around, are wakeful early in the morning, and are excessively mischievous at an early age. They have soft, prominent fulness of the abdomen and pit of the stomach, and unwillingness to bear the pressure of snug clothing, especially towards night ; also copious, light-colored stools, and craving or capricious appetite. The little one often cries as if hurt by being lifted, has feet damp but not stinking, and sometimes a loose, mucous cough, and has much trouble and irritability during dentition. These symptoms are very suggestive of occasional doses of *Calcarea carbonica*. *Silicea* is better adapted to rickety children, who have offensive sweating of the feet, weak ankles, perspiration, more about the face and forehead ; who chew their fingers or claw their mouths during dentition, are more inclined to constipation and lymphatic swelling, to abscesses, suppurative action, and who are less irritable than *Calcarea* subjects. In these cases *Silicea* is a very important remedy ; but give it time to act, and do not expect too immediate manifest curative effect. *Thuja* is the great antidote to sycotic poison, mixed psora, and venereal taint. The little patients are not very fat ; the parents, one or both, have a greasy skin, and warts and moles, and crave salt, and the little one will by and by show these hereditary symptoms. You observe a small neck, teeth soon turn black and decay at the gums, swelling of the salivary glands, ptyalism, thrush, ranula, toothache and prosopalgia, worse on the right side, offensive discharges from the ears, soreness of penis or vulva and about the buttocks ; frequently recurring morning diarrhœa, pain in the left iliac region, fetid foot-sweats. Like *Silicea*, pimples, pustules, and sores, on healing, leave purple spots, and often the

uncovered parts sweat, while the covered parts are dry and hot. For such patients, *Thuja* is invaluable. *Arsenic* subjects have white, pale faces, pointed noses, aversion to being left alone, are rather sad and distrustful, subject to frequent attacks of prostration, thirsty for a little cold water at frequent intervals, have sore aphthæ or white canker-spots, frequent attacks of prostration, vomiting (especially the latter part of the night), followed by watery, odorless or sometimes fetid diarrhœa, which is usually painless and often involuntary, and occasionally scanty and infrequent urination, also occasional hoarseness. In these cases, do not forget *Arsenic*.

*Baryta carb.* is useful for scrofulous children who do not grow, and who have the submaxillary and parotid glands and tonsils swollen, indurated, and tender, and who often have suppurating sore throats and offensive breath. *Carbo veg.* should be remembered if the patient is subject to nose-bleed, discharge of wind per anum, spongy gums that bleed readily, etc.

*Sulphur* is the remedy for patients with bright red lips, who are subject to frequent spells of fatigue, especially in the latter part of the forenoon; who have their feet cold in the morning, but hot and restless in the evening; who have a craving for acids and for something they know not what; who talk in their sleep, sit hunched, and have a stooping gait, and are particularly disinclined to stand, though they walk or run without complaint. They always lean or loll or sit awkwardly, with restlessness, and they are constantly told by parents or teachers to stand up or straighten up, etc., and they particularly dislike to be washed.

*Hyosciamus* is indicated for a cough on lying down, relieved by sitting up; the patient dreams of falling, and springs to save himself; wakes up frightened, or rather does not wake at all, but starts up in wild affright, and though he appears to be awake, with staring eyes and dilated pupils, he seems to be persistently determined to escape from some imaginary terror. In such cases you may expect much from the use of *Hyosciamus niger*.

All those symptoms which I have so statistically rehearsed, and others that I have not enumerated, which betoken tendencies to cerebral difficulties, may continue for a long time intermittently before active disease of the brain is fully developed; but the liabilities of these little ones who are intrusted to our guardianship

must not be ignored nor forgotten. Especially should we warn mothers and nurses against the use of paregoric and soothing sirups, which all predispose the little ones to subsequent disease of the brain. The secondary effects of opiates administered to worrisome children are always bad.

Having hastily glanced at the preventive treatment before the little patient is considered really sick, permit me to say a few words respecting the treatment of the actually and often alarmingly sick child. In these cases we must be careful not to mistake an anæmic condition for an acute inflammation ; an asthenic for a sthenic condition, of which many symptoms are often similar, the inflammatory symptoms being the consequent on an anæmic and debilitated or even exhausted condition. This is especially the case in acute hydrocephalus. At the onset of the different diseases of the brain many of the symptoms and conditions — as chills, fever, nausea, vomiting, stupor, etc. — are similar, and occur in the commencement of them all. Therefore let us consider the symptoms fully in detail, without regard to the pathological nosology, in order that the exact totality of the symptoms may prevent us from being led astray by hastily seizing one or two prominent symptoms, and assuming a pathological condition which would require this or that treatment ; and first, let us review the indications for *Aconite*. In the early stage of inflammation, when there are rigors, followed by dry heat, vertigo, stupor ; swollen face, with alternate flushes and pallor ; lips dry, hot, bluish, but not cracked ; skin, dry and hot, the heat seeming to pass from the head down the spine ; shortness of breath, pulse full, bounding or thready ; urine scanty, dark, and hot ; sleepless restlessness, though the eyes are closed.

*Belladonna*, like *Aconite*, has alternate red and pale face, sleepless restlessness, but the eyes open and looking around ; but restless, agonized tossing about always suggests *Aconite*. Especially is this remedy indicated if these symptoms are the result of taking cold by exposure to a cold north wind, and when the capillary vessels are chiefly affected, as if increased force in the arterial circulation were rendered necessary by obstructing capillaries. I use the first or second decimal preparation, and repeat it once in twenty or thirty minutes, till the restlessness is mitigated or relieved. For, in my opinion, the activity of the

treatment should be proportioned to the severity and rapidity of the attack, at least till an impression is made by the selected remedy.

Somewhat similar to *Aconite* is *Gelsemium* if there is a moist or not very dry skin,—moisture at least in the axilla and palms of the hands; no thirst; the patient not restless, but inclined to lie still; hands and feet cold, but head and face hot, red, while chills and flushes succeed each other up the back, as if the chills came from the feet; if there are also wildness, or vertigo and stupor, breath hot and perhaps offensive; the patient sleepy, and perhaps almost comatose, but sometimes the reverse, and tongue covered with a thick, yellowish-white coat (the *Belladonna* tongue is first strawberry and afterwards fiery red); *Gelsemium* has also a pulse depressed at first, then rapid and soft, while the *Belladonna* pulse is rapid and hard. The *Gelsemium* patient has slight convulsive motions during sleep, while the *Belladonna* patient has more active spasms, starting from medulla oblongata, and affecting the eyes and face.

Especially is *Gelsemium* indicated if the attack occurs in warm, damp, muggy weather, with southerly wind, or more chilly southeast wind. I repeat it at intervals of from thirty to sixty minutes, till I get an effect from it, and use the second or third decimal attenuation. But the *Belladonna* patient, in addition to the restlessness, with open eyes, mentioned in connection with my remarks on *Aconite*, wants to be tended and constantly carried, while the *Gelsemium* patient wants to be let alone. *Belladonna* is thirsty, but *Gelsemium* is not. *Belladonna* has cheeks alternately red and pale, while the *Gelsemium* is continually red, but not so bright as *Belladonna*. *Belladonna* has eyes brilliant and conjunctiva injected, but *Gelsemium* the reverse. *Belladonna* starts at the least noise or light, and has the beating of the arteries of the head and neck visible, and the veins swollen and blue, while the skin is less moist than *Gelsemium* but not so dry as *Aconite*.

Here let me say a word for *Nux moschata*, which is particularly adapted to damp localities, dwellings on new-made land or in cold springy soil, or having damp cellar-kitchens, and in cold northeasterly storms. The little patients are sleepy, sometimes almost comatose, with trembling about the heart as if from fright;

worse in cold, damp air, better by dry warmth; heavy, drooping eyelids, with dark skin below them; the mouth dry and even sticky, but without thirst, and almost paralysis of the throat, which condition is apparently due to dryness of the tissues. *Nux moschata* is one of the best remedies in the *Materia Medica*, when and where it is indicated. Another valuable remedy, *Helleborus niger*, must not be overlooked when the little patient rolls his head and lays it back upon the arm of the nurse, or into the pillow; has a face pale, puffy; eyes, not injected like *Belladonna*, but staring or rolled up and the lids imperfectly closed; forehead wrinkled and scowly. He lies stupid, with the right arm and left foot convulsed, and the general spasms terminate in sleep. If the tongue rolls from side to side, and the patient occasionally utters sharp cries, if he wants food which he rejects when offered, and if at times we see a chewing motion of the mouth, think of *Helleborus*. The *Helleborus* vomiting is dark green, while the *Gelseminum* patients seldom vomit, and the *Belladonna* patient only empties his stomach or throws off a little yellowish or light greenish bile, mixed with mucus, — also the *Helleborus*; pulse is small, often almost imperceptible, and the urine has a sediment like coffee-grounds, and in the advanced stages there is cold, clammy perspiration; but the boring back of the head is very characteristic of *Helleborus*.

The characteristic symptoms of *Opium*, which is the exact similar of a very common kind of inflammation of the brain, with stupor, congested face, hanging lower jaw, heavy breathing, suppressed urine, poor capillary circulation, which gives a dark purplish look to the skin etc., are too well known by you all to need reiteration here. Urine and stools involuntary, especially if accompanied by hiccough, remind us of *Hyosciamus*. *Cimicifuga* is one of our most valuable remedies in cases of cerebral inflammation, particularly so if the disease occurs in school-children, or by too much care and mental action or excitement. There is a tremulousness about the stomach and limbs, choreal action of the limbs, sensation of stiffness about the nape of the neck, intermittent pains extending up to the vertex and forehead, with confused feelings, pain, supposed to be rheumatic, about the heart, with more or less irregular beating of the same, pain across the bottom of the back and hips and in the knees. Perhaps the expression of

the face and general appearance remind you of delirium tremens, or of a person after a debauch. I consider it a more valuable remedy in this class of maladies than *Veratrum Viride*, which is especially indicated when the symptoms are worse at the base of the brain, with persistent nausea and vomiting, congestion to the chest, tremulous action of the heart, hiccough and impeded respiration, and occasionally cold perspiration on the face, hands, and feet.

We are told by very high authority that stuttering is valuable as a premonitory symptom of tubercular deposition on the meningeal membranes, and irritation in consequence. It is evident that the stammering boy should be attended to as soon as that symptom is manifested. If we do not see indications for any other remedy, we can administer *Stramonium*; but after the disease is developed, *Stramonium* is indicated by a condition the opposite of *Helleborus*. The little one's head is light, lifts easily, and is thrust forward instead of back, the mouth is dry (like *Nux moschata* but much more so), the limbs tremble, spasms are produced by glistening things or by a sudden bright light, and the little sufferer calls for his parents, who are present, but whom he does not recognize.

Barely mentioning *Terebinthina*, which is invaluable where there is inaction of the kidneys, with scanty, smoky urine, and the brain poisoned with unexcreted urea, — and *Mercury*, which is useful where there is nightly exacerbation and perspiration which affords no relief, profuse flow of saliva, fetid breath, and dysenteric diarrhœa, — I will pass hastily to the consideration of *Baptisia*, which I have used very successfully in the locality where I practise. Unless there is much restless writhing and tossing about, which requires a few preliminary doses of *Aconite*; or perhaps cold hands and feet, with difficulty in drinking, in consequence of a torpid or partly paralytic condition of the muscles of deglutition, which indicate a few doses of *Gelseminum*, — I usually give *Baptisia* at once in acute cerebral affections. The rigors, the fever (which is usually somewhat of a typhoid nature), the prostration, the fetid breath, dull, red face, injected eyes, brown or dirty-white tongue, which is dry in the centre, delirium or stupor, especially if the patient imagine himself away from home or from his customary room, and wants to go home,

offensive urine and stools, if there are alvine evacuations, teeth not clean and smooth, eyes sore or sensitive to light, pulse rapid at first, then slow and feeble, — all these symptoms usually yield to *Baptisia*. But I must not forget *Apis*; for if there are sudden convulsions, loss of consciousness occasionally interrupted by sudden outcries, inability to hold erect the head, which is wet with a sticky perspiration, protrusion of the tongue, with nausea or vomiting, and the frequently voided urine is dark, scanty, and sometimes milky, and perhaps preceded by cries, if the face and hands are pale, puffy, and have a sticky moisture, there is grating of the teeth, trembling of the limbs, with twitching on one side while the other appears to be paralyzed, and perhaps occasionally you may see red streaks or crimson spots on the face or different parts of the body, and especially if you fear effusion into the ventricles of the brain, *Apis mel.* is invaluable. But time will not permit me longer to weary your patience.

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CYSTOCELE TREATED BY MEANS OF THOMAS'S ANTE-  
VERSION PESSARY.

BY E. M. HALE, M. D., CHICAGO.

CYSTOCELE, or vesico-vaginal hernia, as it is termed by some writers, is a troublesome and distressing condition, and difficult of relief. "It consists of a descent of the bladder towards the vulva, so as to impinge upon the vaginal canal. When the anterior wall of the vagina, which is closely adherent to the bladder, the base of which it sustains, ceases to afford the required resistance, the bladder, partly under this influence and partly under that of traction, descends, and forms a pouch in the vagina. It gradually increases until it protrudes between the labia majora. The pouch thus created becomes filled with urine, which in the ordinary act of micturition cannot be evacuated, from its being contained in the pouch. This undergoes decomposition, free ammonia is formed, and cystitis or vesical catarrh is established, which annoys the patient by pain, heat, vesical tenesmus, and scalding urination." (Thomas.)

I have had two patients in which this condition was fully developed. One could urinate only when she pushed the pouch back with the finger. The pouch itself became raw and painful,

especially when menstruating. When I was called in consultation, the physician had already advised a surgical operation (elytrorrhaphy). Singularly, the uterus was not anteverted in either case.

While making the examination, it occurred to me that Thomas's latest anteversion pessary might be used to advantage. I refer to the one in which the "Albert Smith pessary" is improved by the addition of an anterior bow. The patients and physician readily acceded to my proposition to try one of these pessaries before resorting to surgical interference.

A cut of this pessary will be found on page 368 of Thomas's "Diseases of Women," fourth edition.

Thomas does not mention the use of this pessary in the treatment of cystocele, although he refers to the glass globe pessary, the double lever of Hodge or Smith, the ring of Meigs, or the stem of Cutter. I introduced one of the proper size, with the bow in front of the uterus, and as the bow rose between the bladder and uterus, the pouch receded, and became obliterated. The immediate result was everything that could be desired. These patients have now worn the instrument nearly six months without any discomfort, and are very grateful for the comfort and benefit derived. I advised the use of a mild Faradic current to the prolapsed portion of the bladder, and hope that in a few months the removal of the pessaries will be followed by a cure.

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#### CASES FROM PRACTICE.

BY S. H. COLBURN, M. D., ATHOL.

MAUD B., child. — Diarrhœa early in the morning ; watery profuse gushing ; little pain ; *Podo.*<sup>2c</sup> in water, every four hours, June 27, 1876. June 27, well ; no more discharges after the first dose.

Boy, two and a half years old. — Sour vomiting of curdled milk ; watery, yellowish stool ; child is pale and fretful. July 10, 1876, *Calc.*<sup>6m</sup>. July 11, vomiting soon ceased and no diarrhœa since last night. High fever ; rapid, hard pulse ; much thirst ; restless. *Acon.*<sup>2c</sup>.

July 12, no fever ; painless, watery discharges. *Ferrum*<sup>2c</sup>. July 14, well.

Mrs. M. L. — Diarrhœa, painless ; undigested ; worse from eating fruit or vegetables, and pain in stomach after eating. July, 16, 1876. *Cinch.*<sup>30</sup> after every stool. July 17, better ; *Cinch.*<sup>30</sup> continued ; well in two days.

Mrs. A. L. — Frequent scanty slimy discharges, with tenesmus and griping pains in bowels before stool, ceasing for a time after ; bad taste in mouth ; dull frontal headache ; frequent inclination to urinate, with burning. July 17, 1876, *Nux vom.*<sup>2c</sup>. July 18, well.

A. E. C. — Got up several times in the night with diarrhœa ; watery discharges with griping ; sense of fulness in the abdomen ; slight nausea ; drinks often, but little at a time (good symptom for *Ars.*, but *Cinchona* has it). July 26, eight o'clock A. M., *Cinch.*<sup>30</sup>. Seven P. M., no more operations during the day ; feels well, but weak. July 27, well.

Boy ten months old, teething. — Diarrhœa ; watery, gushing, changeable in color ; no two alike ; sometimes with whitish mucus, fetid ; more in the morning, but some through the day ; scarcely any at night, and then after midnight. I hesitated between two remedies, *Sulph.* and *Podo.* ; concluded to try the latter, and if it failed, bring up the greater reserve, *Sulph.* July 27, 1876, gave *Podo.*<sup>30</sup> every two hours. July 31, no especial change ; *Sulph.*<sup>2c</sup>. Aug. 3, nearly well ; discharged ; no more trouble after this. The boy had been in this condition a month under allopathic treatment.

L. B. — Had been overeating and drank too much cold water. Taken in night with nausea and vomiting ; frequent watery discharges from the bowels, with some griping ; nausea worse from taking anything into the stomach ; throws up all ingesta ; whole condition decidedly aggravated by motion. July 31, eight o'clock, A. M., *Bry.*<sup>2c</sup> ; all trouble ceased after first dose.

F. S. C. — Diarrhœa ; watery, mucous, yellow ; preceded by griping, feeling of weight, and fulness in pelvis ; want of confidence in sphincter ani ; some flatus with stool ; worse from walking, standing, and passing urine. Aug. 3, 1876, *Aloes*<sup>30</sup> every two hours. Aug. 5, well.

E. — Diarrhœa, beginning about six o'clock last evening ; through the night, and this forenoon ; watery, light in color ; probably effect of exposure to the hot sun. Aug. 15, ten o'clock, A. M., *Bry.*<sup>2c</sup>. Aug. 16, well.

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# THE NEW ENGLAND MEDICAL GAZETTE.

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BOSTON, AUGUST, 1877.

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AN unmistakable sensation was produced in this community during the past month by the appearance in the *Daily Advertiser* of letters copied from the *London Lancet* and from the *Times*, concerning the renewed attempts on the part of Dr. Wyld, vice-president of the British Homœopathic Society, to effect a compromise between the old school and the homœopathists.

So far as Dr. Wyld's efforts are concerned, we can only characterize them as feeble, ill-advised, and wholly out of place, and cannot wonder that he has met with no better success this time than when he approached Sir James Watson on the same subject a year ago; but there can be no doubt that the publication of these letters produced an impression among thoughtful people here, such as few topics could call forth at this time. The further public discussion of the subject was, of course, out of question. A matter which has come to be, both among the profession and laity, purely a party affair, and concerning which a very large portion of the community feel extremely sensitive in consequence of the continued and ostentatious expulsion of homœopaths from the Massachusetts Medical Society, is not one which it is desirable to stir up again extensively at present.

That a reconciliation will be brought about between the parties now contending is not only beyond a doubt, but inevitable, if we can but be patient. By that time, however, the conflict between conservatism and progress will have assumed a new form and have other issues. Meanwhile the old differences must remain, do what we will, and no understanding on the part of any number of the combatants to live in peace and let by-gones be by-gones can "bridge the chasm." Contention is the law of progress, and the settlement of matters of dispute in medicine is a thing of tardy and uncertain growth, as every body must see who has any acquaintance with medical history, or who is capable of the least reflection. But aside from such general considerations, what possible reconciliation can we expect or desire with men who continue to assert, to this day, that "putting an ounce of epsom salts into the Thames, at Kingston, and expecting to be purged by its action in the water taken out at London Bridge," is homœopathy. If the reconciliationists will only consider that it is not so much the opposition on the part of the wise and just, but the ran-

corous, implacable party spirit and bigotry pervading the masses of what we must emphatically call the old school, that is the obstacle in the way of all agreement, they cannot fail to see at once, not only how vain, but how unworthy all their efforts must continue to be. We have no wish to appear in the light of "irreconcilables," but we must continue to affirm that the principles of homœopathy differ from those of the old school, as order from chaos, or, to use a more familiar expression, "as night from day." While we can claim for ours that they are legitimate inductions from scientific data, in logical harmony among themselves and with the principles of all natural science, contravening no fact of medical science or experience, it is not too much to say that the only thing approaching a principle claimed by the old school is the unanimous understanding, so plausible to the common mind, to recognize no principle in practice whatever.

Until it shall be freely conceded, first and foremost, that all legitimately qualified physicians who honorably strive to do their duty by the profession and the public are fully entitled to all professional courtesy and the freedom of their opinions; and, furthermore, that whatever may be the merit of the so-called scientific method in therapeutics, the healing art, in so far as it relates to pharmacodynamics, must rest mainly upon an empirical basis,—as for practical purposes, at least, the nature and course of vital processes are not to be explained or utilized by mathematical, physical, chemical, or even physiological methods, as understood to day, any more than by the methods of abstract reasoning,—until then, any attempts at reconciliation coming from our side must be worse than folly. That concession once granted, however, we may honorably meet our opponents half way, and it is inevitable that they must then follow us by the paths of drug provings, and the rigorous individualization of cases from their crude indications derived from pathological speculations, from their palliatives and rough and destructive physiological dose, to the law of specific relations, or, in other words, of similars, and the curative dose.

The millennium, however, is evidently not yet at hand. Clear and just as our claim is, and imperatively as its concession is demanded by the present state of medical science, experience, and logic, there is absolutely no prospect of seeing it granted. While, in the dominant school, physicians are not held to the regulation of their knowledge, their observation, or their practice by the logic of modern science, but rather by traditional notions of drug action or the blind belief in the dicta of the latest authority; and while they are bound by the strongest of personal motives, the submission to their conventional codes of ethics, to shut their eyes against reason, justice, and every considera-

tion of fair play, so long every one among us who either cannot or will not comprehend the principles which give our practice its *raison a'être* and permanent growth must make his private peace with the powers that be, and feed as fat as he may on such crumbs of condescension as may be thrown to him by those whom he craves to call his fellows, for renouncing the word "homœopathy."

Nothing can be further from our minds, however, than to assert that all the fault lies on the other side. While among ourselves there is no concerted action to raise our practice to the position it should rightly occupy to-day; and while, on the one hand, a blatant quackishness proclaims homœopathy in possession of infallible means to heal disease, and on the other, a knock-kneed, sceptical "conservatism," which persistently shuns the study and application of our *Materia Medica*, most effectually arms our opponents by virtually conceding that our method is good only for mild and simple cases, it will be discreet to make no further advances towards reconciliation, and to bide our time. Unless a reconciliation comes in the fulness of time and the natural course by the growth of our own knowledge and clinical success, and in consequence of our inflexible adherence to the principles towards which the other side is even now irresistibly drifting, it will never come; and no time-serving compromise can advance for a moment the interests of science or humanity. To sue for it and struggle for it before this natural development has proceeded to a sufficient length is to yield every advantage we have gained in more than half a century, and to expose ourselves to unnecessary snubs and to well-grounded suspicions of insincerity.

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THE regents of the University of Iowa have established a Homœopathic Department in the University, and have elected Dr. Dickenson, of Des Moines, to the chair of *Materia Medica*, and Dr. Cowperthwaite, of Nebraska City, to the chair of Practice. The new department will open in September.

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THE Massachusetts Medical Society has had another meeting, and has been regaled by the orator of the day with the usual intelligent and reliable (?) statements in regard to Homœopathy. Some of the remarks are so rich that we propose to quote them, and afterwards raise our voice in mild protest.

After speaking of the bonds of union between the different members

of the Society, and of the code of ethics, so catholic in spirit, which countenances the "widest diversity of opinion and practice consonant with science," and "frowns upon all dogmas, pathies, and isms, and forbids professional affiliation with exponents of any exclusive system or dogma," he continues, "The code declares that there is but one true science of medicine, which embraces within its scope all truth, from whatever source derived, that can be applied to ameliorate human suffering, to promote longevity and the greatest possible physical, mental, and moral perfection. It pronounces modern eclecticism a fraud, for it elects from a limited field in its *Materia Medica* and therapeutics. It declares hydropathy a fraud, because it converts water into a universal panacea, denying all philosophy and *drowning* all reason. It asserts allopathy a fraud in significance and application, a creature of desperation, conceived by empiricism to disparage rational medicine before the judgment of the world. It denounces homœopathy as the giant fraud of the nineteenth century, *and so do its nominal advocates and practitioners; for they repudiate its fundamental principles in their daily practice, and this duplicity constitutes their chief shame.*\* Homœopathy, as taught by Hahnemann and his earlier disciples, was so grossly unphilosophical and inert that the generation of its birth would have witnessed its death and consignment to oblivion, *had it not been abandoned in the domain of Materia Medica and Therapeutics.*\* With so powerful an ally as nature furnishes for the dislodgment of functional disease, homœopathy was compelled to abandon its tenets, or alarm and dispel the household of its faith; yet it has never risen to that plane of moral honesty to admit that *rational medicine is furnishing it principles of treatment and means of their application.*\* In Germany, the place of its birth, and in France, that of its adoption, there are rarely to be found those so poor as to do it homage. In Great Britain it has maintained but a precarious, sickly existence, and is rapidly dying out, to pass into history with a reputation less enviable than its sister frauds, — the royal touch, chronothermalism, and Connecticut Perkinism; and in this country, though having abandoned its system while it still wears the cloak, it has passed the zenith of its power, even in its disguise. The public mind has but to be illumined by these facts (?) to enable scientific medicine to mount to that plane of influence to which its merits have long since assigned it."

We find it difficult to conceive how a greater mass of nonsense and falsehoods could be crowded into the same small space. If our learned orator has as much success in his practice as he has shown in distorting the truth, he certainly bears off the palm over all competitors.

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\* The italics are ours.

Let us examine his remarks somewhat in detail.

In the first place, he characterizes the code of ethics as catholic in spirit. Here we venture to differ with him ; for the word "catholic" can hardly be applied to regulations so narrow and bigoted as those by which the members of the Massachusetts Medical Society agree to be governed, — regulations which forbid consultation with homœopathic practitioners under penalty of expulsion from the Society, even though in many cases the homœopaths are graduates of the same colleges, and know as much as their "regular" brethren, and homœopathy beside.

He claims in one sentence that the regular school appropriates and absorbs all the truths of the different systems, and in another condemns the eclectic school for doing the same thing. Verily, a distinction without a difference.

Homœopathy, however, is the giant fraud, and is so regarded by its advocates and practitioners, "for they repudiate its fundamental principles," etc. This we know to be utterly false, for the physicians of our school believe as much in the *fundamental* principles as did Hahnemann or his immediate followers. These principles are, as we understand them, that the totality of the symptoms constitutes the picture of the disease, that these symptoms must be covered by a drug known to produce *similar* symptoms in the healthy, and that the dose must be small enough so that all danger of aggravation is avoided.

These three things every homœopathist carries into daily practice, and repudiates no one of them.

The next remark displays the orator's utter ignorance of homœopathy ; he says that it would have died in the same generation which witnessed its birth, if it "had not been abandoned in the domain of *Materia Medica* and *Therapeutics*." If it was abandoned in that direction, what more was there to be given up ? Our learned friend should know that *Materia Medica* and *Therapeutics* form the only ground wherein the new school differs from the old ; everything else is the same, — anatomy, physiology, chemistry, surgery, etc. The one distinctive mark was *not* given up by the first practitioners, nor has it lost any of its force in later years. It remains still, and will continue to thrive long after our able friend and his wise sayings shall have passed into that oblivion to which he alludes.

Homœopathy was the first to acknowledge what an influence Nature herself exerted in the cure of disease, and considers it one of its duties to assist Nature, rather than to add to her burden by producing a drug disease.

As to the matter of "principles of treatment and means of their

application" being furnished by "rational" medicine, as our orator terms it, we think the boot is on the other leg, decidedly.

Our remedies are used by many practitioners of the old school, and administered in the same way, and these men have not only not the "moral honesty" to give the source of their information, but go even farther, and claim as their own discoveries what are clearly the prerogatives of homœopathy. We may mention, as a good example, Mr. Sidney Ringer, who has published a manual of *Materia and Therapeutics*, and claims that the ideas therein advanced are something new, while in point of fact every page in it is teeming with homœopathy, — crude it may be, but homœopathy still.

It may be that in Germany and France "there are none so poor as to do it homage": if so, it is probably because it has been adopted by the wealthiest and most cultured classes, as is the case in America.

If homœopathy is dying out in Great Britain it will make about the liveliest corpse on record, if we may judge by the success attending the London Homœopathic Hospital, by the fact of the establishment of the London Homœopathic School, by the thriving condition of its journals, which are among the best in the world, and by its many eminent practitioners.

As for this country, the fact that homœopathy now numbers its thousands of practitioners where it numbered tens thirty or forty years ago, while its intelligent adherents are increasing from day to day, is positive proof that "it has passed the zenith of its power." If our able friend would look a little more carefully into statistics, his deductions would be more truthful, although less satisfactory to himself.

The old school possesses the true science of medicine, according to the orator. Let us now, for a moment, glance at this science. It is taught that pathology is the key to therapeutics, hence the chief aim of the "regular" school has been to get at the exact pathological state, before remedies are applied. Now, what is the consequence? There have been an endless variety of theories as to the pathological state which produces a certain disease; each theory is the fashion, so to speak, for a time, and while it holds sway one class of remedies is employed; soon, however, there comes a radical change, the former method of treatment is condemned, and for it is substituted one which often is the exact opposite. The more advanced thinkers in the old school — to which class our orator does *not* belong — are beginning to see the futility of therapeutic measures, which have their foundation in pathological anatomy, and one of their ablest writers, Stokes, goes so far as to say that the time spent in the "dissecting-room of a medical school or in the dead-house of a hospital" is so much time wasted, as

far as acquiring a knowledge of curative or preventive medicine is concerned.

It is generally considered that if a man is to criticise any subject, he must know what he is talking about: it is evident that this view is not held by our allopathic brethren, as is clearly proven by the wretched twaddle in which they indulge on the subject of homœopathy.

The orator says that "the public mind has but to be illumined by these facts to enable scientific medicine to mount to that plane of influence to which its merits have long since assigned it." If it depends upon such garbled statements as we have quoted to "illumine the public mind," we think "scientific medicine" will have to take a back seat. When *facts* are given, homœopathy alone will be benefited, and will take full possession of that "plane of influence" towards which it is making such rapid strides, and will finally be acknowledged as the only art of healing.

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THE address of Dr. Barrows, published in this number, was delivered a few years ago, but has never found its way into print. We thought it might be interesting to the profession.

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WE are pleased to welcome to the field of medical literature another homœopathic journal, the *American Homœopathist*, published in Chicago. The editor is J. P. Mills, M. D. The initial number, which is before us, presents a neat appearance and contains much useful matter. The terms are two dollars per annum. We trust that Dr. Mills will have the cordial support of the profession.

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## OBITUARY.

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DR. WM. E. PAYNE.

THE death of Dr. Payne, which occurred on the 9th of March, makes a most serious breach in our ranks. As known to most of you, he had been in ill health most of the time for four or five years, suffering from an obscure nervous disorder, or affection of the brain, causing vertigo and other symptoms, with some loss of strength, but no disturbance of the mental powers. After some ten months spent in Europe, his health was somewhat improved, and he resumed his practice and was more or less actively engaged up to the time of his last sickness. He was first attacked, quite suddenly, with symptoms of angina pectoris,

of a very severe and painful character. When I first saw him, twelve days after that, he was still unable to lie down, and could sleep but a few seconds without losing his breath. As soon as he lost consciousness he stopped breathing. This had been so ever since the beginning of the attack. Dr. Savage had been in faithful attendance from the first, but remedies seemed to give only partial relief. I found some hepatization at the lower part of the left lung. The breathing and the lung were somewhat relieved by *Ant. tart.*<sup>200</sup> in the course of twenty-four hours. Dr. F. W. Payne of Boston arrived about this time, and remained in most devoted attendance upon his father while he lived. The doctor himself had no hope of his recovery from the time I first saw him. He reasoned most calmly and clearly about it, as he would about a patient. He said he had already been twelve nights without sleep or lying down, and could take very little nourishment, and he saw no way but for him to break down. About the fifteenth day, diphtheria set in, with excruciating pain on swallowing. This was mostly conquered in about two days. About the eighteenth day the feet began to swell for the first time and the anasarca gradually extended to the body. Owing to the extreme tenderness of the left side of the chest, critical examination of the heart could not be made, but hydropericardium began probably about the nineteenth day, and was the immediate cause of the termination of life on the twenty-third day. During all this time he was able to lie down but a few brief moments at a time, and his breathing was very irregular and distressing, yet his patience never waned. His mind was perfectly clear to the last, and his confidence in homœopathy to do all for him that could be done by man, was unshaken. As the pains and sufferings changed from time to time, various remedies gave much relief, notably *Nux mosch.*<sup>200</sup>, *Ran. bulb.*<sup>200</sup>, *Acon.*<sup>10m</sup>, *Ign.*<sup>200</sup> *Verat. vir.*<sup>30</sup>, *Lactuca vir.*<sup>200</sup>, and others. We telegraphed at full length to Dr. Lippe, several times, who advised every time *Lachesis*, and we gave it at many different times, as we all agreed that it corresponded exceedingly well, but it had no effect on the main symptoms. About six hours before the doctor died I told him I gave him up. When his wife came in, a moment after, he said, in his usual quiet way, "Well, the doctor begins to agree with me, now, that I cannot get well." I cannot dwell on the scenes of grief which followed on the part of his devoted family, but during it all he who loved them so well was as calm as ever. He fell peacefully asleep at three in the morning.

My pen can do no justice to his character, but I have presented this sketch of his case, feeling that these details, though personal, belong to all of us who knew him but to respect and love him. His death is a

serious loss to the whole profession of this country, yes, of the world. How much more to our little circle, where he has filled so large a place of noble example, of encouragement, of devotion to our cause, and where he contributed so much to the public standing of homœopathy by his conceded ability, integrity, and life-long success, — all free from the slightest trace of meretricious methods or from any departure from the pure principles of Hahnemann!

If we shape our lives upon the same principles and follow the same methods we shall do equally well according to our several ability.

JAMES B. BELL.

AUGUSTA, May 22, 1877.

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## SOCIETIES AND INSTITUTIONS.

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IN ANNUAL MEETING OF MAINE HOMŒOPATHIC MEDICAL SOCIETY,  
CITY COUNCIL CHAMBER, ROCKLAND,

May 23, 1877.

THE committee to whom was referred so much of the address of our president as relates to the decease of our lamented colleague, William E. Payne, M. D., report,

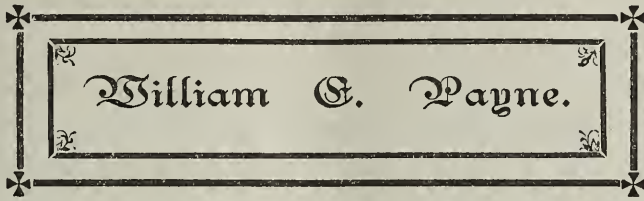
“That there really seems but little occasion for us to add to the eloquent and feeling remarks of the president in relation to that afflicting dispensation.

“Truly, a strong pillar of our Society has fallen. ‘Our hearts were filled with sadness’ when we heard that the angel of death had smitten down that strong pillar. Our sadness was renewed as we came up to this, our annual festival, and reflected that the place which has known him will know him no more.

“Amid the earnest voices which now mingle in our councils, we shall listen in vain for that voice which was always welcome, and which lingers still in memory, like the musical echoes which vibrate on our ears after the voice of the songster has ceased. We are not expected to write his biography; that duty must devolve upon some one more intimately acquainted with the whole history of his past life, in all his relations with mankind.

“We deem it unnecessary to multiply words where silence and sorrow are the most fitting and spontaneous expression. We need neither to write his eulogy nor cover his tombstone with memorials. His name and fame are abroad, known and read of all good and true students, patrons, and practitioners of homœopathy, wherever the disciples of Hahnemann are found.

“If a beautiful shaft of granite or of marble were erected over his resting-place, it would need no inscription for his numerous friends and the medical men of his time, but the name of



“The loss which has been sustained by this Society has impressed the hearts of its members with sentiments of profound regret, and impels them to record their tribute of respect among the transactions of the Maine Homœopathic Medical Society, that it may there remain as a testimony, alike honorable to the memory of the deceased and to the institution of which he was a highly valued member.

“The members of this Society heartily sympathize with the bereaved relatives and friends of the deceased, and respectfully proffer their condolence under this afflicting dispensation of Divine Providence.

“Under a full sense of the loss sustained, they feel called on to bow with humble resignation to the will of that merciful Father, in whose hand are the issues of life, and to rejoice in the assurance that that which to us is loss is to him gain, and that he with whom we have been so intimately connected has left us a bright example in the faithful performance of his duties, as a man, a patriotic citizen, and a Christian physician. His voice is silent, his seat vacant. He has gone to receive from the Divine Master the welcome plaudit, ‘Well done, good and faithful servant.’

“On whom shall his mantle fall? Who of us shall be able to wear it worthily?”

The committee offer no resolutions, but instruct the secretary to forward a copy of the above to the family of the deceased.

MOSES DODGE, M. D.	}	<i>Committee.</i>
H. B. EATON, M. D.		
C. H. BURR, M. D.		

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*THE MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL SOCIETY.*

In accordance with the desire of several medical men of Boston and its vicinity, who had previously consulted upon the subject, a meeting was held on the 6th of December, 1876, at the college building on

East Concord Street, for the purpose of organizing a surgical and gynecological society.

The meeting having been organized, Dr. H. M. Jernegan, of Boston, presented the following reasons that had influenced the members to found a new society: —

*First.* That such a society seemed needful in order to stimulate its members and the profession generally to a deeper sense of the importance of the art of surgery and the diseases peculiar to women, and the combination of individual effort to advance their knowledge of the causation, the pathology, and the treatment of surgical and gynecological diseases.

*Second.* That it would do what can in no manner be as well effected by other organizations already in existence, because, in a general medical and surgical society, there is not to be expected that intensity and focalization of scientific interest regarding special points which are so necessary to advance the interests of special subjects.

Further remarks were made by Drs. N. R. Morse of Salem, A. M. Cushing of Lynn, J. M. Hayward of Taunton, H. L. Chase of Cambridge, M. G. Houghton of Boston, Drs. Whittier and Bennett of Fitchburg, favoring a separate organization.

Dr. I. T. Talbot and others were of the opinion that the new society should be formed as a branch of the State Medical Society, and a committee was chosen to confer with the Executive Committee of that society, also a committee to draft a constitution and by-laws, both committees being instructed to report at a meeting to be held Jan. 17, 1877, at which meeting it was reported that the Executive Committee of the State Society were adverse to accepting the new organization as a branch.

The Committee on Constitution and By-Laws then reported, and their report was accepted unanimously, and the following officers were chosen: President, Dr. H. M. Jernegan, Boston; Vice-Presidents, Drs. A. M. Cushing, Lynn; M. G. Houghton, Boston; Secretary, Dr. Geo. H. Payne, Boston; Treasurer, Dr. M. G. Houghton. The officers also form the Executive Committee of the society.

The society has for its object the improvement of its members, whose aim is the discussion of the questions pertaining — as its name signifies — to surgical operations and the diseases of women. Its work will be strictly scientific and utilitarian, the number of members being limited, all to be active workers. The regular meetings of the society are to be held quarterly.

A regular session of this society was held at the college building, East Concord Street, March 7, 1877, at 2.30 P. M., the president, Dr.

Jernegan, in the chair. After reading the records of last meeting and the usual preliminary business, an interesting discussion upon Endo-Cervicitis followed, Dr. Bennett, of Fitchburg, reporting a very interesting case.

This being a business meeting of the society, no papers were read. The society then adjourned until its next regular time of meeting, June 6. June 6, 1877, 3 P. M., meeting called to order by the president, Dr. Jernegan, records of the last meeting read and approved, also a letter from Prof. R. Ludlum of Chicago, who signified his willingness to co-operate as far as he can in aiding the new society, which unanimously elected him a corresponding member. Dr. H. K. Bennett, of Fitchburg, read a paper on Uterine Fibroids, Dr. H. M. Jernegan, of Boston, one on Three Cases of Ovariectomy, embracing a novel treatment of the pedicle.

Dr. Bennett also submitted a report of an interesting surgical case; Dr. M. G. Houghton, of Boston, another. After an interesting discussion upon the papers presented, the meeting adjourned.

GEO. H. PAYNE, *Secretary.*

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#### ALBANY COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

##### AN IMPORTANT AMENDMENT PROPOSED TO THE CONSTITUTION.

A REGULAR monthly meeting of the County Homœopathic Medical Society was held in the surrogate's room last evening, Dr. Waldo of West Troy in the chair. Dr. G. H. Benjamin of Albany was elected a member of the Society. Dr. Waldo, of the committee to prepare a form of a code of ethics for the government of the Society, presented and read the form adopted by the American Institute of Homœopathy. Dr. Paine proposed the expulsion from the constitution of the Society of the clauses which require of applicants for membership an avowal of a belief in the homœopathic maxim, "Similia similibus curantur." He thought the admission of members should depend on educational qualifications alone, that an acknowledgment of adherence to any principle of therapeutic belief should not be a requisite to membership. He offered the following proposed amendment to the constitution: "The Society demands for itself absolute liberty in science, and hence requires of its applicants for membership no creed or confession of medical belief, but only a willingness to act for the furtherance of its declared objects, which are, the advancement of the science of medicine, particularly the improvement of homœopathic therapeutics." A ballot on the proposition indicated an equal number of votes for and against its adoption. On motion, the further consideration of the subject was postponed to a future meeting.

Dr. Van Derzee called attention to the value of iodia in the treatment of scrofula and certain other forms of constitutional diseases, and illustrated its uses by relating several cases. Dr. Paine presented a concise statement of the therapeutic indications for the administration of pilocarpus pernatifolius (jaborandi), the new Brazilian remedy. The result of a number of experiments exhibits important qualities, which, if maintained in future trials, give it high rank among the more valuable drugs in use. A committee was appointed to procure a supply of the medicine, of which provings are to be made by members of the Society. The Committee on Medical Legislation presented a full report in reference to the organization of State Boards of Health, which was accepted, and referred to the Committee on Medical Legislation of the American Institute of Homœopathy for presentation at its approaching meeting, to be held at Chautauqua Lake, N. Y. The meeting adjourned to the second Tuesday in July.

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TO THE HONORABLE THE LEGISLATURE OF THE STATE OF NEW YORK.

The Committee on Legislation of the Homœopathic Medical Society of the State of New York desires to call your attention to the following proposed amendment of Assembly bill, No. 223, to establish a State Board of Health.

The amendment asked for by the homœopathic physicians of this State is the striking out of the third and a portion of the fourth lines in the first section, to wit:—

*“Five of whom shall be physicians of good standing in their profession, of not less than ten years’ practical experience,”* and in place thereof the insertion of these words:—

*“Of whom three shall be members of the State Medical Society and three shall be members of the State Homœopathic Medical Society.”*

The committee desire, in the most positive terms, to ask you to approve the foregoing amendment, for the following reasons:—

Health Boards are now established in nine or ten States. Under the laws creating these Boards, upwards of one hundred medical men are now exercising the powers conferred on them. In not a single instance has a representative of the homœopathic school been appointed.

Objection will be made by allopathists to our proposed amendment, on the ground that it is unnecessary and impolitic, and that it is better to leave the matter of appointment entirely to the discretion of the executive.

This we would be willing to do had not experience during the past six years shown our inability to resist the monopoly maintained by the allopathic school.

Very strenuous effort is being put forth by allopathic physicians, as represented by the American Medical Association and the American Public Health Association, two kindred societies, to secure the enactment of laws creating Boards of Health in all the States of the Union. These two national societies are quietly endeavoring, by the creation of State Boards of Health, to obtain entire control of sanitary affairs, while *ostensibly* acting solely to promote the interests of the American people. While professing only the welfare of the people, they are really promoting the interests of their own school by extending and confirming sectarianism in medicine.

In behalf of the people of the State, especially adherents of homœopathy, and in behalf of liberty of thought and action, as opposed to exclusiveness in medicine, we respectfully and earnestly request you to support the amendment proposed by the representatives of the homœopathic school.

If this amendment cannot be adopted, we sincerely hope the bill may be defeated, so as to leave the management of sanitary affairs to the local authorities of the towns and cities of the State, as at the present moment.

By enacting this bill a *new department of government* will be created.

The Board is to be a permanent office, pertaining wholly to the domain of medicine. Though at first a few non-professional men might be appointed, it is certain that in the end only physicians would receive appointments by the filling of vacancies as they occur.

While there is no valid objection to the permanent representation of our school in the Health Department of the State, should such a department be created, there are many good reasons why the homœopathic school should be represented equally with the allopathic. Simply equal representation is all we seek. We do not ask or expect class or special legislation. We ask you to grant us by legislative aid that which, after repeated efforts, we are unable to secure by any other method.

We therefore earnestly implore you not to leave a matter so essential to the standing and honorable position of our school either to clemency, prejudice, or caprice.

Respectfully submitted.

WILLIAM GULICK,  
E. DARWIN JONES,  
L. M. PRATT,  
W. C. DOANE,  
H. M. PAINE,

*Committee on Legislation of the  
State Homœopathic Medical Society.*

Action on the bill to create a State Board of Health will be taken within a very few days. Homœopathic physicians are requested to write, as soon as possible, to their members of the Legislature, urging the adoption of the proposed amendment.

BY ORDER OF THE COMMITTEE.

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## REVIEWS AND NOTICES OF BOOKS.

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CONDENSED MATERIA MEDICA. By C. Hering. Bœricke & Tafel.  
1877.

The name of the author of the above work is sufficient guarantee of its worth. It supplies a want long felt by the student of our *Materia Medica*, that is, a symptomatological book where some knowledge of a remedy may be obtained in a reasonably short space of time. Most of our symptomatologies are too large and cumbersome to be of much real practical value to the student or the practising physician, — non-practical to the student, because in the tiresome search for some grains of good among so much of what he cannot but regard as chaff, he becomes wearied and more or less disgusted with what is in reality the most important and interesting branch of our study; non-practical to the physician, because, in the hurry of business, he has not the time to search this vast array of symptoms, good and bad, valuable and useless, and to select such as are good from out the rest; thus instead of carefully selecting the individual remedy best suited to each case, he is but too apt to rely upon previous clinical experience purely, and consequently becomes more or less of a routinist. All this is avoided in this work of Dr. Hering's: what one wants, that he is able to find, and at once. In an almost daily use of the book for the past three months, we have scarcely met with a symptom that could be called useless, while we have hardly ever opened any of our other works on *Materia Medica* save to close them after long and often fruitless search with a feeling of disgust and a prayer for deliverance. We now begin to believe that our prayer is to be granted. The arrangement of the work, if nothing else, commends it at once to the student: symptoms are put in their appropriate places, and when two or more symptoms are connected in any way, either in the provings or clinically, the connection is indicated by reference. Thus we are able to obtain a more or less complete picture of drug action. This is

impossible with most of our previous works, unless a man is blest with a mind far more synthetical than is the lot of most mortals.

The "Condensed Materia Medica" is a book all physicians and students should possess.

#### BOOKS RECEIVED.

DIABETES MELLITUS. By Wm. Morgan, M. D. Bœricke & Tafel, New York and Philadelphia, 1877. For sale by Otis Clapp & Son, Boston.

THE LIVER AND ITS DISEASES, BOTH FUNCTIONAL AND ORGANIC. By Wm. Morgan, M. D. Bœricke & Tafel, New York and Philadelphia, 1877. For sale by Otis Clapp & Son, Boston.

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### ITEMS AND EXTRACTS.

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AIR EMBOLISM. — Under the direction of Vulpian, Couty made a series of experiments to determine the effect of the admission of air into veins, and describes the symptoms occurring in surgical cases. The heart was so prepared that its relation, before and after the entrance of air, could be observed. According to the writer, the air on entering the vein did not go beyond the vertebral arteries, therefore the direct disturbance of the brain could not be the cause of death. The right side of the heart was not paralyzed, but its contractions were rather increased until the respiratory and muscular activity was lost, when it became quiet. The stoppage of the pulmonary circulation was not dependent upon air embolism of the pulmonary arteries, nor was it found that the main branches of the pulmonary artery contained air. A diminution, not an absolute cessation, of the aortic current occurred. It was considered that the pulmonary circulation was stopped by a disturbance of the heart's action. The air entering the heart remained in the right ventricle, which became doubled and trebled in size. The normal contraction being thus suspended, the foamy fluid was driven backwards through the open valves into the veins. This regurgitation continued in the fatal cases to the time of death, a diminution in the aortic contents being the result. The process was divided into four stages. (1.) A diminution in the aortic contents and in its tension with acceleration of the heart's action, but no general symptoms. (2.) Decided diminution of arterial tension, accelerated respiration

and syncope. (3.) Little or no arterial current, irritation of the vasomotor centres (spasms and convulsions), spontaneous evacuation of the urine and fæces, rarely deep respirations. (4.) No arterial tension, death of the brain and cessation of convulsions, respiration stopped, then the heart, this being always the last symptom. — *Boston Medical and Surgical Journal.*

TYNDALL ON THE SPREAD OF DISEASE.— Professor Tyndall occupied the chair a few weeks ago in London, at a lecture of Dr. Corfield's on "Infectious Disease." After the lecture he remarked that it had been plainly proved that the contagion of disease consists of definite particles, sometimes floating in gas, or in the air, or in the liquid which we drink ; and that, like organic seeds in the soil, they multiply themselves indefinitely in suitable media, the great probability being that these disease-producing particles are living things. A close study of the subject, extending now over two years, enabled him to agree entirely with the lecturer as to the parallelism between the phenomena of these disease poisons and the phenomena of ordinary putrefaction. The case of flies communicating diseases from one person to another is exactly paralleled by phenomena in putrefaction. Thus he had chopped up a beefsteak, steeped it in water, raised the temperature a little above the temperature of the blood, poured off the water, filtered it, and got a perfectly clear liquid ; but that liquid placed in a bottle and exposed to the air began to get more and more turbid, and that turbid liquid, under the microscope, was soon found to be swarming with living organisms. By heating this perfectly clear beef-tea, it would be sterilized, everything being killed which was capable of producing those little organisms which produced the turbidity ; and by keeping it perfectly stopped from the air, and from coming in contact with any floating particles, it might be preserved for years. He had now some sterilized beef-tea of this sort, which had been preserved for eighteen months, in a state of perfect transparency ; but if a fly dipped its foot into an adjacent vessel containing some of the turbid fluid, and then into the transparent liquid, that contact would be sufficient to infect the sterilized fluid, just as a surgeon dipped the point of a lancet into vaccine lymph to vaccinate, and in forty-eight hours the clear liquid would swarm with these living organisms. In this, as in the case of contagious disease, there is a period of incubation.

In proof that the contagion of these communicable diseases is not gaseous or liquid, but solid particles, he described an experiment he had made only a few weeks since. Eighteen months since he had a place prepared from which all floating particles of dust were removed,

and in it he placed a number of vessels containing animal and vegetable refuse, and also two or three vessels containing perfectly clear beef-tea and mutton-broth, as transparent as water, in which the infective particles had been killed by heat. Although all these vessels had stood during that time side by side, there had been no communication of contagion from one to the other, the beef-tea and mutton-broth remaining as transparent as when put in, though the other vessels emitted the most noisome stench; but if a bubble was caused in one of the putrefying masses by blowing into it, and that rose to the surface and burst, and the spray of the bubble was allowed to fall on the transparent beef-tea or mutton-broth, in forty-eight hours they became as bad as their neighbors. It is not, therefore, sewer gas that is the cause of the mischief, but the particles which are driven up and scattered by the sewer gas.

Referring to another point on which the lecturer had insisted, — that there was no power of spontaneous generation of the germs or contagion of disease, — Prof. Tyndall said that though at present great names were opposed to that view, he would venture to predict that ten years hence this would not be the case. With regard to the generation of disease poisons in decomposing animal matter, he said that for the last twenty-one years he had been in the habit of visiting the upper Alpine valleys, where, among the Swiss *châlets*, there is the most abominable decomposition going on from day to day, and exceedingly bad smells, but there these contagious diseases are entirely unknown. If, however, a person suffering from typhoid fever were transported there, it would spread like wildfire from this infected focus, and the disease would pass through the entire population. It might be assumed, therefore, that each of these special diseases requires its special germ or seed for its production, just as we require a grape-seed to produce a vine. These diseases “breed true,” for we never find the virus of small-pox producing typhoid, or *vice versa*.

The subject is one of the most important which can engage the attention of the scientific physician; but in applying to daily practice this question of infectious diseases the physician must not stand alone: he ought to be aided by the sympathy of an enlightened public. If anything is to come in the way of really great sanitary improvement, it will be from the people themselves. Hence it is of primary importance that they should be properly instructed. — *Boston Journal of Chemistry*.

IN almost all cases of depression in patients suffering from mental disease, Rabow found the amount of urine in the whole twenty-four hours considerably diminished, the specific gravity increased, the

amount of urea more or less diminished, and the chlorides reduced to a minimum. In one case the excretion of urea sank to 4.16 grammes, and the chlorides to 1.6 gramme. In paralytics in the first stage, as long as a certain mental stock and psychical capacity remains, there is usually an increased amount of urine, and corresponding to the increased assimilation of food, more urea and chlorides than in health; as the weakness of mind increases, the amount of urine diminishes, and at the same time so does the absolute amount of urea and chlorides, while the specific gravity appears increased and a cloudiness of the urine, depending on the presence of urates, is rarely absent. The author did not often find albumen in the urine of paralytics, contrary to Von Rahenau. He found in eight out of ten cases of epilepsy the observation of Huppert confirmed, namely, that in every attack an appearance of albumen followed, though perhaps very small in amount. — *Archiv fur Psychiatrie*, Band VII., Heft. 1. (*Boston Medical and Surgical Journal*.)

FROM the East, in addition to the accounts of the terrors from war there come the threatenings of pestilence. The presence of the plague in some parts of Western Asia has been often referred to during the past two or three years, and the disease seems to have reappeared with fresh vigor in Bagdad and its vicinity. Fears are entertained of its indefinite extension in Mesopotamia, and the war now raging between Turkey and Russia will, of course, favor its advance still farther west.

In addition to the plague, there are grave forebodings regarding cholera. The epidemic of this disease, which began in India in 1875, is finding its way through Persia, into the Russian territories on the Caspian Sea. The presence of war will greatly favor its extension, and we may ere long hear of its ravages in Eastern Europe. — *Boston Medical and Surgical Journal*.

ANÆSTHESIA BY THE INJECTION OF CHLORAL INTO THE VEINS. — According to the *Medical Press and Circular*, MM. Tizzoni and Gracinto Gagliata in the *Rivista Clinica di Bologna*, have examined the following points: —

1. Is chloral injected into the blood a true anæsthetic?
2. Is there any serious danger from its use?
3. What are the risks?
4. Upon what element does the chloral act?

They have drawn the following conclusions:

1. It is not a true anæsthetic, but a powerful hypnotic. Cutaneous

sensibility is not abolished except by large doses. The cornea never properly loses its sensibility.

2. It is dangerous ; it is difficult to measure its action, which varies in different people ; it easily excites phlebitis. It is a poison to the heart.

3. Chloral acts directly on the muscular fibre. It determines contraction of the muscular fibre, and the heart stops in systole.

4. The best means to remedy accidents from chloral is to throw cold water on the head and spine. Pretended antidotes of *strychnia*, *quinine*, *atropine*, and *curara* are bad. — *Medical and Surgical Reporter*. (*Toledo Medical and Surgical Journal*.)

TREATMENT OF ACNE WITH SAND. — Ellinger states that he has obtained remarkably good results in simple and rosaceous acne by washing the affected parts with soap and water, and allowing them to remain moist for half an hour. Moistened sand is then rubbed in for a short time, according to the tolerance of the skin and the necessity of the case. The sand adhering to the skin should then be brushed off. This process should be repeated daily. The sand should be regular in size and free from lumps. (See notice of Prof. Auspitz's use of sand in our next number.) — *Boston Medical and Surgical Journal*.

LOCAL USES OF CHLORAL. — In the London correspondence of the *Medical Times*, Dec. 23, some interesting statements are made of local applications of *chloral* by Dr. Dowse, superintendent of the Highgate Infirmary. He has found it useful as an application to recent flaps after amputation. By such application there is not only relief from local pain afforded, but the unpleasant sensations felt in the extremities of the lost limbs, as in the toes, for instance, after amputation of leg, have also been avoided. When injected betwixt the flaps, it relieves the reflex startings so commonly present. The use of *chloral* as an external application to sores, etc., took its origin, with Dr. Dowse at least, in a sort of despair as to what to do in a case of fungus hæmatodes of the mamma. All sorts of disinfectants had been applied without satisfactory results, so *chloral* was tried, with such good effects that further trial of it was made. A few cases, briefly stated, will illustrate its action. When applied to a large cancerous sore on the top of the head, it not only relieved the pain, but the discharge, previously most offensive, was greatly improved and rendered less offensive. In a case of cancerous ulceration of the os uteri, in combination with *chloride of zinc*, great relief was experienced. An impetiginoid eczema of the face, which was obstinate and painful,

yielded to a solution of *chloral* and *glycerin*. The relief from pain was complete, and in a few days the surface began to clean and healed rapidly. In a case of osteo-arthritis, where the pain was very intense in the knees, which were so tender that the least touch was intolerable, flannels wrung out of a hot solution of *chloral* gave the greatest relief. — *American Practitioner*. (*Toledo Medical and Surgical Journal*.)

THE DANGER ATTENDING THE INTRODUCTION OF FLUIDS INTO THE NASAL PASSAGES. — Dr. Albert H. Buck, of New York, publishes (*Medical Record*) ten cases of injury to the ear following the introduction of fluids into the nasal cavity. Remarking upon the general belief that the nasal douche alone is apt to produce this sort of trouble, he says: —

“The introduction of a fluid into the nasal passages in a sufficiently large quantity to bathe the orifice of the Eustachian tube (no matter by what method it is introduced) is not wholly free from the danger of setting up an inflammation of the middle-ear. As stated by the patients themselves, the fluid is forced into the ear by the act of blowing the nose subsequently to the introduction of the fluid into the nasal passages. The depression corresponding to the orifice of the Eustachian tube is adapted by its very shape to retain, for a short time at least, a drop or two of the fluid which has been made to bathe its lips. From this position the adherent drop of fluid is undoubtedly forced up into the cavity of the tympanum immediately the patient supplies the necessary *vis a tergo* by blowing his nose, which patients are instinctively led to do very soon after the employment of any of the methods mentioned above.” — *Louisville Medical News*. (*Toledo Medical and Surgical Journal*.)

UNKNOWN PROPERTIES OF THE STRAWBERRY PLANT. — (Translation by A. McNeil, M. D., New Albany, Ind., from *Allgemeine Zeitung*.) An accident has shown us that the strawberry plant exercises a specific action in the mammary glands and their secretion.

In the preceding September, the superintendent of a large estate was very much surprised to learn that the cows on the estate had shown a considerable falling off in the quantity of their milk. The stables were well watched and no pilfering could have occurred. The following day showed a considerable falling off in the sales of milk. All the cows were in perfect health; they went twice a day to pasture, and, in addition, were fed a small quantity in the stable.

The superintendent became doubly attentive; he visited the pastures, examined the food they received at the stables, and inspected the

milking, without learning any cause. Finally, when he had ascertained that the cows were receiving the usual amount of food, he learned that the stable-keeper gave to the cows, in addition to their usual food, a certain quantity of strawberry foliage and vines to each cow, from a large bed near the stable. The superintendent believed that he must ascribe the decrease of milk to this circumstance, as there was no other explanation discoverable after a careful investigation. To be positive he ordered that none of the strawberry plants be fed, and after forty-eight hours the usual quantity of milk was received. A few days after, the same food was given and the same effect was again produced.

After I learned this fact, believing that it might be made useful to the human race, I resolved to experiment with the plants. During the summer I administered a decoction of the roots to two women who were weaning their children and could not prevent the secretion of the milk. One had nursed twins for fourteen months; she was of well-marked lymphatic temperament, had very well-developed breasts, and the lacteal secretion was so profuse that it was a true case of galactorrhœa. After they had used a decoction of the roots a few days, their breasts decreased in size, and the secretion ceased.

Lately we experimented on a cow, which gave eighteen litres per day (a litre is equal to 1.761 imperial pints) at three milkings. On the third day the milk had fallen off three litres, — a considerable diminution considering that the leaves at the season in question (November) had already begun to wither and contained scarcely any juice. In all probability a decoction of the roots would have had a more marked effect, and the experiment, which we did not continue long, would have completely dried her up.

The physician is frequently consulted by mothers who are weaning, because they are troubled by the continued secretion of milk. The plant in question will have a much quicker and less unpleasant effect than the means usually employed, viz., compression of the breasts, neutral salts, etc. In opposite conditions, in which well-formed mothers secrete no milk, may not the strawberry plant, which in large doses so quickly dries up the milk, be used in small doses, according to the law of similars, to waken the mammary glands from the torpor which they manifest? Experiments will decide. — DR. VON CUTSEM BAUFSELS, *Cincinnati Medical Advance*.

THE following case we take from a recent exchange. A young man was brought into the Strasburg hospital at the end of last September, in a light stupor and constantly complaining of severe headache; the temperature continued elevated, the pulse accelerated; there were no

other symptoms. The patient died at the end of a month. At that time a hard body could be felt under the right eye; it was considered to be a tumor, and the cause of death. The autopsy showed conclusively that a carious lower molar tooth was the cause of death, in that it had caused inflammation in the jaw, which had extended into the sphenomaxillary fossa, from thence into the orbit and into the middle fossa of the cranium, and there had caused a considerable necrosis, which had led to pyæmia. Three abscesses were found in the brain and one in the muscular wall of the heart. The patient had never complained of toothache. — *Boston Medical and Surgical Journal.*

WOUNDS IN SUBJECTS OF CARDIAC AFFECTIONS. — IN continuation of former papers relating to the influence of prior morbid conditions upon traumatic lesions, Prof. Verneuil related, at the Académie de Médecine, two cases illustrating the relations of disease of the heart in this point of view. He laid down these propositions: 1. Pre-existing cardiac affections appear capable of retarding or preventing the healing of certain wounds by giving rise to local accidents, among which are hemorrhages and diffuse inflammations. 2. Wounds by the same local accidents and their consequences are liable to react on prior cardiac affections so as to aggravate them, and prematurely induce symptoms, which in general only appertain to their ultimate period. — *Gaz. Hebdomadaire, February 23. (British Homœopathic Review.)*

SELDEN H. TALCOTT, M. D., has been appointed Medical Superintendent of the State Homœopathic Asylum for the Insane at Middletown, greatly to the regret of all connected with the Homœopathic Hospital, Ward's Island. We congratulate the asylum management upon the acquisition of so valuable an officer as Dr. Talcott, and the homœopathic school for the satisfactory settlement of a vexed question which might have proved disastrous to its interests. The appointment of Dr. Talcott, we are sure, will meet the unanimous approval of the medical profession.

A NEW METHOD OF CURING POPLITEAL ANEURISMS. — Dr. Martin Burke, of Bellevue Hospital, contributes a paper to the June number of the *New York Medical Journal*, "upon a new method of curing popliteal aneurisms, by the employment of a conical shot-bag suspended from a height by a rope, the apex of which cone should press upon the femoral artery in Scarpa's space, and so cause all pulsation to cease in the aneurism below."

After reporting three cases, successfully treated by this plan, Dr. Burke says : —

“I will describe, in a few words, our entire apparatus as it is now in use. The shot-bag should be made of canvas, in the form of a flattened cone, and its apex should measure about one inch in diameter. Either a rounded piece of cork or of India-rubber, one inch in thickness, should be fitted accurately to the inside of the apex of the cone. A long, thin rod, reaching down to and resting upon the rubber in the bag, should be inserted and held directly in the middle of the cone, while shot is being poured around it, and until the requisite weight is attained, say about twelve pounds. A piece of canvas of the requisite size, with a hole cut in its centre for the passage of the rod, is now tightly stitched over the base of the bag. A stout wire hook being now fastened securely both to the centre of the broad base of the cone and to the rod as it emerges from that point, to prevent it from slipping from its bed, and tabs having been sewed to the conical point of the bag, it is ready for use. And now to suspend it: a small pulley is driven into the ceiling, through which is passed a rope, both ends of which are to be attached to the wire hook in the shot-bag, with this difference, — that one end is passed through rings fastened to the rod, and helps, in a measure, to keep it in place. To the free extremity of the outer end of the rope the rubber tubing is secured, and from a hook in its free end a large linked chain connects it with the hook in the centre of the base of the shot-bag. The chain is merely to regulate the amount of pressure which it may be desirable to employ. Such, then, is this apparatus, which is simplicity itself, and which is at the same time certain in its results and comfortable to the patient in its application. I believe that it is a slight advance, and I trust it may prove a valuable one, in our knowledge of the treatment of aneurisms.”

— *Maryland Medical Journal.*

IMPACTION OF GALL-STONES. — In the *Canada Lancet*, for June, Dr. Thos. S. Barclay, of Detroit, Michigan, reports a case of “Impaction of Gall-Stones and Obstruction of the Bowel,” causing death. A post-mortem was made, and the gall-bladder was found packed full to distension with gall-stones, to the number of 700, from the size of a pin’s head to a bean. “The cystic and common ducts were entirely occluded, and fibrous bands were attached from the gall-bladder to the bowel, causing constriction of the duct. The smallest probe would not enter the common duct, and the bowel would not admit a common quill. The constriction of the bowel extended from the stomach down to the middle of the descending portion of the duodenum. The liver

was somewhat enlarged; the heart small and soft, but no valvular trouble. The stomach was perfectly healthy; all the other organs normal." The patient had been subject to attacks of bilious colic, every few months, which would pass off under treatment.

Dr. Barclay remarks, "This case was very interesting from the fact that there was a difference of opinion among the medical attendants as to the nature of the trouble. This was entirely cleared up by the post-mortem examination. One lesson which may be drawn from the case is, the importance of a careful examination of the fæces for the presence of gall-stones, after these so-called attacks of bilious colic. It is very likely that he passed numbers of them from time to time, but finally their accumulation in the gall-bladder, and consequent pressure, produced inflammation, which resulted in what we found after death. I am persuaded that there are more cases of this kind than generally supposed. Within the past three years I have met with no less than twenty-three cases. The succinate of iron has been very successful in my hands in arresting the formation of these stones." — *Maryland Medical Journal*,

THE INTERNAL ADMINISTRATION OF GLYCERINE. — A paragraph appears in some of our medical exchanges ascribing toxic properties to glycerine in certain cases. We find in a late number of the *London Medical Times and Gazette* an abstract of a paper recently read by M. Catillon before the Société de Thérapeutique in Paris, in which he gives an account of experimental investigations he has been making on the effects of glycerine, used internally. The conclusions to which he comes are as follows, and they do not sustain the statements in the paragraph to which we have referred: (1.) Glycerine exerts a favorable effect upon nutrition, increase of weight resulting from its use. This effect is produced by its furnishing a combustible aliment, the fatty matters of the economy as well as the azotized being economized, while the production of animal heat is rather increased than diminished. (2.) Glycerine increases the appetite so that, under the influence of the augmented alimentation which its use induces, the proportion of urea augments in the urine. (3.) In spite of this, glycerine diminishes in an absolute manner the production of urea in the economy. (4.) Glycerine is eliminated principally by the kidneys, and that very rapidly. (5.) It remains but a short time in the blood, not being found there an hour or two after its ingestion. (6.) It does not diminish the normal proportion of sugar in the blood except when given in very large (*massives*) doses; and if it is useful in diabetes it is so only by modifying nutrition. (7.) Glycerine has laxative properties.

(8.) Given in large doses, it only kills when given at once. (Dogs will bear quite well 200 grammes a day, given in divided doses, and even twenty grammes per kilogramme of their weight without being much inconvenienced.) (9.) Doses of from fifteen to thirty grammes per diem are strengthening and regulative of the digestive functions, and doses of from forty to sixty grammes stimulate the kidneys. — *Boston Journal of Chemistry.*

PHYSIOLOGICAL AND THERAPEUTICAL PROPERTIES OF GLYCERINE. — Dr. A. Catillon, from experiments made in Prof. Vulpian's laboratory, finds glycerine, when given in weak doses, act favorably on the general nutrition of the body. Dr. Davain had already noticed that considerable increase in weight took place in patients for whom he had prescribed glycerine, and who had suffered from languor, anæmia, and rachitis. Glycerine diminishes the processes of tissue waste, and is an element for the respiratory combustion. As a consequence of this, the fatty matters of the organism are saved as well as the azotized substances, as is shown by a diminution of the amount of urea secreted. It renders more active the phenomena of molecular nutrition, it favors assimilation by exciting the appetite and by exercising a regulating influence over the digestive functions. When taken in excess, it is eliminated in part by the kidneys, beginning to appear in the urine in man when the dose exceeds 300 grains. Glycerine is not found in the perspiration. Glycerine possesses a laxative property; a dose of about one ounce produces one evacuation and sometimes two. The proper dose to be given when it is employed to regulate the digestive functions is about an ounce, whilst double that amount may be given when it is to produce slight excitation of the kidneys. — *Practitioner (Archivio Clinico Italiano, Feb. 1877.)*

THE EFFECTS OF TOBACCO. — While the very moderate use of tobacco often seems to be attended with no serious harm to health, there can be no doubt that excessive indulgence in the weed must be more or less injurious. It may not be easy in all cases to decide what ill effects are due to tobacco and what to other causes; and there may be some such ill effects that have not yet been traced to their true source. In the last annual report of the Michigan State Board of Health, Dr. Scott points out a hitherto unsuspected tobacco disease as follows:—

“There has come under my notice for several years, but more particularly during the last two years, a kind of rheumatic condition of the walls of the chest. The patient complains of a dull, heavy pain in the chest walls. The disease, in a large majority of cases, is confined to the

left side. The pain is circumscribed and limited to a space of not more than two inches in diameter, just below and a little to the left of the left nipple. At times the pain is very severe and always constant day and night, when the patient is awake. I have investigated the disease to some extent, and find it to be more common among tobacco-users, especially those who indulge in it to excess. Patients suffering from this complaint invariably come to their physician with the belief that they have heart trouble. I have not found signs of organic lesion in any of the cases that I have examined, but there does exist in some of them what might be called 'irritable heart.' I am convinced that the greater number of the cases are the result of intemperance, either in the use of tobacco or other stimulants, for the reason that when the patient abstains from the use of them for a short time, his pain ceases and his condition improves. In one case, where the patient abstained from the use of tobacco for thirteen months, the pain entirely ceased; but at the end of this period the gentleman recommenced the use of tobacco, and after three weeks' use the old pain returned with all its severity. I am certain that quite a number in this vicinity are receiving treatment for heart disease, when if they would reform in tobacco using they would speedily recover." -- *Boston Journal of Chemistry.*

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## PERSONAL.

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### LOCATED:—

WM. B. MAYO, M. D., Northfield, Vt.

WM. B. BEEBE, M. D., 133 Whalley Avenue, New Haven, Ct.

E. P. GOODRICH, M. D., 395 Shawmut Avenue, Boston, Mass.

Dr. J. B. ROBINSON, Wareham, Mass. (From Philadelphia.)

### REMOVALS:—

Dr. H. C. CLAPP, from 528 to 544 Tremont Street.

Dr. FRED. W. PAYNE, from 680 to 677 Tremont Street.

F. L. RADCLIFFE, M. D., has removed from 198 Carroll St., to 293 Union St., Brooklyn, N. Y.

Dr. N. EMMONS PAINE, of Albany, has been appointed Second Assistant Physician to the State Homœopathic Insane Asylum at Middletown, and has entered upon the discharge of his duties at the asylum.

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*BOARDS OF HEALTH, THEIR SCOPE AND POWER.\**

BY TULLIO S. VERDI, M. D., WASHINGTON, D. C.,

*President of the Board of Health of the District of Columbia.*

PUBLIC hygiene is an important branch of general hygiene. Public and private hygiene differ only in the mode of application. Private hygiene regards the individual ; public hygiene, society. This is apparently a new science. I say apparently, because the ancients, in periods of civilization and refinement, did not disregard it. The cloaca of Rome is a monument of ancient hygiene, one which, although twenty-five hundred years old, is in use now and indestructible. Recent discoveries in Syria and Jerusalem prove that the Mosaic sanitary laws were most religiously observed. It seems, however, that with the fall of Eastern and Roman civilization sanitary science perished. Public hygiene needs general facts, authentic statistics, positive studies, and exacting measures. These studies of general facts and authentic statistics lead to the suggestion of sanitary measures to which every law-abiding citizen ought to conform and should gladly obey. In studying the material as well as the moral and intellectual influences that affect the social structure, we must be led not only in the interest of common preservation, but also in the amelioration of our kind in all the conditions of our existence.

Public hygiene may be far from possessing all the materials necessary to solve all the questions under its domain, but well-conceived statistics and reliable records will in the course of time throw so much light upon causes and effects that future generations may draw from their teaching lessons of incalcu-

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\* This paper was read at the recent meeting of the American Institute of Homœopathy, at Chautauqua Lake, N. Y., and by a unanimous vote was referred to the journals with the request to publish it and thus give it as wide a circulation as possible.

lable benefit to the preservation and amelioration of the human family. The medical art and science is but a feeble protector when a community is invaded by a fatal disease as an offspring of neglected sanitary laws. Hundreds of instances might be cited to prove how powerless the medical faculty is to stay these scourges that decimate populations. Our own country, in very recent times, can illustrate the truth of this statement. We need not go to the Egyptian or the London plagues. New Orleans, Key West, Norfolk, San Antonio, Baton Rouge, Memphis, Nashville, and Savannah are sufficiently suggestive. Yellow fever or cholera cast dismay and death among their benighted people too often for them to forget their recurrence. Diphtheria in Albany, scarlet fever, etc., in Chicago and other cities, are also factors in this problem. These plagues are never checked or conquered until sanitary science comes to the front and fights filth as the Indians fight the fires of the prairies. The sanitarian cleanses the city, regulates the markets and the sale of food, condemns and abates every nuisance injurious to health, in spite even of the claims of property and of liberty. As in time of war or threatening conflagrations, the few must suffer that the many may live. It is well known that as a fatal epidemic approaches, people ignorant of sanitary science become panic-stricken, abandon the sick, the dying, and the dead, which become a further source of the profliferity of the virus, until the atmosphere, laden with the germs of disease, destroys a whole people. A current of air then takes clouds of these germs, carries them aloft and to other cities, until the scourge travels thousands of miles, leaving death and desolation in its track. To meet this terrible foe everything must be removed upon which it may find shelter and food. A people skilled in sanitary science, when threatened by such an incursion, clean streets, alleys, grounds, and houses, remove all filth, prevent the sale of unwholesome food, have care for the sick and remove them from crowded localities, isolate those affected by contagious or infectious maladies, disinfect the premises, etc., so that when the invading foe arrives it meets at the very gates of the city, ozone, the great destroyer of animalculæ and germs; for ozone abounds where there is no filth or infusoria.

The wars of the East generally engendered the plague, but war in our New Orleans brought health. The yellow fever, almost

perennial in that locality, found no favor in the administration of Gen. Butler. If the general could not be killed by a bullet, he would not be killed by a mean worm or a low fungus. He placed an army in the streets, not armed with muskets, but with brooms, and removed everything in which this invisible but dangerous enemy could find aliment and opportunity for fermentation and procreation. Orders were peremptory, sentinels were not permitted to sleep at their posts; and if the dreaded enemy did come, it died where it fell, and to the horrors of war were not added the horrors of death, pestilence, and famine. New Orleans, a city of death and fear during the careless times of peace, was a city of health during the war. This alone should demonstrate the fact that fatal epidemics are impossible in localities governed according to the dictates of sanitary science. Whenever you hear of a fatal epidemic in any city, believe me, that city is badly governed; you will find in it faulty drainage and incapable sanitary police. The individual is either powerless or indifferent; it is a maxim that what is everybody's duty is nobody's duty. We are forced into that conviction by our every day experience; hence we select to have governments whose prerogative is to attend to public duties. During the last thirty years communities have become aware that unless sanitary organizations are created, they are at the mercy of these recurring misfortunes.

France, in 1848, decreed that there should be established a "Consultation Committee of Public Hygiene," to which the government shall refer all matters connected with sanitary science, sanitary laws, and sanitary improvements. Majendie was the first president of this organization, and from that time some of the most notable and scientific men of France have been honored with an appointment in its council. This committee subdivides its labors as follows: 1st. Sanitary service of the exterior. This bureau sends sanitary agents abroad, and particularly into those countries where infectious diseases prevail; these agents keep the Paris committee informed of the irruption of any and every infectious or contagious epidemic likely to spread through commercial intercourse. The committee then takes the proper measures for quarantine, and sees that every vessel coming from that locality is provided with a clear bill of health. Thus the importation of disease is timely prevented. 2d. A bureau for the

organization and supervision of all the boards of health of the nation. 3d. A bureau of epidemics and endemics, whose duties are to study and suggest the means for their prevention or abatement. 4th. A bureau of sanitary police. 5th. A bureau of industrial and professional hygiene, having in charge trades and arts injurious or dangerous to life. 6th. Sale of food and drink, — to prevent adulterations and the sale of unwholesome articles. 7th. The practice of medicine and pharmacy, — to prevent charlatans from imposing upon the credulity of the ignorant, and the putting up of recipes by incompetent pharmacists or their assistants. 8th. Mineral waters, — to make their analyses, and declare in what diseases they might be useful, so as to prevent the deceptive advertisements of the proprietors of the same. 9th. Veterinary practice. From this great council emanate all the sanitary laws, rules, and regulations of the land. This committee, however, is only advisory ; but upon its suggestions and recommendations the government enacts the laws that regulate the nation.

In England they have a General Board of Health in the Department of the Interior, at the head of which is a so-called officer of health, or the health officer to her Majesty's Privy Council. Through this board Parliament is advised of the sanitary condition of the country, and made acquainted with the measures required to improve the health of the same.

These systems, more or less modified according to the forms of government, are adopted by all the nations of Europe. Even Japan is creeping up with this sanitary progress, having instituted an Imperial Board of Health. The members of this board visited our country last year for the purpose of investigating our sanitary methods. They were very much impressed with the thoroughness of the work in Boston and New York, but particularly in Washington. They returned determined to organize throughout their empire local boards of health subordinate to the Imperial. We have heard from them since their return, and they are at work in earnest.

The individual does not concern himself with the duties of the masses, hence these organizations are necessary. I know that there exists some distrust among the physicians of our school regarding these boards of health. They seem to fear an intrusion

on the part of these boards upon their rights. When this question is sufficiently studied, however, this anxiety will prove to have no foundation in fact. I have no doubt, — I know, indeed, — that men, under the plausible title of boards of health have arrayed themselves against the practice of homœopathy ; but these are they who labor under defective legislative bills, and it behooves the homœopathic physicians to see that bills creating boards of health are not defective or vicious in their intent. When bills pass a legislative body containing clauses discriminating in favor of or against any mode of practice, I know that homœopathic physicians have been recreant to their duties. There is no country in the world where civil rights are so jealously guarded as in this blessed country of ours, and homœopathic physicians have only to be watchful and energetic in antagonizing any and every measure operating against their own rights to find but few representatives who will dare to indorse an encroachment upon their rights as citizens and professional men. I never had any difficulty in getting to the willing ear of legislators where my personal rights or those of my profession were invaded or ruthlessly cast aside. But, gentlemen, the elements of failure are in our own ranks. It is pitiful to see disputations arise in our midst as we stand confronting our enemy. We have the sad picture of Michigan before us: That noble State has done its duty: the homœopathic physicians have not done theirs. I cannot *qualify* here, although noble men have stood invulnerable when others have skulked or created confusion. Intelligent men know whom to blame and whom to praise. The rent that took place in the homœopathic files in that State was not done by the enemy's projectiles, but by the egotism and selfishness of our own men. While lovers are quarrelling, Mephistopheles is brimful of diabolical laughter. Whenever a homœopathic physician declines to labor in the interest of our profession, whenever he becomes fractious and speculates on his own chances, spot him: he is a black sheep in the fold. There are those among us also, who, satisfied with their share of public patronage, never contribute by an act or by a word to the advancement of our profession. These "dogs in the manger" should be driven from the fellowship of those who love their profession not only for the benefit it brings to themselves, but for the great good of the whole confraternity and of humanity.

Hygiene is the science that has relation to the prevention of disease. To comprehend hygiene it is requisite that the hygienist be learned in all the causes that disharmonize the functions of vital organs or disturb the human economy. The atmosphere should at once demand his careful attention, for from the atmosphere nothing can escape ; without atmosphere the animal and vegetable kingdoms must perish. But the atmosphere varies sometimes in accordance with physical laws and astronomical events, sometimes by accidental causes. The temperature is of importance, for a transition from extreme heat to cold, and *vice versa*, constitutes sudden forces, modes of motion that are dangerous to the tenuity and normality of the action of membranes and organs ; dry and moist atmosphere, atmospheres in different degrees of motion, all tend to increase or decrease molecular force in our body ; hence pure atmospheres, or atmospheres holding in suspension mephitic gases, fungi, or infusoria, play a great part in the maintenance or destruction of life. It may be said, and with truth, that nine-tenths of all the causes producing disease are found to exist or are carried in the atmosphere we breathe. As fish inhale and float in water, so we inhale and float in air. The quality of the water has certainly relation to the life of fish ; polluted water kills the fish, polluted air kills man. What pollutes air, then ? Every mouth that breathes, every body that inhales, all animal and vegetable matter in a state of decomposition, the home fire, the burning candle, and a thousand other things pollute the air. People gather in towns and cities, but they do not go alone ; horses, cows, hogs, poultry, dogs, cats, etc., are brought with them to assist in the great struggle for existence. Every such animal, man included, is a nuisance *per se*. But to this must be added also their daily avocations, their trades and manufactures, as rendering of fat, boiling bones, making glue, gas, slaughtering animals, etc., etc. Every such animal and every such occupation increases filth that accumulates in streets, alleys, vacant ground, and cesspools. If you add to this a moist, undrained soil, you have the foundation of every disease that humanity may be destroyed by. These are the causes that induce zymotic diseases, and that swell the general mortality from twenty-five to thirty per cent, independently of epidemics. In the towns of Asia and Africa, where people are congregated in

narrow areas, where drainage is not known and filth is cast on the highways, where water is scarce or neglected, where houses are damp and ill-ventilated, germs of disease not only find a pabulum but a condition most favorable to fermentation and reproduction. From these regions came the most fatal epidemics that alarmed Europe.

The supply of water is another very important department of hygiene. Man needs this agent for nutrition and for cleanliness ; it should be plenty and pure. Deleterious substances in water may be even more dangerous to human life than deleterious substances in the air. England, in her self-sufficiency, and engaged largely in manufacturing, had lined her streams with mills and turned the offal of the towns into the rivers, and in the course of time she had polluted her potable waters. A cry of despair went up, and the sanitarians were requested to correct the evil. Untold millions were spent to purify the Thames and other rivers ; immense water-works were constructed to carry water from remote and healthy sources ; enormously expensive filter-beds were laid, and a great channel was built into which is pumped the sewage water of London. So the disregard of sanitary science has cost England many millions of money and many valuable lives.

That majestic river that carries industry and commerce through many of our fertile States, the Mississippi, would soon become a cesspool and a source of evil if its banks should become covered with a people that its very utility attracts, and the offal therefrom should be cast into its channel. The streams of New England, whose banks swarm with an industrious and advanced people, would be depopulated and deserted if the denizens had not found means to bring unpolluted water to their towns. It is also a debatable question whether the expensive sewers that now under-tunnel our modern cities are for good or for evil. Sanitarians are loth to praise the system, for besides polluting the water-courses, and thus extinguishing a most valuable article of food, the fish, communications with the sewers are direct means to carry sewage gases into our dwellings. Mechanics have not been very successful in the total prevention of the introduction of these gases into our streets and houses, for these channels must have ventilation to prevent explosions from pressure, yet every opening so made gives exit to deadly sulphuretted hydrogen, ammonia, and carbonic

acid gas. The higher the dwelling, the higher the locality upon which it stands, the more exposure to this influx of gases ; for sulphuretted hydrogen is lighter than air, and therefore ascends to the highest elevations. Moreover, these offals so despised are sources of wealth, and public economy should teach how to utilize them instead of casting them where they can only be a source of danger to human life. Already a great progress is going on in this direction, and I hope that the time is not far distant when every ounce of such excretions and *débris* will be zealously preserved for the fertility of our fields.

Food is another department of great importance to animal existence. To be useful it must be wholesome and moderate. Persons engaged in this traffic are not so particular as to the excellence as they are as to the price. But few butchers would bury the carcass of an animal whose meat is found to be unsound after slaughtering : the love of money will hush the pangs of conscience, and diseased meat is found exposed for sale on the vendor's shambles. The inspection of all markets is an imperative duty of sanitary authorities. In the city of Washington, where boast is made of the excellence of the markets, the Board of Health has in the last five years condemned and destroyed 122,601 pounds of various meats, 8,114 chickens and birds, 28,691 bunches of fish, 28,479 bushels of oysters, 188,000 clams, 171,390 crabs, many tons of vegetables, and many hundred barrels of eggs, etc., as unfit for food, which but for its vigilance would have found their way into the stomachs of our people.

Another very important department connected with sanitary science is the registry of vital statistics. In the concise words of a registrar, "The practical result of this registration and the rules of its departments is to place under immediate observation the number of deaths occurring in a given district, the cause and locality of each, enabling the sanitary board to arrest the spread and progress of epidemics, endemics, contagious or infectious diseases, and promptly abate existing causes of preventable maladies, the preservation of records for testamentary evidence, and to bring all cases of death under immediate official observation for the prevention and detection of crime. To secure this, a mandatory law is necessary, for physicians and undertakers often neglect to make the proper returns. Our experience in our city was that at least

thirty per cent of the dead were not returned under the old system ; but we petitioned Congress for a law forbidding the burial or disinterment of bodies without a permit from the Board of Health. The law was enacted, and since then we are able to account for every dead person in the District of Columbia. It was mortifying to our pride as a board and as citizens not to be able to furnish persons and foreign governments with records of death for testamentary evidence.

“ No well-regulated community can afford to thus disregard the interests that are involved in questions of inheritance ; yet to-day there are not half a dozen cities in all the United States where a perfect registry of vital statistics is kept. These records are not only valuable in the prevention of local diseases, but in the comparative statistics that lead to the knowledge of the healthfulness not only of cities but of States and of countries.”

All the above duties devolve upon sanitary authorities or the so-called boards of health. Boards of health, to be useful, must have the authority of law, and be independent of local legislation, for those who are affected by the wise provisions of these boards, either in their interests or their peculiar sense of individual rights, throw all the obstacles in the way of the exercise of these boards' prerogatives. Members of boards of health should be men of science, of independence, free from all prejudices, religious, political, or medical ; they should be learned humanitarians, whose sole aim is the preservation of human life.

Homœopathic physicians, hygienists by virtue of their peculiar practice, should not fear boards of health. For six years I have stood alone in a council of four allopathic colleagues, two of whom are physicians. I have been their secretary, their health officer, and I am now their president. I have had my struggles, and greater than you even can imagine, but I would not have the rights of my profession trampled under foot, and I fought until I won. In the State of New Jersey, the homœopathic physicians would submit to no chance of evasion, and demanded that it shall be explicitly expressed in the law creating a State Board of Health that at least one homœopathic physician be a member of the same, and they won, and Dr. J. J. Youlin, of Jersey City, was selected and appointed. In Keokuk, Iowa, we have another distinguished member of our school, Dr. Seidlitz, as the president of the board

of health. So, gentlemen, let us move forward, let us not decry boards of health, hospitals, or asylums, but let us demand a fair representation. Let us work with unanimity ; let not that hydra, envy, rise amongst us, and the time will come when we will have conquered a peace, honorable, glorious, and everlasting.

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#### UTERINE FIBROIDS.

[*Read before the Massachusetts Surgical and Gynæcological Society, June, 1877, by H. K. Bennett, M. D., Fitchburg.*]

It is not my purpose to enter into a lengthy dissertation upon this interesting branch of gynæcological science, but simply and briefly to call your attention to a few important points in the etiology, pathology, symptoms, course, prognosis, diagnosis, and therapeutics of fibrous tumors of the uterus. Fibrous tumors are one of the most frequent diseases of the uterus, and are usually either submucous, subperitoneal, or submural, the two first varieties with or without a pedicle, single or multiple. Regarding their etiology, it may be affirmed that metritis, sub-involution following labor or abortion, and flexions, by the interruption of the returning circulation producing such an interstitial change as to lead to hypertrophy and eventually a submural fibroid, are, in the largest proportion of cases, the most frequent causes.

The composition of their structure is now considered by our best pathologists to be of the same constituents as the normal uterine tissue proper, and enclosed in a capsule or loose connective tissue. The symptoms of uterine fibroids are many and various, but I will call your attention to only a few of the most important. Hemorrhage is by far the most frequent and important ; in fact, it may be laid down as a rule that all fibroids, more especially those of the submucous variety, are accompanied by preternatural hemorrhage. This symptom, when continuous, is the one that often leads us to first suspect a tumor, either benign or malignant. Sometimes the hemorrhage appears as a menorrhagia, but often independent of menstruation. Pain and dysmenorrhœa are almost universally present, the pain being caused, especially when the tumor or tumors are large, by pressure upon

the nerves, of which the uterus is so richly supplied from the hypogastric, spermatic, and sacral plexuses; the pain is usually spasmodic, and extends down the thighs and legs.

The dysmenorrhœa is caused largely from the fact that the tumor diminishes the size of the uterine cavity, producing a mechanical obstacle to the escape of the menstrual fluid, particularly when the growth is near the cervix, or when it produces flexions. Another symptom which should be mentioned, and one which will be more fully considered when speaking of their diagnosis, is a blennorrhœa of a serous or ichorous character, occurring during the intermenstrual periods.

The course of uterine fibroids is not uniform; the growth may be slow or rapid; they may always remain small, no larger than a pea, or they may become of colossal size; it is almost exclusively in women approaching or past the climacteric that very large tumors are found. Fibrous tumors almost invariably cause enlargement, more or less deformity and displacement, every variety of flexions, and even inversion.

The prognosis of uterine fibroids is usually favorable, considered in the light of the present advance in gynæcological science. Their termination, in the great majority of cases, consists in an arrest of growth, this taking place often very early, especially in the submucous and subperitoneal varieties. There can be no doubt that there are many cases where the recession, and even complete disappearance, of these growths occur. Another termination of uterine fibroids is by expulsion or spontaneous enucleation, which result has often been attributed to one or more doses of an extreme high potency of some remedy. I fully concur in the opinion of our best gynæcologist, that such results from the effects of our attenuated remedies are highly problematical. Another termination is where the tumor becomes inflamed, suppurates, and is cast off. Another termination is where they continue to grow or remain quiescent until the menopause; then, in a very large proportion of cases, they recede, atrophy, and entirely disappear, or only remain very small and innocuous. These favorable terminations almost invariably occur during or just after the menopause; but if these tumors first make their appearance after or just before the menopause, and continue to grow, and frequent and intractable hemorrhages occur, then we

have a most formidable enemy to contend with. The dangers to be now apprehended are, first, hemorrhage, — this may be fatal ; second, exhaustion ; third, peritonitis ; fourth, metritis, suppuration, and pyemia ; fifth and last, colossal size, producing dangerous pressure upon the abdominal and pelvic organs, interfering and arresting their functions. You will observe that I have dwelt quite largely upon the terminations of uterine fibroids ; the reason of this will appear obvious when I come to speak of their therapeutics.

The diagnosis of uterine fibroids requires great skill and judgment on the part of the gynæcologist. Caution and great discretion should be used in all cases where there is doubt in diagnosis, both in giving an opinion, or in using the more extreme measures of treatment. We will first give the differential diagnosis of fibrous tumors of the uterus, from hypertrophy and subinvolution. In the case of hypertrophy, by poising the uterus upon the index finger of the left hand, we feel its increased weight ; by combining abdominal palpation with the right hand, we determine accurately the size of the uterus and its form ; now, if the enlargement be due to hypertrophy or subinvolution, it will appear uniform and smooth, while a tumor or tumors will distort the contour of the uterus, causing irregular bunches, or protuberances, and these bunches are harder than the normal uterine tissue. Again, by introducing the sound, if the enlargement be due to hypertrophy, the cavity will be but from two to three inches in length ; if due to fibroids, the length will be increased.

In diagnosing a fibroid from a retroflexed uterus by introducing the sound, if the curve points downwards, and upon turning the sound on its long axis, if the tumor disappear, it proves it to be a retroflexion. The fundus of the retroflexed uterus may be bound down by adhesions, which fact can be easily ascertained by introducing the index finger into the rectum, then by bringing the end of the sound and finger together, so that only the anterior wall of the rectum and posterior wall of the uterus intervene. Again, if upon introducing the sound it penetrates in the normal axis of the uterus with the curve upwards, and by abdominal palpation, we feel the uterus impaled on the sound, and the tumor does not then disappear, we have an uterine fibroid or a retro-uterine hæmatocele. How shall we differen-

tiate between the two? In retro-uterine hæmatocele the history of the case will have to be carefully considered. The growth in hæmatocele is usually rapid, in fibroids, slow. By vaginal and rectal examinations, we discover that in hæmatocele the uterus is pushed forward by it, while in fibroid, the tumor will be found continuous with the cervix: in other words, we can usually insinuate our index finger between an hæmatocele and the uterus; in a fibroid, we cannot. The sound will also, by moving the uterus, isolate it from an hæmatocele.

The diagnosis of uterine fibroids from pregnancy is a most important point to make out. It is reported that a noted surgeon of this State once proceeded to operate for a supposed uterine fibroid, but it was found, after making the abdominal section, that the patient was six or seven months advanced in pregnancy. The history of the case, cessation of the menses. You will observe that while speaking of symptoms of uterine fibroids, that hemorrhage was the rule rather than the exception, the appearance of the areola around the nipple, motion felt by the patient and observed by the physician on abdominal palpation, sound of the foetal heart and placental bruit, are symptoms to be carefully weighed. But, says McClintock, there is a sound often heard in uterine fibroids, closely resembling the placental bruit, and not to be easily distinguished. This should be remembered; but unmistakable sound of the foetal heart is the most trustworthy symptom of pregnancy.

Barnes lays down this rule: Should the other means of diagnosis leave us in doubt, first use the vaginal touch, second use the speculum. If we find a violet coloration of the vagina and the os uteri, it is of great value in giving presumptive evidence of pregnancy. Third, use the sound, and fourth, dilate the cervix and explore the cavity of the uterus by the finger. If, upon the introduction of the sound, we find the cavity of the uterus three, four, or more inches in length, a solid, hard body rising above the pubes, or wedged in the cavity of the pelvis, accompanied by preternatural hemorrhage, we have trustworthy signs that we have an uterine fibroid.

It must be remembered, however, never to use the sound until the possibility of pregnancy has been disproved. In diagnosing uterine fibroids from carcinoma, much will depend upon their

situation ; if situated on the os uteri or within the cervix, the cervix will have a knotty feel, and by using the speculum they will appear of a violet-red tint, quite distinct from the rosy tint of the rest of the cervix ; if these knotty protuberances are fibroids, there will be no discoloration unless inflamed, then of a bright red color, painful and tender on pressure. Barnes says if the cancer is situated in the interior of the uterus or near the fundus that by measurement with the sound the cavity will be lessened in length to two inches or even less, whereas in fibroids we have found it to be the reverse. Some physicians claim they can form a differential diagnosis from the character of the pain, but I can see no difference. I have had cases of fibrous tumors when the pain was of the same character and intensity as in my cases of carcinoma. The character of the discharge is very important : in fibrous tumors we have preternatural hemorrhage at the menstrual epochs, alternating during the intermenstrual periods with sanious serous discharges, not unlike the green waters that follow labor ; the discharge has no perceptible odor, in cancer it is usually very offensive. There are but few exceptions recorded, but the surest test of inter-uterine cancer is to take some of the discharge or to remove a small fragment of the projections and subject them to a microscopical examination : this will decide the question beyond all doubt.

I hope for the time to come when our society will be in possession of microscopes and pathological specimens to enable us to demonstrate the difference between cancer cells and the clear, unstriped muscular fibre, identical with the tissue of the healthy uterus, which composes the structure of uterine fibroids.

The diagnosis of fibrous tumors from an ovarian tumor can usually be made by the following methods : First, by the introduction of the sound, if we can make out the size and shape of the uterus ; if by moving the uterus with the sound the tumor remains stationary, we probably have an ovarian tumor. An ovarian tumor is very rarely attended by preternatural hemorrhage. The aspirator will determine whether we have a solid, fibrous tumor or a cystic tumor of the ovary. After the fluid is drawn off, if it is ovarian, the shape and size of the uterus can easily be made out. McClintock points out that to distinguish an ovarian tumor from an uterine tumor the ulnar edge of the hand should

be pressed down above the pubes ; if the tumor be ovarian, the edge of the hand can be pressed down deeply between the tumor and the pubes, but when the tumor is uterine the hand is resisted. I have verified this method and strongly recommend it as one of the best. Treatment.—In treating uterine fibroids, if they are small and of the submural variety, we must use those means to restrain their growth and endeavor to assist nature in hastening a favorable termination. In their incipient state the cotton and glycerine tampon and the internal administration of *Belladonna*, *Lachesis*, or some other indicated remedy may prove efficacious. We must at all times be on the alert to *prevent* our patients from having uterine fibroids ; inflammation must be controlled, involution of the womb, after labor or abortion, hastened by keeping the patient in bed and using the cotton and glycerine tampons in all cases where enlargement and hypertrophy occur. We must see that the uterus maintains its normal axis, that no flexions or displacement occur ; by such procedure many cases may be prevented, but unfortunately our advice is rarely solicited until after a uterine fibroid has already formed and become far advanced. When we find such a state of events to have occurred and we find upon careful and thorough examination a pedunculated uterine fibroid within the cervix or uterine cavity, we should immediately resort to surgical means and remove the tumor by a strong wire ecraseur.

There should be no deviation from this plan, no dallying with internal remedies, thinking they may accomplish in months or years what an operation would inside of thirty minutes. No anæsthetic will be necessary ; and when nature endeavors to throw off a submucous or submural fibroid either by its own spontaneous efforts or from the use of the remedies and treatment hereafter mentioned, as soon as it becomes pedunculated, or if the tumor projects into the uterine cavity sufficient to allow us to get the wire of an ecraseur beyond the equator of the tumor, we should do so, and assist nature in removing it. The hemorrhage after such operations is trivial or easily controlled by *Perchloride of iron*. It will be necessary in all these operations to first fully dilate the cervix by means of sponge or laminaria tents.

When the tumor is of the submural or submucous variety our

treatment must be directed to restrain hemorrhage, restrain growth, promote absorption or extrusion.

In treating the preternatural hemorrhage arising from uterine fibroids it has been and is still my custom to compel my patients to take their bed as soon as the flow of a menstrual period commences or hemorrhage occurs, and maintain the recumbent posture until all flow of a sanguineous nature ceases, at the same time giving such remedies internally as *Ustilago madis*, *Secale cornutum*, *Vinca major*, *Sabina*, *Crocus sativus* or *Nitric acid*. The three first I consider to be the most important. *China* may also be useful, and always afterwards, also, one of the different preparations of iron; *Muriate tincture of iron* is my favorite preparation. Rectal and vaginal injections of extract of *Hamamelis* I frequently use; it relieves pain and controls venous hemorrhage. Should the hemorrhage at any time become alarming and the patient in imminent danger, Barnes, Baker-Brown, Nélaton, and McCormick recommend dilatation of the cervix by means of laminaria tents; this will act as a tampon, and by such action and the reflex influences from the process of dilatation often effectually control the hemorrhage; they sometimes make incisions in the cervix in order to facilitate dilatation. Should the hemorrhage still continue, they advise the application of a styptic by means of a swab. The styptics recommended by them are first in order, *Nitrate of silver*; second, *Perchloride, or Persulphate of iron*; third, *Chromic acid*, and fourth, *Iodine*. Should the hemorrhage have brought the patient to extremity, Dr. Gentlehommer recommends transfusion, he having saved one patient by this operation. Cases may arise when it will be found impossible to dilate the cervix sufficiently, in which case they advise the styptic to be injected into the cavity of the uterus by means of a long-stem uterine syringe.

I believe it to be our bounden duty, when other means have failed, to resort to these measures rather than to see our patients die without. I have great confidence in our attenuated remedies, and they will succeed in accomplishing our objects in the largest proportion of cases; but there will occur cases which are exceptionable, and compel us to resort to mechanical and chemical means.

We will now consider the best means to restrain the growth of

uterine fibroids and promote their absorption, and first we must conduct our treatment in accordance with nature's ways, ever bearing in mind the fact that there is a natural tendency to cessation of growth and atrophic degeneration at the menopause. We should sustain the patient's vitality, control untoward symptoms, and endeavor to carry the patient along, meeting immediate indications by the appropriate remedies, until the functional activity of the uterine system ceases, hoping and expecting that, with its cessation, the growth of the tumors will be arrested. The result very rarely disappoints the expectation.

In all of these cases we are to use no means that will have a tendency to excite congestion or inflammation, see that the uterus maintains its normal position, keep the liver active, the bowels regular, and as there is at the menstrual epochs, a physiological congestion, keep the patient quiet and off her feet at those times. Should inflammation accrue, combat it with *Belladonna*, *Lachesis*, or some other appropriate remedy, use the cotton and glycerine tampons every twelve or twenty-four hours; then, after the more active symptoms pass away, use *Calcarea carb.*, *Calcarea iod.*, *Kali iod.*, *Thuya*, *Iodine*, or some one of a few other remedies according to indications. These remedies above-mentioned are the most important. Should the tumor or tumors continue to increase in size, the hemorrhage becomes alarming; then I recommend the hypodermic injection of *Ergotine* deep in the abdominal tissues.

Hildebrandt, of Berlin, uses the following formula, viz., *Ergotine*, forty-six grains, glycerine and distilled water, each two drachms. Inject twelve minims three to five times a week at first.

He claims to have cured quite a number of cases. Marked diminution in size in nearly all, and troublesome symptoms in most cases, have subsided. In an answer to a letter I wrote T. G. Thomas, M. D., of New York, relative to the use of this method of treatment, he writes as follows, under date of April 12, 1877: "In reply to your inquiry respecting the use of *Ergot* in treating uterine fibroids, I write to say that I have got sufficiently good results to persevere in the plan, but none such as Hildebrandt reports; no case had been cured, many have been relieved. The *modus operandi* of *Ergotine* is supposed to exist in

its contracting power upon the vessels feeding the tumor, thus arresting its nutrition, promoting absorption, and sometimes, by its contracting powers, inducing enucleation."

The philosophy of such action appears reasonable, and merits a fair trial after other measures have failed. Should all these methods of treatment prove unavailing, and if the patient's life is in imminent peril either by exhaustive hemorrhage, the rapid growth and large size of the tumor, producing dangerous pressure, or the tumor undergoing ichorous degeneration, threatening septic poisoning, then we should resort to gastrotomy, and if the tumor is subperitoneal and pedunculated, remove it by a wire ecraseur, but if not, remove the whole uterus, including the ovaries. The amputation should be made through the cervix by means of the galvano-cautery. The operation of removing the entire uterus with the ovaries has been performed a large number of times, with a mortality of from seventy to seventy-five per cent. Many of our very best gynæcologists condemn the operation, but others caution against summary condemnation of an operation which at present is no more dreaded than ovariectomy once was. The question must be decided, like ovariectomy, by experience.

I am of the opinion that if we do not wait too long, until the patient's strength gets too much reduced, that by performing this operation and treating the stump in the same manner that Prof. H. M. Jernegan, M. D., treated the pedicle in a case of ovariectomy recently performed by him, that the mortality will not exceed fifty per cent.

Gentlemen, I have thus endeavored to present this important and, to me, highly interesting subject to you, claiming no originality but to collate the views of our best writers, at the same time giving my own.

It was my purpose at first to report a few cases from my own experience, but want of time at present forbade it; I will at some future time endeavor to do so. I append a letter from J. C. Burgher, M. D., of Pittsburgh, Pa., which I will read with your permission:—

PITTSBURGH, PA., April 23, 1877.

H. K. BENNETT, M. D.

*Dear Doctor,*—Your favor of the 8th inst. was duly received, and its contents noted. I beg you to excuse my tardy reply. I regret that my time is so completely occupied with professional and other duties as to preclude the

possibility of complying with your request to prepare an article for your Society at its approaching meeting. The science of gynæcology presents a wide field for investigation, and I am glad to learn that such men as you mention are engaged in this work. You ask me to give my experience in the treatment of *intramural fibroid tumors of the uterus*, and also my experience, opinion, and observations of the efficacy of *hypodermic injections of Ergotine*. In reply I may say that I have had no experience with the hypodermic use of *Ergotine*; but have in one case used with apparent benefit, *Secale c.* thirtieth attenuation, administered internally three times a day. Aside from the pathological conditions, there was passive hemorrhage of dark blood, with offensive odor, etc. This was a case of ten or more years' standing, and I presume that the improvement will prove only temporary. The remedy, however, seemed to control the flow, relieve the pain and general distress for a time. In other cases, *Cal. c. Graph. Kali hy. Lycop.*, etc., appear to be better indicated. I should have no objections to using *Ergotine* hypodermically, when the remedy was well indicated, since the testimony of those who have thus employed it is that it causes no pain, is followed by no irritation or other bad results. (See Braithwait's *Retrospect*, January, 1877, page 219.) (Also *Half Yearly Compendium of Medical Science*, of same date, pages 305-477.) As the hypodermic injection of this drug is simple, easy, and safe, while it is productive of no injurious after consequences that might cause us to hesitate between the, at least apparent, present good and future ill, I can see no valid objection to its employment. One precaution, I think, should be observed, viz: To prepare the solution fresh every time it is used. I am inclined to believe that *Ergot* has a wider range of usefulness in uterine affections than is generally attributed to it. Regretting that I have nothing more satisfactory to communicate, I am

Very truly yours,

J. C. BURGHER.

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### THREE CASES OF OVARIOTOMY.

BY H. M. JERNEGAN, M. D., OF BOSTON.

[*Read before the Massachusetts Surgical and Gynæcological Society,*  
*June, 1877.*]

DURING the three years ending with the commencement of the present month, it has fallen to my lot to make the operation of ovariectomy three times, and it is now my privilege as well as pleasure to present a report of these cases to this body, before placing them upon record. I will relate the cases in the order in which they occurred.

CASE I. In the fall of 1874 I was called upon to visit Mrs. R—, a lady fifty-nine years of age, residing in the suburbs of Boston,

and who was supposed to be suffering from either dropsy or an ovarian cyst. Her trouble commenced eight years before, and was first made manifest by an enlargement in the right ovarian region, which could be moved from place to place. Her general health, which for some time had been poor, was not materially influenced by the enlargement until the whole abdomen had become distended and the viscera displaced, which did not ensue until some two and a half or three years after the first appearance of the growth. For the past five years she had experienced much suffering, both on account of the great burden she was obliged to carry and from dyspnæa, the result of upward pressure upon the thoracic viscera. Her appetite was poor, though digestion was good, bowels constipated, and kidneys quite inactive, secreting only a limited quantity of dark urine heavily loaded with mixed urates. Owing to the limited amount of food taken, and the loss of rest attending the general discomfort, her body was illy nourished and her circulation poor.

The abdomen presented the usual appearance observed in ovarian dropsy, preserving its general form in the various positions. Percussion produced a dull sound over the whole abdomen save at its upper portion or along the border of the ribs, where the intestines were crowded back. Examination, per vaginam, disclosed no free fluid in the abdomen, uterus normal in size and movable. Menstruation had ceased some ten or twelve years since. The case was diagnosed as ovarian cyst, and from the discovery of some hard substance high up in the right hypogastric region, it was thought to be multilocular.

Ovariectomy was advised as the only means offering any chance for the preservation of life, and as the patient was anxious to embrace the opportunity, two days later, the 19th of November, was appointed to tap the cyst, preparatory to the operation, which was to follow as soon as her condition would warrant the procedure. Upon the day appointed, assisted by Dr. Payne, of Boston, and Mr. Fuller, the abdomen was punctured in the median line below the umbilicus with a large trochar, and eight gallons of highly albuminous fluid drawn from the cyst. The fluid was of a greenish color and contained much cholesterine, which could be seen by the naked eye upon the surface of the liquid. The microscope disclosed the ovarian granular cell, cholesterine, and

blood corpuscles. As the last of the fluid was poured through the canula, a number of smaller cysts could be found in the right hypogastric region, corresponding to the hard bodies imperfectly detected through the fluid, and were evidently adherent. Having withdrawn the canula and dressed the wound, a bandage was placed about the abdomen and the patient returned to her bed. A nourishing diet, to consist mostly of beef, eggs, broth, and milk, together with wine, was advised, and the *Tinct. chloride iron* prescribed, ten-drop doses, thrice daily. The patient, under this treatment, rapidly improved; her kidneys secreted larger quantities of water, her appetite became normal, and, all her functions for a time restored, she was once more able to rest with comfort and to move about with considerable ease. By the end of the first week in December, although she had gained much in strength and circulation, it was evident that the cyst was fast filling, and began once more to become burdensome; consequently it was deemed advisable to operate at once, and Wednesday, the 9th of December, was appointed as the day. Having made the preliminary preparations for the operation on the preceding day, the patient being insured a comfortable night's rest by the administration of an opiate, the following morning found her in good spirits and as comfortable as the circumstances would admit of. Bringing her quickly under the influence of ether, the operation was performed in the presence of and assisted by the following gentlemen: Drs. Talbot, Payne, Saunders, and Packard, all of Boston, and Dr. Sandford, of Brookline, and Mr. Fuller.

An incision, commencing a little below the umbilicus, and extending nearly to the pubes, was made through the integument fascia, and muscle in the median line, and the peritoneum exposed. All hemorrhage being arrested, the peritoneum, which was found adherent to the cyst at its most salient point, was opened above, and the finger introduced to separate the adhesions over the point referred to, when the opening was enlarged, the cyst exposed, and the contents evacuated by means of a trochar. The collapsed cyst was now drawn through the opening, and the parietal adhesions separated by means of the finger, but as the whole could not be detached, it was found necessary to enlarge the incision, continuing it to a point some inches above the umbilicus, when the adhesions were divided by means of the finger and dry dis-

sector, the cysts turned out, and the pedicle exposed, which, being very broad, was separated from the tumor by the process known as enucleation, a few bands only being divided by the knife. The hemorrhage was only moderate, and the bleeding points were secured by carbolized cat-gut, the ends cut close, and the knot left in the abdominal cavity. There was considerable oozing at various points, which was readily arrested by warm water and pressure. The abdominal cavity was thoroughly cleansed, and the wound closed by sutures of carbolized cat-gut, which included the peritoneum. Adhesive plaster was applied to the abdomen, and a dressing of carbolic acid and oil was retained in position by means of the swathe. The patient was removed to her bed, and warm water placed at her feet. From the effects of the ether she rallied well, took beef-tea, champagne and ice for nourishment, and received for medicine, *Gelsemium tinct.* During the night she vomited several times after nourishment, but with this exception was very comfortable. The following morning at nine o'clock, pulse 138, body hot, abdomen slightly distended, free from pain, eats ice with relish, is in good spirits. Dec. 11, nine A. M., passed quite a comfortable night, free from pain, pulse 140, abdomen distended, tip of tongue red, somewhat restless, thirst moderate, feels hungry. Prescribed *Aconite* and *Arsenicum*, continued nourishment, adding scraped beef. 4 P. M., pulse 132, skin moist, has slept some, takes nourishment well, abdomen less distended, free from pain. Dec. 12, passed a restless night, but no pain; pulse 140, very good; takes nourishment well, and says she feels quite strong; 2 P. M., was summoned suddenly, and found the patient sinking rapidly; died in a few minutes after my arrival. No autopsy was held.

CASE 2.— On the sixth of July, 1875, I visited Mrs. W — at her home in Pawtucket, R. I., for the purpose of removing by operation what was supposed to be an ovarian tumor. The trouble had been developing for more than a year, and her abdomen presented all the appearances of one containing an ovarian cyst. The uterus was movable, and its position not materially changed. In Douglas cul de sac, a firm body could be felt extending to the left side and having the feel of the solid portion of an ovarian tumor. In the presence of and assisted by Drs. Wheaton and Chace, of Pawtucket, Dr. Bennett, of Fitchburg,

and Dr. Payne, of Boston, and Mr. Fuller, the usual incision in the median line from the umbilicus to the pubes, and extending to the peritoneum, was made. This membrane, which was much thickened by inflammation, was mistaken for the cyst wall and was separated from the adjacent parietes, the incision being extended some distance above the umbilicus before the error was discovered, and which was made manifest by a rupture of that membrane and the pouring out of the contents of the abdomen. The opening was now enlarged, when floating masses of detached cauliflower growth came to view and were removed. After removing a large portion of the fluid, the left broad ligament was found to be the seat of an immense cauliflower growth, while in Douglas' cul de sac, and extending to the right ovarian region, a lesser growth was found springing up. The intestines seemed to be confined to the upper portion of the abdomen, to a great extent by adhesions. Quite a quantity of the growth was removed, as it readily broke down beneath the fingers without hemorrhage; but as its complete removal was impossible, it was deemed best to close the wound, which was done, and a drainage tube introduced. On the following day the tube came away, but the patient, under the care of Dr. Wheaton, made an uninterrupted recovery.

In January of the following year (1876) I visited her at her home, and found her performing her duties as a housewife. During the early fall of the same year this patient died, it being some more than a year after the operation, and although I have not the particulars of her death, I presume it was due to the development of the original disease. There is a feature that I have not mentioned, and which, at first, impresses one as being peculiar; it is this: Some weeks previous to the operation (two or three) I drew from the abdomen, by means of the hypodermic syringe, sufficient fluid to test, and subjecting it to a microscopical examination, detected the same cell that I have often found in the fluid of ovarian cysts, and which has been so fully described by Dr. Atlee in his work on ovarian tumors, and termed the ovarian granular cell. The fluid, however, in appearance more nearly resembled ascitic than ovarian, but the presence of the cell and the resemblance of the enlarged abdomen to one containing an ovarian cyst led me to decide on the presence of the latter; and I have yet to learn how my decision could have been otherwise, with the evidence before me, unless tapping had been resorted to.

The presence of the granular cell (ovarian) in the fluid free in the abdomen, I account for satisfactorily in the following manner:—

In the early stage of the case a cyst of the left ovary did exist, upon the inner or lining membrane of which dentritic processes or hypertrophied papillæ had been developed and had grown to the size resembling the cauliflower excrescences that were found so thickly studded over the regions mentioned above.

In the course of development this cyst became ruptured, and the free surfaces adhering to the surrounding tissues caused the expanded base from which the excrescences continued to grow so profusely; the peritoneum, irritated by the presence of the fluid and the dentritic growths, became the seat of subacute inflammation, the result of which was the ascitic fluid and the adhesions above, confining the intestines and preventing resonance at various points about the abdomen.

Spencer Wells speaks of these dentritic growths in his work on "Diseases of the Ovaries," p. 55, and Peaslie, in his treatise on "Ovarian Tumors," has much to say regarding these same hypertrophied papillæ, pp. 43. to 47. The peritoneum in these cases of chronic inflammation frequently becomes so changed as to lead to the belief that a cyst wall has been reached; and in this case such was the condition of the membrane that I found myself separating it from its subperitoneal attachments and enlarging the incision to get above the supposed cyst,—a mistake which has been made by Dusch, Spiegelberg, Dr. Tyler Smith, Wagner and others, and Spencer Wells, in his eighty-first case, mistook a thickened peritoneum for the walls of a cyst that had ruptured and receded:

[*To be continued.*]

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### CLINICAL OBSERVATIONS.

BY F. G. OEHME, M. D., STATEN ISLAND, N. Y.

[*Concluded from page 313.*]

IN administering unproved remedies in the following cases we do not wish to appear as if deviating from the homœopathic principle, *i. e.*, from the use of remedies on the basis of the pathoge-

netic symptoms ; but after trying in vain apparently well indicated remedies, we feel justified in selecting, for some general reason, an unproved one. We do not hesitate to publish such cases, because the operations of medicines may be learned *ab usu in morbis*, where we have no provings.

CASE 5. — A lady, plump, forty-four years old, dark complexion and hair, whose monthly sickness for the last three years appeared about three days too soon (formerly too late), had for a year and a half an affection of the stomach, attended by the following symptoms : Suddenly appearing attacks of an indescribable severe pain, pressure, and distress in the pit of the stomach, recurring about two hours after each regular meal, sooner after a light one, later after a hearty one. A cup of milk gave relief within a few minutes, also solid food, if chewed fine and swallowed slowly ; if chewed otherwise, it took a longer time before improvement commenced. Water afforded no relief. Sometimes she was obliged to take a cup of milk even three times between two *stated* meals in order to suppress the recurring pain, pressure, and distress ; also frequently during the night. After food had been taken for the sake of relief, wind had to be gulped up a few times in order to make the relief complete, but was so little that it could scarcely be the cause of so much suffering. The pain never disappeared without taking food, and no discomfort was felt as long as the stomach was full. Any kind of food was digested well, and fat food kept off the pain longer than lean. As she was obliged to take food (especially milk) so often, she gained in weight in spite of her suffering. When absent from home and unable to take food, the pain would steadily increase, extend back to the spine, and cause agonizing suffering. There was then a sensation as if wind ought to come up but could not, and this sensation would extend up into the chest and even into the throat, occasionally accompanied by a rising of a clear, white, brackish, sour froth, and gnawing sensation in the stomach. There was always a desire to loosen the dress, although the stomach was not swollen. Rubbing the stomach would sometimes ease the pain. There was not the slightest sensitiveness to touch anywhere in the epigastrium and never any pain below the stomach. The most careful and repeated examinations gave always a negative result. As she was obliged to take food so often and as her

appetite was not morbidly increased, she scarcely could nor did feel ever any hunger, but there was no loathing of food. Bowels regular. Scarcely ever any flatus. Great exhaustion after severe attacks.

The disease seemed to be an over-activity of the digestive power of the stomach, or rather of the respective nervès. As soon as the stomach was empty, which required an unusually short time, the gastric juices probably continued to be secreted and caused an irritation. *China, Chelidon., Petrol., Graph., Anacard., Kali c., Lach., Carb. veg.*, and a few others, gave relief at first, some of them for a number of days, but the affection sooner or later returned as severe as ever, and each remedy seemed to lose entirely its effect. A host of others were perfectly useless. *Calc. carb.*, checked always the rising of the brackish, sour froth and the gnawing sensation, and prevented the attack from coming to its height. This, at last, in my desperation, induced me to try, experimentally, *Calc. hypophosphorica*. I gave, during an attack, one grain of the crude substance in one dose, which had almost an immediate effect, and prevented the recurrence of the pain for the next few days. Eructations and flatus now occurred naturally, as with other people. Upon the first reappearance of the affection, another dose cut short the attack. I ordered now the third dec. trit., of which, however, she took not more than six or seven doses during the next ten or twelve days, when the disease entirely left her. She had no more attacks after the *first* dose, only the commencement, when one dose of the medicine would quickly cut it short. Some of the physicians whom I consulted may recognize this very troublesome case.

CASE 6. A lady of fifty years and large frame, deeply grieved by the death of her husband a year since, had, for the last three and a half months attacks of pain in the epigastrium, with increasing frequency and violence. They appeared suddenly, without any apparent cause, at any time of day or night. There was a sensation as if the stomach was too full as from gases, spreading up into the lungs and around the waist, causing a feeling of oppression. She had a feeling as if the gulping up of wind would relieve the distress, but making the attempt rather increased the pain. There was great pain and sensitiveness to touch in

the whole epigastrium, but the latter disappeared entirely and as suddenly as the pain and distress. When the attack was violent, there was nausea, vomiting of very sour mucus, and a desire for an evacuation. After the attack, great exhaustion followed; general weakness. The last paroxysm lasted three hours and was very violent. Three days later she moved to Staten Island and put herself under my care.

As she had been under the attendance of the best homœopathic physicians in Washington and Brooklyn, I took it for certain that those remedies had already been prescribed which seemed most indicated; it was, therefore, useless to go over this list again. Under these circumstances I was in doubt what remedy to select without consulting our *Materia Medica*; however, I concluded to administer till my next visit *Calc. hypophos.*, as there were, at least, the following like symptoms in this and the former case: 1, The suddenness of the appearance of the attacks; 2, the absence of organic diseases and of catarrh of the stomach and the entire free intervals hinted a purely nervous disease; 3, the sensation as if the pain and distress were caused by wind, and 4, the spreading of the pain upwards, never downwards.

I gave her *Calc. hypophos.* <sup>3 dec. trit.</sup>, four times a day; I also left a powder of the same to be dissolved in case of an attack, one spoonful to be taken every quarter of an hour. Three days later I was sent for, as an attack had appeared. On my arrival I learned that she had taken the medicine every quarter of an hour, as directed, and had felt an immediate relief. The attack had been slight and only of a quarter of an hour duration; no nausea, no vomiting, and but slight sensitiveness of the stomach. I was quite as satisfied as the patient with the effect of this medicine, and ordered therefore its continuance, but three times a day.

Although food seemed to make no difference regarding the recurrence of the attacks, still I cautioned her not to eat food which is difficult of digestion. Notwithstanding this warning she ate, several days later, veal cutlets, fish, and other food at an evening meal, upon which she experienced in the night another attack with vomiting; still it was not severe enough to send for me. After this she had no more attacks, gained strength and cheerfulness, and improved generally. But as she became very

costive and experienced, about ten days after the last attack, a paroxysm of pain and distress under the middle of the sternum, as if from wind, I looked upon these two symptoms as possibly caused by the medicine, and discontinued its use.

Two weeks later she had her monthly sickness, which had not occurred for five months, she having change of life. It passed off without any inconvenience or return of pain in the stomach.

CASE 7. A lady of about twenty-five years complained of having within one-half an hour to two hours after every meal an attack of severe pain and distress under the middle of the sternum, as if from wind, with many eructations of wind. *Calc. hypophos.* <sup>3</sup>, every three hours, relieved at once and cured soon.

CASE 8. A five-weeks-old, healthy-looking child had for over two weeks watery, slimy discharges, of varying shades of brown and green and of a very strong, sour smell, often preceded by pain. Frequent crying spells; restless nights. The appetite seemed good, tongue not coated, and the child evidently gaining in weight. *Rheum.* <sup>2</sup>, gave only temporary relief. *Hep., Calc., Merc. sol.* ineffectual. As it seemed that the cause of the disease was not in the child, but arose entirely from the mother's milk, we therefore concluded to treat the diarrhœa as if the mother suffered from it.

One week after the birth the mother had an uncommonly violent attack of intermittent fever, lasting all night, having previously experienced two so slight attacks (mere shiverings) that they were taken as the effects of the coming milk or slight cold. The medicine (not *Quinine*) which we prescribed had such a favorable result that she had but one more very faint attack. After this she remained well, with the exception of some weakness, for which I ordered *China*.

After the child had taken *Hep., Calc.* and *Merc.*, without benefit, I again gave *Rheum.*, but also to the mother, however, without any result. To stop the sour fermentation of the stool I now dissolved about 1 gr. of *Salicyl. acid* in one half teaspoonful of alcohol and poured it into twelve teaspoonfuls of water. Of this the mother took one teaspoonful every two hours and the child half an one as often. This improved the diarrhœa in one day and cured it in two. The mother also felt better and stronger and casually mentioned that an occasional crawly feeling in the neck had also disappeared.

## THE NEW ENGLAND MEDICAL GAZETTE.

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BOSTON, SEPTEMBER, 1877.

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AT last our able contemporary, the *Boston Medical and Surgical Journal*, has deigned to consider the subject of homœopathy. The article referred to appears in the issue of August 9, and somewhat surprises us, coming, as it does, from what presumes to be one of the leading allopathic journals in the country, by its gentlemanly courtesy and complimentary concession. Our friends even tacitly grant that our method of cure is worthy of investigation and judgment by all who would become true physicians, for they say, "The uncertainties of medical practice are such, and the improvements which science has made in the present century are so great, that we are justified in hoping for greater light in the future. It behooves us, therefore, to place the student in possession of such facts as the progress of the day enables us to, leaving him entirely free to apply them in practice in such a manner as his judgment dictates. He is at liberty to use any drug or any dose that, in his opinion, will help his patient." This is what they explicitly state as their duty in educating their students; this includes homœopathy, necessarily, for they can neither deny with truth the facts of its existence, its scientific basis, its results, and its progress.

The gist of the whole article, however, is to the effect that the reason why they do not "accord recognition" to us of the new departure, is that we are governed by an exclusive theory (the old cry), and that that theory is founded upon a lucrative basis, as may be seen by the closing paragraph:—

"Any system, however plausible, which does not allow this freedom of action is not, then, in accordance with the spirit of the age, and entails upon its supporters the suspicion of acting from selfish motives rather than from a love of science and improvement. This suspicion is greatly strengthened by the observation that affluence and power attend the efforts of its votaries, who would otherwise suffer the fate of mediocre men, but who thus skilfully handicap their rivals in the race for fortune. Believing, as we do, that homœopathy is not founded upon a scientific, but rather upon a lucrative basis, we do not feel ourselves called upon to accord it that recognition which would be extended cheerfully to a legitimate enterprise, content to give us facts unhampered by theories, which base their support upon the applause

of a public incapable of judging their merits rather than upon the indorsement of scientific men."

That we practice according to a theory, but not an exclusive one, we admit, and ask in reply, What is a theory but a formularized statement of the results of scientific induction? Without such statement to show their connection and relation, of what practical use, or of what use at all, would be the mere accumulation of facts and observations, never so numerous, never so acute? Facts and observations are of no value unless they are used; they cannot be used until they are studied with relation to each other and to pre-existing knowledge. The results of such comparative study can only be known by a statement in language. Such statement constitutes a true theory. True theory is an inherent part of true science. No physician of any method of practice visits a single patient but what, either consciously or unconsciously, such a process is experienced; the patient, his condition, state, symptoms, etc., are observed as so many facts; such facts are compared with each other and what the physician knows; and from such comparison he forms his opinion as to what is the diseased condition, and what will cure, *i. e.*, he theorizes. More than this, several opinions may arise in his mind as explanations of the phenomena before him; then such opinions become matter of study and comparison; as a result of this fresh observation *one* opinion is selected *to the exclusion of the others*, as according most truthfully to the first facts noted; then such an opinion becomes an *exclusive theory* for the time being; the physician is governed by it, and is not considered either a charlatan or a fool for so doing.

As with the single man, so with any number of men, or a portion of a profession. If repeated observation of medical facts, experiments, and opinions, as regards the application of drugs, shows that, to their minds, there is one opinion which most truthfully accords with and explains the facts observed, then they, as a body, have a right to give that opinion or that theory their sanction, to the exclusion of others less truthful and comprehensive. Such theory is by no means antagonistic to scientific progress, but otherwise, as it is exclusive only as it is true, it rejects no new facts, no new discoveries anywhere. This our allopathic friends are constantly doing whenever they deny or refuse to investigate *fairly* homœopathic principles or practice.

As regards the lucrative basis, the times are past when the remuneration of the physician depended upon princely favors and courtly recognition, and the fact that affluence and power attend the efforts of its votaries is but additional proof of the value of homœopathy. It is the recognition and endorsement of the public, and an intelligent

public. They judge a system, not by its scientific aspect, but by its results. They recognize the fact that homœopathy *cures* easily, quickly, and surely. This is what we want,—the endorsement of bed-side experience. This is far preferable, in medicine, to any “endorsement of scientific men.”

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## CORRESPONDENCE.

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PITTSFIELD, ME., July 21, 1877.

HON. OTIS CLAPP & SON:

DEAR SIRS, — I have lately received notice from the Maine Medical Association that charges have been preferred against me on the ground that I practice medicine according to the law “*Similia similibus curantur.*” The charge is signed by three physicians, and I am notified to appear in the city of Portland in September next, and answer to the same. I am a graduate of the Medical School of Maine and Bellevue Hospital Medical College, and have practiced medicine nine years according to the principles of allopathy.

While attending medical lectures in New York City, I had two hours a day which were not occupied, and I devoted them to listening to a homœopathic professor’s lectures. Gradually I studied and looked into the matter; bought homœopathic books, tried homœopathic medicines, until at last I became a convert to the practice.

I firmly believe in homœopathy, and use homœopathic medicine with success. I drop you these few lines to let you know how highly a man is prized by the allopaths who seeks after light and tries to gain in wisdom.

Yours sincerely,

W. S. HOWE, M. D.

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## SOCIETIES AND INSTITUTIONS.

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### *RHODE ISLAND HOMŒOPATHIC SOCIETY.*

[*Reported by the Secretary.*]

A REGULAR meeting of this Society was held at the residence of Dr. George D. Wilcox on Friday evening, July 20, at eight o’clock. Despite torrents of rain which continued to fall until nearly midnight, a good number of members, guests, and students promptly assembled. Vice-President Gottschalck presided over our deliberations.

Dr. Wm. Gottschalck, Jr., now of Central Falls, was admitted to membership. The names of Drs. Charles L. Greene, of Providence, and James B. Tillinghast, of Phenix, were presented and referred.

Dr. Wilcox reported a case of myocarditis consequent upon a sharp, sudden blow over the heart. The endo- and pericardium were but slightly affected, if at all, and yet there was great dilatation and unusual softness of the muscular tissue. Certain peculiar sensations experienced at or about the time of the accident pointed clearly to the seat of the lesion. This was a deferred paper, and had been published in the *Western Observer* of Detroit during the interim. To relieve symptoms caused by dropsical conditions, he made use of Hunt's Remedy, a familiar preparation of *Apocynum cannabinum*.

Attention was directed by Dr. Gottschalck to the circumstance that the tincture of *Apocynum* may produce nausea, but the decoction will not.

Dr. Wilcox then remarked that on Sunday, June 17, he was called to see Mr. G., who had just passed his eighty-third birth-day. He found him suffering from retention of urine and enduring considerable pain. The water was at once drawn, the last pint being thick with mucus. The catheter was applied twice on each of the succeeding days. At first the urine was dark, the last part of the flow being blood and mucus. The tincture of *Equisetum hyemale*, one part to six parts of water, was administered, dose, teaspoonful every two hours. At the end of eight days the old gentleman began to pass his water unaided, the blood and mucus disappeared, and he is now well.

Mr. Chapin, a student, reported that on the tenth of February last he visited Mr. W., aged sixty-four years, who was suffering greatly from the pain and frequency (say two or three times an hour) with which he passed his water. This difficulty had been gradually increasing for several years. Examination showed that the urine was voided through a fistula at the base of the penis. He stated that he was struck by a piece of board during the September gale of 1869, and immediately was troubled with severe pain and inability to urinate. Soon an abscess broke, which left the fistula. But however caused, the inflammation had extended to the bladder, producing a severe case of chronic cystitis. The urine at this time was heavily loaded with stringy and lumpy mucus that looked like expectorations. Four drops of the tincture of *Equisetum* was ordered three times a day. He began almost immediately to improve, and by the first of April most of the mucus had disappeared. The dose was then increased to six drops, and about May first to ten drops, which he continues at present. He experiences but very slight pain, and that only when urinating. This occurs not

oftener than once in two hours. Nearly every trace of mucus has disappeared; albumen and casts are found, however, in considerable quantities, indicating other serious organic lesions, which could not facilitate the action of this remedy.

Dr. Wilcox preferred tincture of *Equisetum* prepared with dilute alcohol.

The secretary then read a private letter from Dr. T. H. Mann, now of Woonsocket, sent in reply to inquiries when preparing his report on the climatology of Rhode Island. He stated that, by special request of Dr. Bushrod W. James, the contents of this letter, with such correlate information as he had become possessed of, were forwarded to the American Institute as a supplemental report, under the title of "Block Island as a Sanitarium." The island proves beneficial to those suffering from catarrh. Bronchial and lung diseases are rare. February and March are the most unhealthy months. The mercury did not rise above 86° F. the past summer, which it will be remembered was unusually warm, nor did it sink below 18° F. during last winter. As *Artemisia* abounds, autumnal catarrh is not modified. No cases of cholera infantum occurred during Dr. Mann's four years' residence, the necessary atmospheric changes never obtaining.

Dr. Ira Barrows reported "A Peculiar Case." See report.

Dr. Mann presented exquisite casts expectorated by a child two and a half years old, suffering from croupous bronchitis. The patient is convalescing, and after complete cure a report will be presented.

Dr. Isaac W. Sawin reported a singular case of rupture of the uterus. See report.

Dr. Gottschalck was reminded of his first obstetrical case. He had been sent some miles into the country by his instructor, the distinguished Dr. Heyner, to tap a woman suffering from ascites. Upon reaching the house, he found the patient suffering in a manner of which he had read much but seen nothing. With great trepidation, he proceeded to verify the situation, and soon had the pleasure of delivering a fine babe. The ascites simultaneously disappeared. The mother was fifty-six years of age, and had not menstruated in six years. Dr. Heyner, who had visited her several times before confinement, reported the occurrence at the time, creating, of course, first incredulity, then surprise as the parties were shown. Dr. Mann mentioned delivering a woman, forty-eight years old, of her second child. The first was born twenty-one years previously. During this period she had menstruated regularly: he could not say whether she did afterward.

Dr. Wilcox then remarked that a few nights previous, about midnight, he was called up by a neighbor, who requested him to visit his

daughter, a primipara of six months, who was suffering from a fit. His manner was so cool, and his description of such a character, that hysterical convulsions were suspected, the more particularly because he said there was no haste. The doctor had not dressed, however, before a second messenger urged him to come immediately. He went, and found her the victim of puerperal convulsions. He at once informed the family of the grave nature of the case, and recommended sending for their regular attendant, a prominent allopathic surgeon. He came, and after some conversation with Dr. Wilcox, agreed that labor should be induced, but desired the advice of the leading member of his society. He also came, and endorsed, as well, the decision that had been made. Chloroform was administered and the membranes ruptured, but labor did not take place. Of course Dr. Wilcox did not see the lady again, but it was understood she died the next evening. There was complete suppression of urine, none being passed since the morning preceding the attack. During the day she complained of headache, and in the evening she was intensely susceptible to sound and light. No autopsy was permitted, but antecedent kidney disease was suspected.

Dr. Gottschalck relies on *Stramonium* for such eclampsia, his attention having been directed thereto by observing a case of poisoning from that drug.

Dr. Wilcox considers complications like the above, *always* to be indications for inducing labor. He subsequently alluded to another case where they came on near the close of labor, in which *Cuprum*, and afterwards *Opium*, were administered with marked benefit, although the spasms did not entirely cease until ether had been used some two or three hours.

Dr. Gottschalck remarked that he believed mental excitement had a great deal to do with this variety of eclampsia, then continued: "Upon a certain occasion, I attended a lady during a comfortable confinement. The milk duly appeared, and the lochia obtained normally for six days. On the morning of the seventh, the favorite child, a girl about four years of age, desired to see its mother. Being refused, she made considerable disturbance and consequently was spanked. The child immediately went into convulsions, and I was sent for. Upon learning the history of the case, and viewing the little patient, I deemed medical interference unnecessary, and soon she was all right. I then visited the mother's room. She asked after her child, and received a favorable response, with such soothing, comforting remarks as were appropriate. I retired, as she supposed, from the house, but withdrew simply to the parlor, and after an hour revisited the lying-in

chamber. The mother was just about entering a cataleptic spasm which lasted forty-eight hours. Her face was livid blue or mahogany color, the pulse 120. During the continuance of the fit, perfect rigidity was maintained, save that the eyes occasionally would slowly follow persons across the room. Immediately upon its termination succeeded successively, phlegmasia alba dolens, suppression of the lochia, metritis, and peritonitis with meteorism, to which the patient succumbed nine weeks subsequently.

This lady had a sister two months advanced in pregnancy at the date of her own confinement. As time passed on the latter became more and more nervous. One evening she had some trouble with her boys and labor pains came on. I was sent for at once, but before I could reach the house convulsions occurred, and a second messenger was despatched. This was about the close of the eighth month. For certain reasons I desired counsel, and sent for Dr. Okie, but he could not attend. The convulsions lasted some thirty hours, when ether was administered and the membranes ruptured. In two and a half hours labor was satisfactorily accomplished, the paroxysms subsided, and a nice recovery secured. She afterward acknowledged that she had dreaded the time most intensely; she was sure she should die.

Dr. Gottschalck also reported the following concerning a gentleman about fifty-seven years of age, who is suffering from mitral insufficiency, with stenosis of the aorta. One noon when going down street he was overtaken with dizziness, sickness in the head, and prostration. Upon removal home, paralysis of the tongue appeared. He could scarcely speak, nor was he able to lift his eyelids. His left pulse was 40, faint, threadlike, and intermittent. There was no circulation in the right arm; he was enveloped in an extremely cold, clammy perspiration, and the greatest difficulty in swallowing obtained. He did not lose consciousness, however, nor were the limbs paralyzed. Two old-school physicians were present and one Fellow of this Society when I entered the house. All agreed on the diagnosis. The regulars said he would not live until morning, and prescribed *Morphine*; the homœopath would give no encouragement. I told them I would stay with the man. His appearance suggested nothing but *Veratrum album*, and I poured fifteen drops of the third dilution (would have given lower had it been with me) into water, giving from the glass at brief intervals. He was also well rubbed with cloths wrung in hot water. Towards morning he could say feebly and hesitatingly, "I feel better." The next week he was attending to his business. The disease is not cured, but the patient lives. Had I followed my advisers he would have been easy, but he also would have been dead.

About the middle of the evening the Society was entertained by its host in a very elegant manner. An adjournment was not effected until past midnight.

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## REVIEWS AND NOTICES OF BOOKS.

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ON THE SOURCES OF THE HOMŒOPATHIC MATERIA MEDICA. By RICHARD HUGHES, L. R. C. P. London: Henry Turner & Co. 1877.

THIS little work of fifty-four pages consists of three lectures delivered by the author at the London Homœopathic Hospital during the month of January last. As the title implies, it gives a short, concise account of the origin of what is known about our principal remedies. It is shortly, plainly, and concisely written, presented in an attractive style, — a book of great value to the student of *Materia Medica*, as it not only indicates where special and original information regarding various drugs may be found, but what articles are not reliable, and wherein they are not.

The publishers have presented the work to the profession in a neat, convenient, and attractive form.

LECTURES ON ACUTE AND CHRONIC DISEASES OF THE CHEST. By R. D. Hale, M. D. Second edition. Henry Turner & Co., London; Boericke & Tafel, New York, 1877.

This book comprises the subject-matter of eight lectures delivered at the London Homœopathic Hospital. The author gives the ordinary homœopathic treatment of acute and chronic bronchitis, laryngitis, pleuritis, pneumonia, phthisis pulmonalis, and pericarditis. As the lectures were delivered to medical men, very little space is taken up with questions of pathology, or with the symptoms of the various diseases. The remedies mentioned are not claimed as the only ones which are needed for all cases, since such a claim would be incompatible with homœopathy, which demands a strict individualization. The author insists particularly on this point. We can recommend the book to all practitioners of homœopathy.

### BOOKS RECEIVED.

HOMŒOPATHY THE SCIENCE OF THERAPEUTICS. A collection of papers elucidating and illustrating the principles of homœopathy. By Carroll Dunham, A. M., M. D. Francis Hart & Co., New York, 1877.

THE PRACTITIONER'S REFERENCE BOOK, adapted to the use of the physician, the pharmacist, and the student. By Richard J. Dunglison, M. D. Philadelphia. Lindsay & Blakiston: 1877.

*HEALTH AND COMFORT, WITHOUT WASTE.*

HON. F. O PRINCE,

*Mayor of Boston:—*

As the citizens of Boston are now suffering great inconvenience from impure air, earth, and water, which result from neglect of the laws that govern in these cases, it will not, I trust, be regarded as out of place for me to call your attention, as the chief executive officer of the city, to some of the causes thereof, as well as to some of the remedies. "Health and disease," says the *National Encyclopædia*, "are so imperceptibly merged into each other that the line of demarcation cannot be drawn with precision." The person who lives in, and inhales, an impure atmosphere, cannot discover the fact until it shows itself in impaired vitality. The laws of the Creator are such that the air, water, and earth will be pure and healthful if not interfered with by man. They provide that man shall receive his food from the soil. "A soil," says Liebig, "may be considered a magazine of inorganic matters, which are prepared by the plant to suit the purposes destined for them in its nutrition." The ultimate constituents of plants are those which form organic matter in general, namely, carbon, hydrogen, nitrogen, and oxygen. These elements are always present in plants, and produce by their union the various proximate principles of which they consist. All organic vegetables and animal bodies undergo chemical transformations of fermentation, decay, and putrefaction. In this way soil is made. The plants which constitute the food of man come from the land, and unless the waste, or its equivalent, is returned to the land, it becomes bankrupt. A soil is defined as sandy, clayey, marly, or calcareous, according as silica, alumina, or lime prevails; with a layer of earth, more or less mixed with the remains of animal and vegetable substances in a state of decomposition.

Liebig gives the analysis of some sixty soils in different countries, and they contain some sixteen different ingredients, mainly the same in all, but in various proportions. It is worthy of note that no soil can be productive unless it has within it some of the substances which we persist in wasting, and which are harmless when covered with earth, but the most active poisons when in the air or in the water.

Pure air, when inhaled, is essential to life and health; but when exhaled, is changed into carbonic-acid gas, and is destructive to both. It is food to plants, but death to animals. With a free circulation of air, it is carried where it is needed.

In Dr. Greenhow's investigations in England, it is said, "The excess of mortality has in all cases been coincident with one or other of two local circumstances: 1, The tainting of the atmosphere with organic decomposition, especially of human excrement; or 2, The habitual drinking of impure water."

Prof. Johnson, of Yale College, says, "Nothing is better established than the connection between human excrement and certain fearful epidemics. . . . Our poor are already in their own filth, and as our towns

enlarge and build more densely, the well-to-do, and even the rich, must, sooner or later, be swamped in the impurity of their own and of past generations ”

In Mr. Simons's ninth report to the Privy Council, he says, “ Cholera derives all its epidemic destructiveness from filth, and especially from excremental uncleanness . . . It cannot be too distinctly understood that the person who contracts cholera in this country is, *ipso facto*, demonstrated, with almost absolute certainty, to have been exposed to excremental pollution ; that which gave him cholera was, mediately or immediately, cholera contagion discharged from another's bowels ; that, in short, this diffusion of cholera among us depends entirely on the numberless filthy facilities which are let exist, and especially in our larger towns, for the fouling of earth and air and water, and thus, secondarily, for the infection of man with whatever contagion may be contained in the miscellaneous outflowings of the population. Excrement-sodden earth, excrement-reeking air, excrement-tainted water : these are for us the causes of cholera. . . . These, however, are not nature's only retribution for our neglect. Typhoid fever and much endemic diarrhœa are incessant witnesses to the same deleterious influences.”

The death-rate resulting from these causes is but a small part of the evil. The sick-rate, loss of time, and discomforts resulting therefrom, are not easily measured. All the evils here referred to are as applicable to Boston and Massachusetts as to England. In order that the good people of Boston, and surrounding territory, may have an opportunity of learning what is in store for them by exposure to this excremental pollution, they will do well to look in the face these facts. Boston, it should be remembered, is like a *hub*. The areas of *tidal volumes* around Boston are given thus : —

Mystic River . . . . .	742.8 acres.
Charles River and Chelsea Creek . . . . .	318.0 “
South Bay . . . . .	1,152.3 “
Navy Yard section . . . . .	507.4 “
Fore Point Channel . . . . .	367.4 “
Total . . . . .	<u>3,187.9 acres.</u>

There are over 3,187 acres of tide water in Boston upper harbor, which extends to Governor's and Castle Island. It makes 24,000,000 cubic yards of water at low tide, and 45,000,000 cubic yards, at high tide. It receives the excremental and other pollutions from over one half a million inhabitants in some twenty cities and towns. The consequence is that these poisonous and offensive gases find their way into the earth, the air, the houses and bedchambers, where they are as repulsive, if not as effective, as the plagues that visited Pharaoh in Egypt. Pharaoh was told that a disregard of the requirements of the fundamental law would be followed by “plagues upon thine heart, and upon thy servants, and upon thy people.” He, like those of a later day, was slow to believe. The consequence was the plagues came, the waters were smote, the fish died, and the river stank, and the Egyptians could not drink of the water.

A part of these same plagues are now visited upon us, and in a

somewhat similar manner. It all comes from a disregard of the Creator's natural laws. Poisoned air and poisoned drinking-water are the recognized agents in causing disease.

Cod and other fish used to abound in Boston Harbor, and were caught from Long Wharf, and in the streams which empty into the harbor. Now, they are either destroyed or driven away. The impurities in the water which destroy fish are also present in the air, and are equally destructive to human comfort, health, and life.

As the public are slow to accept statements of this character, it may be well to call attention to the testimony of some of our own citizens. "The Reports on the Pollution of Streams," with the survey of our principal rivers in Massachusetts, published by the State Board of Health, are worthy of serious attention. A presentation is made of the condition of Neponset, Charles, Chicopee, Blackstone, Taunton, and Nashua Rivers, and the general public little realize the extent to which the work of pollution has gone, and its effects on the comfort, health, and life of the community.

Dr. Winsor says, in the Board of Health report, "Of all forms of filth, the most dangerous, as well as the most offensive and most common, is fecal excrement." This is true. He says also (p. 181), "The only way to deal with excrement is to carry it as fast and as far away from human dwellings as possible, and without doubt the best way to effect this is by a complete system of *water carriage*." This opinion is also expressed by Dr. Folsom, Mr. Philbrick, and others, in the same reports.

It may be well to inquire, What is "water carriage"? Its name would imply some kind of carriage by water in boats or vessels. Practically, it means fouling and polluting streams, rivers, sewers, water basins, and harbors with human waste and every species of animal and vegetable matter in a state of decomposition, decay, and putrefaction, instead of restoring it at once to the land, which it enriches.

Dr. Winsor says, "Many factories, whose operatives are numbered by scores and hundreds, have privies overhanging the streams which furnish power, carrying, in many cases, the most dangerous and disgusting form of pollution to spoil the stream below." This is "water carriage." Again, "Now, it is very moderate to say that nine out of every ten cesspools, the State over, do leak, and *are constructed expressly to leak, to save expense*. . . . Whenever dwellings are within one hundred feet of each other, there is danger that one may pollute the other's well. . . . Whatever may be the source of supply, eternal vigilance is the price, the only price, of safety." In his table of cities, viz., Boston, Cambridge, Charlestown, Chelsea, and Somerville, he reports them as "sewage very unsatisfactory." "It is evident that this danger is rapidly growing upon us, and that the future rates of increase will be much greater, etc. . . . A town might well forego the convenience of water-closets for the sake of safety from zymotic epidemics." "Nineteen instances are reported," he says, "as to the pollution of the atmosphere." If it had been 1919, it would have fallen short of the facts. "The evil," he says, "is in the cities and large towns, and only to be remedied at *immense expense*." He seems to be unaware that there is a *complete remedy, and at small expense*. "A covered stream,"

he continues, "used as a sewer, is a grievous source of danger, disease, and discomfort." One reason for covering is to prevent its being a depository of dead cats and other animal and vegetable refuse. "All the unwholesome conditions existing in open streams, polluted by sewage, remain unchanged where such streams are simply covered. . . . There gases are less diluted and more poisonous. . . . The sewage of Natick must seriously pollute the water-supply of Boston. . . . That *filth infection of the air seriously depresses* the vital powers, and that it is one of the chain of causes producing epidemics, are matters of common observation." On one of the tributaries of Mystic Pond, "no fish or aquatic insects were seen. . . . The water is of the color and opacity of very foul sink-wash."

These are a part of Dr. Winsor's catalogue of the "water-carriage" agencies which are active in fouling our waters. On the purity of water and of air depend the health and life of men, as well as of fish. The presence of fish good for food is evidence of the purity of both water and air. These foulings have driven the fish from the harbor, and already to some extent the outer harbor, and have commenced the work of thinning out the inhabitants!

The testimony of Mr. Bradley, Superintendent of Sewers, is in the same direction. He says, "The number of drains *leaking under houses* and into foundation walls, is very large; it is almost certain to occur *with every house upon made land.*" This includes nearly all the houses on each side of Washington Street, including South Bay, Back Bay, South Cove, the eight railroad depots and their surroundings, making the new territory nearly double that of old Boston.

In the metropolitan district of eight cities and towns, of which Boston is the centre, there are 37,068 acres of land. Of this, 21,690 acres are upland, and 15,378 acres — forty per cent — are low and marshy land. On this land are 60,608 houses. Of these, 46,087 are supplied with water. The houses are largely, if not mainly, on low lands, and liable to all the consequence of leaky drains and imperfect plumbing.

As the land is naturally moist, the chances for a dry cellar are sufficiently uncertain. These uncertainties are enhanced by the fact, as stated by experts, that not ten per cent of the sewers and plumbing is first-class work.

Mr. Philbrick says in the report of the Board of Health, "Good work is the Alpha and Omega of good drainage, and good drainage and good work is too rare an article among workmen." Exactly. And the foundation of the whole system which he defends rests upon this bad work. He devoted some five pages to good and bad work, — "to want of skill among artisans, aggravated by ignorance on the part of architects upon points where they are expected by the community to be experts." House drainage he alluded to as "a comparatively new luxury"; and he might have added, as destructive as new. Among his catalogue of difficulties are these: "No plan can be entirely automatic; eternal vigilance is the price of safety; a trap may freeze in January, and dry up in July; deep frosts break up, etc.; rats burrow and gnaw; the gases corrode lead pipes; ammonia in water-closets corrodes copper pans; valves become leaky; counterpoises get loose; but frost is our greatest enemy; a frozen drain is the climax of

discomfort. With the extended use of plumbing come increased risks of such mishaps, till many householders long to simplify the apparatus." Mr. Philbrick deserves credit for the fulness and faithfulness with which he has opened these facts, and they are largely within the truth. The idea of safety and security with such a system and its unreliable machinery is not unlike an investment in an old-fashioned lottery.

Mr. ED. C. C. STANFORD has contributed some valuable papers to the British and other associations in England. He says, "No system of sewerage is worthy our consideration which does not give back to the soil that which in our food we have taken from it; and I consider the mere ridding ourselves of a valuable fertilizer, simply on account of difficulty in dealing with it, quite beneath the enlightened spirit of our age."

And as to sewer gases, it appears, according to the evidence collected by the sewage commission, quite impossible to get rid of them, one of the inquirers examined making this terribly suggestive answer: "I am afraid we must let out the stink in the middle of the streets."

Now "stink" is not the word, for sewer gases are gases of decomposition, and carry malaria, pestilence, and death with them. Dr. Fergus has related one of many instances in which a number of houses at Leith, previously healthy, have been affected *at once* with gastric (or typhoid) fever when connected with sewers, and showing the constant infiltration of sewage into the soil, and thence into wells; he has also pointed out cases of gastric fever where the long-unsuspected cause was the drinking of water so contaminated.

"The water-closet system is also open to great objection; the best constructed closet is seldom perfectly free from odor; the back rush of deadly gases up the sewers, when a high tide covers them or a strong gale blows into their outlets at low tide, is of enormous force, and will ride through any closet, however well trapped. . . . Water is a *mere carrier*, and *no disinfectant*; its cost, also, from the great quantity required, is very considerable. . . . The whole system of sewerage by water-carriage is extravagant. . . . It carries the solid and liquid excreta down to our neighbors to rot at their doors, and it leaves us a legacy of deadly gases to remind us that our endeavor to cheat nature has signally failed. As applied to even ridding ourselves of the nuisance, it is the finest effort of the 'circumlocution office,' and the best effort 'how not to do it' in our generation. . . . Engineers have employed an elephant to do the work of a mouse, and the burly brute has trodden down and laid waste the country."

Mr. Stanford's summary of objections to water as a carrier are given thus:—

1. The enormous cost of the works required, in proportion to the small amount of noxious material to be removed.
2. The large annual outlay to keep the closets in order. Experience in large cities has shown that, on this account, these closets are quite unsuitable for the dwellings of the poor.
3. The enormous amount of water employed (estimated at 365 times the weight of the excreta), whereas in many towns there is much difficulty in obtaining it.
4. That it results in a subterranean flood of filthy water, which

must flow somewhere, and wherever it flows it pollutes the region, thus disseminating and distributing the evil.

5. This material, worth about 30s. per ton, has its value reduced by dilution to one penny per ton (360 to 1), which it is impossible, by any known chemical method, to extract with profit.

6. The large generation of noxious gases in the sewers, which constantly escape into our streets and houses. In reference to the latter, Dr. Gardiner speaks strongly of almost all sewers as "diffusing poisons upwards and downwards," and too often carrying backwards into the very heart of the dwelling the reflux gases, the produce of the decomposition of the impurities of a whole neighborhood.

Dr. Fergus characterizes the sewers as "a gigantic laboratory under our dwellings, from which noxious gases escape by gully-holes into our streets and pipes, into our houses."

The report says, "In the existing system, the sewage is discharged through some seventy different outlets along the shore lines of the city." It would have been as safe to say seven hundred outlets as seventy, for the reason that they are mainly in made land. Experienced observers say that it takes at least twenty-five years for *made land* to become solid, and that such land settles, upon the average, two feet in every ten, or one fifth. The tide rises and falls through this made land as regularly as in the bay, so that outlets and inlets are not confined to the sewers, but are all along the shore.

The breaks and leaks in the pipes, drains, and sewers, alluded to by Mr. Bradley, Mr. Philbrick, and others, distribute the contents of our two hundred miles of sewers in the soil so faithfully, that few can complain of not having a share. Even those who live on high land, and supposed themselves free from danger, have learned that the same sewers and pipes that carry sewage down hill, will carry poisonous gases up; these gases spread from house to house, especially up. It is a question, therefore, whether the higher or lower residences are most exposed. The tendency of tidal currents and waves is not to carry such matters out to sea, but "eject" them on to the shore. This is shown by Admiral Davis in his paper on the "Action of the Tidal Currents of the Ocean," published by the American Academy of Arts and Sciences. Also in a subsequent paper, published in Vol. III. of "Smithsonian Contributions to Knowledge," under title of "The Law of Deposit of Flood Tide: Its Dynamical Action and Office."

The commission to which this paper was referred were Prof. L. Agassiz, Prof. A. Guyot, and Prof. J. Henry, Secretary of the Smithsonian Institute. Admiral Davis was connected, for many years, with the Coast Survey. This afforded him the best of means for observation.

There seems to be nothing furnished by the committee to weaken confidence in Admiral Davis's statements and conclusions, indorsed, as they are, by one of the most able commissions in the country.

Mr. Davis says, "The law of deposit of the flood-tide exhibits itself in the gradual transportation of the *matter held in suspension*, by the water from place to place, along the line of its direction, . . . it will finally reach the shore, upon which it will rise with the surface of the water, and there it will *ultimately be left*." Even the ebb-tide, instead of

carrying the matter back into the sea, "must also contribute to build up the deposits."

The advancing flood that supplies the harbor of Charleston, S. C., according to Lieut. Maffitt, while it runs *flood*, is loaded with sand, but when it runs *ebb*, it contains little or none of this matter. "The materials of wrecks are conveyed along the shore, and the direction is *always* that of the *flood*, in which the various forms of deposit are increased." Cases of wrecks are given, where wreck-masters build shanties on the beach, and wait for the flood-tide to send the cargo and materials to the shore, when they are secured.

In accordance with the same law, the flood-tide also carries and leaves the sea-weed to the highest point on the beach.

From these facts, it appears that there is a mechanical action, by means of which the water, when in contact with the shore, "ejects the substances, either floating upon its surface or held by it in suspension. . . . That is to say, what is called the law of deposit of the flood-tide may be divided into two distinct phenomena, one of which is the transporting power of the flood-current *towards and on to* the shore, the other the dynamical action of the water at the shore.

"This inward tendency of the flood-tide *carries all floating objects, or matter held in suspension*, either into the harbor, bays, and other recesses of the coast, or upon the outer sea-coast, where it comes under the influence of the wave action. In the first case, the water comes to a state of repose in the interior of the bay, which is very favorable to deposit.

"Now, having brought the suspended matter within the reach of the wave action, we are to investigate the nature of that action, by means of which this matter is cast upon the shore, and *forced to remain there.*"

This is proved by the experiments of John Scott Russell, Esq., in his detailed report on "Waves," in the proceedings of the British Association.

It has been stated that the London Metropolitan System (from which the proposed system is borrowed) works to perfection, and avoids all difficulties. This is a great mistake. Intelligent engineers and sanitarians have expressed the opinion that notwithstanding its enormous cost, it "will even yet be compelled to modify its works and adopt the separate system"; because, in rain-storms, it brings down sewage in such excessive quantities as to be perfectly unmanageable, "creating an intolerable nuisance," and "causing great destruction of property, pecuniary loss, and danger to public health."

The late John Quincy Adams once remarked that the situation and natural advantages of Boston were such that it might be made one of the most beautiful and comfortable cities for residence in the world, but its citizens were trying to make it one of the worst. Mr. Adams did not then realize, probably, that efforts would afterwards be made to send the impurities referred to where the flood-tide would take them on to his own territory and near his own residence.

The English Board of Health says, "Archdeacon Paley was accustomed to direct the particular attention of travellers in foreign countries to the mode in which people dealt with their excreta, stating that, from this single fact, a greater insight might be gained into their habits of

cleanliness, decency, self-respect, and industry, and in general into their moral and social condition, than from facts of any other class."

What is the comparative cost of water and earth as an absorbent for removing human waste? The amount of water used for this purpose is some forty gallons, or three hundred and twenty pounds, per day for each person. Water required for simple domestic purposes is only six to eight gallons per day. The amount of either earth, peat-charcoal, or mineral coal-ashes (either will answer) would be but three pints, or about three pounds, per day for each person. The cost of water and the machinery to convey and protect it goes up to millions of dollars each year.

An experienced expert says, "If the mineral coal-ashes burned in Boston were saved, it would perfectly deodorize all fecal matter, solid and liquid." This ashes is gathered and disposed of by Mr. Forristall in fifty-three ash-carts, for less than \$100,000 per year. If thus gathered and used, it is instantly deodorized, and its agricultural value is rated by experienced experts at \$10 per person, or \$3,500,000 per year. Is it wise economy to spend a million dollars a year for water and machinery to waste \$3,500,000, when both expenditures can be saved by utilizing it with the mineral coal-ashes for \$100,000 per year? Besides this saving of millions each year, our houses, sewers, streams, wharves, and harbors could be restored to their original purity.

Our made land, salt marshes, and fresh-water swamps might thus be saved from pollution, and our citizens would not be driven, *necessarily*, to the sea-coast and mountains to get out of polluted air. It will cost the city millions of dollars more each year to pollute themselves in the way proposed than it would to place this polluting matter where nature intended it.

It is worthy of remark that among the catalogue of complaints brought by the prophet against Egypt, as a reason for its destruction, was that they had "fouled the rivers"! The bad shepherds were reprovved because they drank of the deep waters, but fouled the residue. Is there safety in this "fouling" of waters? Has it ever been a success? Nature and history can give but one answer.

There can be found no more beautiful evidence of the protecting power of Infinite wisdom than in the decays of nature, considered in their relations of demand and use. The chemist finds protection in every change. Decay in its compound is destructive of health and offensive to the senses. The offensive power commands notice and compels action, and the knowledge of the causes of disease protects health. The decays of organized matter with their noxious vapors and gases, deposited in the earth, are separated and divested of their poisonous qualities and returned to their original elements. Water is restored to its native purity, and putrefaction is made to renovate the soil and to give new life and freshness to vegetation. This unceasing round of process, so simple, so certain, and so necessary to reproduction, health, and happiness, should be closely studied and wisely understood.

Respectfully yours, etc., etc,

OTIS CLAPP.

SINCE the foregoing was written, the city government has voted to consummate the expensive plan of wasting its sewage in tide-water. This is to be regretted, for the reason that all experience shows that such plans have only modified, and never cured, the evils which they seek to remedy.

The intelligence of a community would be slow to create means to waste the most valuable fertilizer in existence; more especially as it is one which must be always at hand, can be cheaply and instantly rendered inodorous and inoffensive, and disposed of at an expense not one-tenth of that required in the way proposed. This system has never failed to pollute the air in every community where it was in operation, besides being the most costly of any system in existence.

One of the most discouraging facts connected with this question is, the implied sanction which the city government gives to the careless, negligent, and unclean habits of the people, by which the fouling of wells, streams, ponds, lakes, rivers, and harbors seems a matter of course. The extent of this pollution is shown in the Reports of the State Board of Health for 1876 and 1877, and elsewhere. For this, there can be no adequate remedy, until the public are forced to revise their opinions and action in this regard, gain correct knowledge and be true to it, instead of following blind guides. The prophet says, "My people are destroyed for lack of knowledge: because thou hast rejected knowledge, I will also reject thee, that thou shalt be no priest to me." So if this community were not blindly suffering from the effects of this "lack of knowledge," can it be supposed that forty per cent of its deaths would be among its "innocents" less than five years of age?

If parents would save their loved ones and rear them in the way they should go, they have something to *learn* and to *practise*, viz.: A "knowledge" of the laws of cleanliness in its relation to all the elements of food; its decays and changes from its organic to its original elements; and the duties that go with this knowledge. To those who have this desire, it is sufficient to say, "Seek, and ye shall find." If officials do not have it, the only safe way is to still "seek" until found. Knowledge comes when properly sought for, through rational demonstration. Knowledge which has not this as its basis has no foundation for enlightened legislation. Mr. Sampson, Chairman of the Committee of the Common Council, said, "This system will provide for the constant flow of all sewage from the moment it leaves the houses until it reaches the sea. Therefore there will be no gas generated, and consequently no putrefaction taking place as now." Is not this an illustration of "the blind leading the blind"?

Here are two fatal errors:—

1st. *The constant flow of all sewage from the moment it leaves the houses, etc.*, This sewage has to pass, first, through some five hundred miles of private pipes, most of which are imperfect, in near 50,000 houses, stores, etc., and then, second, to pass through one hundred and seventy-five miles of city sewers, a large portion of which are in made land, where, according to Mr. Bradley, "leaking under houses and into foundation walls is most certain to occur." It was conceded that "most of the imperfections are to be found in house connections, and without proper house connections, no system of sewerage will be complete." A "constant flow," therefore, is a physical impossibility. "Therefore," he adds, "there will be no gas generated, and consequently no putrefaction taking place as now."

Is this true? Hear Dr. S. L. Dana, one of our ablest chemists, who has spoken conclusively on all these points. He says, "The inorganic elements are simple combinations; the organic are simple in number, but wonderfully complex in their combinations. It is an established fact that all complex compounds are unstable. They are prone to form new combinations. The more complex, the easier decomposed is any compound. The more complex, the more liable to decomposition. Hence, the moment life departs, the plant or animal speedily undergoes new changes; its elements which life had

organized, obey now, not the law of life, but the laws of chemistry. The solids and fluids of a living body, when life ceases, escape in part as air or gas." "The great susceptibility and ease of decomposition . . . is a great practical agricultural fact." He notes "the difference in the products of putrefaction in free or confined air," and tabulates them thus:—

Putrefaction produces in FREE AIR, water, carbonic acid, ammonia.

Putrefaction produces in CONFINED AIR, water, carbonic oxide, carburetted hydrogen, sulphuretted hydrogen, phosphoretted hydrogen, ammonia, and geine.

From this it may be seen what are the active poisons in the confined air of sewers. "Growth," Dr. Dana calls "a living process; decay, a chemical process; putrefaction, the silent and onward march of decay."

Mr. Simon speaks of the "contagion discharged from another's bowels." These multiplied contagions, under the proposed system, are brought together in water and confined air, through hundreds of miles of leaking pipes and sewers, instead of being isolated and instantly deodorized, as they should be, so that the putrefactive power may at once be harmless. This system, moreover, is only an *experiment*, which has never proved a success in anything but in extravagant costliness.

"It is supposed," says the *Engineer*, "that on its return with the flood-tide, the sewage would be so diffused as not to be perceptible. . . . Its ultimate destiny is a matter of *surmise*. Of the second, fifty bottles weighted and well corked, deposited as floats Sept. 6, 1876, seventeen went ashore on Rainsford, the nearest island, one to Marshfield, one to Salem, and eight to Cape Cod. On this he remarks, "If the movement of these bottles may be taken as an indication of the diffusion of the sewage, it shows that *in a few days* it would be diluted to the point of practical *annihilation*."

Is such a *supposition* or *surmise* a reasonable basis for such a risk? When the earth was created with the "tree-yielding fruit," which was called "good," was it, in the light of these experiments, a mistake of the Creator or the created that renders such costly "annihilation" necessary?

Alderman Clark reports Mr. Chesebrough, of the Commission, as saying, "that the process of utilizing sewage for manure has not proved remunerative." This mode of presenting the question seems a little strategetic. Human excreta has been most profitably utilized as manure, from the earliest periods of history. It has been so used in and around Boston for more than three-fourths of a century.

If it is of no value *as sewage*, it is because this value has been destroyed by its being over diluted with water, and its fertilizing properties allowed to escape. Its value consists in deodorizing and utilizing *before* it goes into the sewers.

Dr. S. L. Dana says in his "Muck Manual," "Each pint of urine will produce a pound of wheat. Each pound of ammonia is equal to a bushel of grain. Whatever may be the food, it is evident from the above statements that rivers of riches run away from farms from want of attention to saving that which ordinarily is allowed to be wasted. . . . But rich as are the liquid evacuations of the stables and cow-yard, they are surpassed by those of the farmer's own dwelling, especially when it is considered *with what ease* these last may be saved. "Each man evacuates annually enough salts to manure an acre of land." In these matters, Dr. Dana is an expert, while Mr. Chesebrough is not. Engineering has many branches, and but few are masters even in part of them.

The city government and journalism have spoken without knowledge, and reflected bewildered opinion, under the persuasive idea that certain "experts" have mastered the whole subject. They can, if they will, learn their error when they can so study the subject as to understand it. In a case of such consequences to life and health, this does not seem an unreasonable requirement.

The cost of this system, though great, is not its main objection. Its risk is greater, resting as it does on the theory or doctrine of chances, and most disastrous chances. The offensive and injurious gases will escape through even good work.

With over 45,000 closets, 3,600 urinals, and with over 500 miles of pipes, with 200 miles of public and private sewers, with the main part of all so loose and leaky as to allow portions to escape in every part of the city, the risks and dangers are altogether too great to justify the soothing assurances of officials, experts, journalists, and others, some of whom have been led to purchase houses with cellars below tide-water, and who cherish the delusive idea that they can save them by putting this burden upon the city.

It was stated by one of the aldermen that these deluded people "were among the most pressing for the new sewer." The city engineer told them the remedy when asked, viz., "to fill up the cellars." Even if such cellars are saved from water, they are not relieved from malaria. The Commission say, "Any system which involves the manipulation of sewage would be repugnant to the feelings of our citizens, and their comfort would be served by getting rid of the offensive material as secretly as possible." Is this anything more than an adroit attempt to foster prejudice, or to criticise the Creator of man for placing him in his present position? The difference in manipulation is, that in one case it may be instantly and intelligently rendered inoffensive, in accordance with revealed and natural laws, while in the other this offensiveness is diffused through the community as secretly as possible, but its destructiveness takes away its secrecy. The victims resulting therefrom should be a reminder of the wise counsel given by Archdeacon Paley.

In the matter of destroying odors, this fact is significant: A dead rat will pollute and poison well-water in the proportion of a thousand to one. If covered with nature's remedy—earth—twice its weight will destroy the odor. So of all animal, fecal, and liquid evacuations.

Prof. Joy estimates that one *cubic foot* of earth per annum is sufficient for the use of each individual, if it is systematically redried and used eight times over. Others have carried the experiment much further. These experiments have been made to test the facts as to what earth, which is nature's provision, will hold, when managed with scientific exactness. The result may be stated thus: A cubic foot contains 1,728 inches. The water furnished by the city is sixty gallons per day for each person, forty of which is to carry away filth; the remainder, twenty gallons, is for domestic and other purposes. This forty gallons per day makes 9,240 cubic inches; or more than five times as many inches *each day*, as are required in *earth* for a whole year. In short, the difference in gallons per individual is this: Earth required for one year, not quite eight gallons; water required, as now used, 4,866 gallons—about six hundred times as much water as earth. Water, as an element of cost in these matters, is almost ignored by these "experts," while earth is alluded to as troublesome and expensive, ignoring the fact, seemingly, that there is all *out doors* to draw a supply from, and that less than three per cent of Massachusetts territory is now cultivated by the plough and the hoe. If this waste could be returned to the land before it has polluted the rivers, streams, and sewers, and thus lost its fertilizing power, the area of cultivation could be largely increased and the State greatly enriched.

The main difficulty is in education. The average Englishman and American are brought up to condemn the class of ideas advanced by Archdeacon Paley, and civilization is the sufferer. Small communities imitate the larger, and thus life and money are thrown away. Comfort, health, and being itself are sacrificed, because knowledge and respectability elect to travel in different paths.

All history shows that plagues and pestilence have afflicted communities where even a portion of its members failed to observe the laws of cleanliness.

Without unity of opinion, and of action, in a community, the air and the water, will be largely polluted. These impurities will thus become part of a universal circulation. The power that carries the breezes which warm and invigorate animal and vegetable life, will also carry that which destroys it, with the seeds of plague and pestilence. Nature's remedy is simple, certain, and not expensive.

The Plague is the first subject introduced into Homer's Iliad. He says:—

“ On mules and dogs the infection first began;  
And last, the vengeful arrows fixed in man.

And heaped the camp with mountains of the dead.”

Will polluting water and air stop, as well as create the plague? The Psalmist says, “ Thus they provoked him to anger with their *inventions*; and the plague brake in upon them.”

In the history of Herodotus, to whom Cicero gave the title of “ Father of History,” he says, “ To all rivers they pay extreme veneration; they will neither spit, wash their hands, nor evacuate in any of them; and a violation of this custom may not happen with impunity.” In a note, this is added, “ The ancient Cuthites, and the Persians after them, had a great veneration for fountains and streams, which also prevailed among other nations, so as to have been at one time almost universal.”

These sentiments are reflected in various forms by the great poets of antiquity, such as Homer, Pindar, and Ovid.

The famous “ Council of Amphictyons ” came into existence in the golden era of Grecian history, when kings “ gained popularity, not by flattering the people, but by procuring their good.” Each deputy had to take a stringent oath *not to stop their waters, or attempt any outrages upon them, either in war or peace, or shall be privy thereto, without suffering condign punishment.* Would it be safe for a member of this council to serve on a modern sewage commission?

The city of Chicago tries to relieve itself by sending its sewage down the Des Pines River, instead of into Lake Michigan, where it has killed the fish for fifty miles; besides giving the rural inhabitants an idea of city odors. When, however, there is a flood, the Des Pines overflows, and turns back these city riches to the foul source from whence they came.

Some idea of the cost of so-called water carriage may be gained by these facts:—

The Boston Water Works have cost to May 1, 1877	• •	\$31,518,811
Two-thirds of this cost is for water to dispose of sewage	• •	20,000,000
Cost of closets and their connections	• • • •	10,000,000
“ “ “ Sewers, old and new	• • • •	10,000,000

Here is a cost of some \$40,000,000, which does not include the annual interest, expense of pumping, repairs, and a constant increase of new sewers and rebuilding of old ones, which are in anything but a satisfactory condition.

Already there are signs of improvement. Some of the most wealthy and intelligent members of the community, with a view to their own protection, have commenced building anew, with no pipes in a house having connection with a sewer. This is the beginning of a new era in the direction of comfort, health, and security.

This expenditure, however, may have a profitable side to it, if it be possible to teach the public to learn and to observe two important facts, viz:

*First*, the necessity of keeping impurity out of its waters, and *second*, the advantage of placing them in the earth at once, which nature has provided to receive them.

The field is the allotted place for the body of man in all its parts. “ For dust thou art, and unto dust shalt thou return.” All attempts to improve upon this law have only resulted in inviting some modified form of pestilence.

## ITEMS AND EXTRACTS.

CARBOLIZED CAMPHOR AS A DRESSING FOR WOUNDS. — An article on this subject has recently appeared in the *Bulletin de Therapeutique*, written by M. Soulez. Carbolized camphor is formed by first dissolving nine grammes of carbolic acid in one gramme of alcohol, and then adding one gramme of the solution thus obtained to two and one-half grammes of pulverized camphor. This forms a mixture which he used as a dressing for wounds. It is an oleaginous liquid of pale yellow color and a feeble odor of camphor. It does not mix with either water or glycerine, but mixes in all proportions with olive oil and oil of almonds. A mixture of equal parts of the carbolated camphor and tincture of saponaria makes a very good preparation, and, indeed, M. Soulez gives the preferences to the emulsion thus formed.

The articles necessary for the dressing are (1) wadding cut in squares of different sizes; (2) thin leaves of caoutchouc; and (3) bandages. The square of wadding to be used is impregnated by pressure with the mixture of carbolated camphor and olive oil. It should be sufficiently large to cover the wound completely and even extend beyond its borders. This first piece of wadding is covered successively by six others prepared in a similar manner. The upper one should project slightly over those beneath. A piece of thin rubber is then placed over all these to prevent evaporation; then another layer of wadding is applied, and finally the bandage over all. Every wound, of whatever nature, is always to be bathed in the carbolated camphor before the dressing is applied.

M. Soulez claims for this mode of treatment all the advantages of the modes of dressing recommended by Guérin and Lister without any of their disadvantages. As a general thing, a new dressing is applied every six days, but sometimes ten days elapse before they are removed. Not the slightest irritation of the skin or other ill effects have been observed which could be attributed to the dressing. The special advantages claimed are: (1) diminution in the amount of reaction after grave operations; (2) absence or diminution of pain; (3) slight suppuration. — *Virginia Medical Monthly*.

A NEW TREATMENT IN POST-PARTUM HEMORRHAGE. — Dr. W. Handsel Griffiths, in *Practitioner*, reports two cases of severe post-partum hemorrhage, in which every known means had been adopted unavailingly, and to which he was called in consultation. He says: —

“It flashed across my mind in the first case to try the effect of the ether-spray, and accordingly I directed a large spray over the abdominal walls, along the spine, and over the genitals; the uterus at once responded, and the cessation of the hemorrhage was almost immediate. In the second case I lost no time in adopting a similar treatment, and with an equally successful result. I have consulted several eminent obstetric practitioners in Dublin, and am informed by them that they are not aware that this treatment has been heretofore proposed. The advantages of the ether-spray over the application of cold water, and the other means usually adopted in these cases, must be patent to every practitioner of midwifery.” — *The American Practitioner.*

CURATIVE INFLUENCE OF AN EXCLUSIVE MILK DIET, IN SOME CASES OF INFLAMMATION OF THE BLADDER. — Dr. George Johnson, in the *London Lancet*, March, 1877, gives the result of milk treatment in several cases of cystitis. In all his cases, a cure was effected without the use of medicines. His mode of administration is simply to allow the patient to take milk exclusively as a diet, limiting the quantity so that at no one time more than a pint is taken into the stomach. During the twenty-four hours, some adults will drink as much as a gallon. With some persons the milk will agree better after it has been boiled, and then taken either cold or tepid. In most cases the milk unskimmed will agree the best, but if the cream disagree, causing heartburn, headache, diarrhoea, or other symptoms of dyspepsia, the cream may be partially removed by skimming. As a rule, cream prevents the constipation resulting frequently from an exclusive milk diet. — *Toledo Medical and Surgical Journal.*

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## PERSONAL.

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Dr. HENRY S. DAVIS, Ware, Mass.

C. F. LANE, M. D., removed from Biddeford, Me., to Lowell, Mass.

Dr. T. H. MANN, removed from Block Island to Woonsocket, R. I.

Dr. MARY J. SAFFORD-BLAKE has removed from 16 Boylston Place to No. 3 Hamilton Place.

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THREE CASES OF OVARIOTOMY.

[Read before the Massachusetts Surgical and Gynecological Society, June, 1877, by  
H. M. Fernegan, M. D.]

(Concluded from page 408.)

CASE 3. — Ann McC., forty-nine years of age, and of Irish birth ; a woman of large frame, fleshy, and always strong and hearty until the development of her present trouble ; complexion dark ; cool and resolute ; a cook by occupation, and unmarried. On Easter Sunday of last year ('76) she was taken with sharp and severe pain in the right ovarian region, which lasted one day and night, and which she attributed to overlifting ; was attended by Dr. Trall, of Brookline, who relieved the pain by applications of flannel wet in hot turpentine ; was under treatment for some five weeks following this, when she felt as well as usual. Last fall she noticed that the abdomen was enlarged ; attention first called to this by protrusion of the umbilicus. During the winter she came under the care of Dr. Cushing, of Brookline, who suspected ovarian disease, which diagnosis was verified later by Prof. Woodbury, of this city. At the request of Drs. Cushing and Woodbury, I visited her at her home, in the Highlands, the latter part of April, and had her entered at the Massachusetts Homœopathic Hospital, on the 5th of March, the present year.

*Examination.* — Lying upon her back in bed, head and shoulders elevated by pillows, she presented the following appearance : Neck and chest thin, clavicle prominent ; lower ribs expanded ; abdomen distended and prominent in the median line below the umbilicus, where a large cyst could be easily detected ; another was felt in the right iliac fossa, one to the right of the umbilicus just above that point, while still another could be felt and seen, making a salient point between the umbilicus and the sternum. The umbilicus was protruding, and fluid

could be detected free between the cysts. The whole abdomen was dull on percussion, except along the border of the ribs, where the sound was tympanitic. Change of posture does not materially change the shape of the abdomen, nor the region of dulness on percussion. Measurements as follows: Sternum to umbilicus, nine and three fourths inches; umbilicus to pubes, eight inches; anterior superior spine of ilium to umbilicus, right side, eleven and one half inches, left, ten and one half inches.

Examination per vaginam disclosed the uterus normal in size and position, and movable.

*General Condition.*—Skin moist; tongue clean, but red and furrowed; digestion good, but vomits bile nearly every morning; appetite poor; bowels moderately active; kidneys secrete high-colored urine, in small quantities, and which contains mixed urates; no albumen present; no œdema of extremities; pulse, 112, which has been the case for two weeks past; walks about some, but is easily tired, and troubled with dyspnœa. Diagnosis: Multilocular ovarian cysts complicated with ascites. Prescribed *Nux vomica* and *Carbonate of lithia*, five grains of the latter thrice daily in carbonic acid gas water.

This treatment was continued until the 13th, the urine increasing in quantity and the urates diminishing, when *Tinct. chloride iron* was substituted at night for the *Lithia*; dose, ten drops in water. At nine o'clock A. M., temperature was taken as 98 $\frac{1}{5}$ . 15th, *Castor oil* given at night, which operated freely early on the 16th, the night of which date the bowels were well syringed, and one grain of *Opium* administered internally.

March 17th, nine o'clock A. M. — Pulse, 112; temperature, 98 $\frac{2}{5}$ ; has passed a comfortable night, and feels cheerful and confident of success. At two o'clock P. M., being brought under the influence of ether, an incision was commenced two inches below the umbilicus, and extended to within two inches of the pubes, dividing successively the integument, fascia, the rectus muscle and its sheaths, and exposing the peritoneum, which was found distended with ascitic fluid, readily displaced by pressure of the finger, and beneath which the more solid cysts could be felt. All hemorrhage having been arrested, the peritoneum was opened to the extent of two inches, and the fluid evacuated from

its cavity. A grayish white glistening cyst could now be seen through the opening ; and that the presence of adhesions might be detected, a No. 19 steel sound was introduced and passed about the circumference of the cysts above, disclosing adhesions to the viscera, while the finger could detect parietal adhesions below. Notwithstanding this, it seemed advisable to continue the operation, and consequently Spencer Wells's large trochar was plunged into the prominent cyst and its contents evacuated. The walls of the cyst were now grasped with the vulcellum forceps, and an assistant directed to make slight traction thereupon, while the hand of the operator was carried around the cysts above, and the adhesions broken up. So extensive were the adhesions, and so firmly were the cysts secured, that it became necessary to enlarge the incision by extending it around to the left of the umbilicus, and thence by the median line to a point two or three inches above. The cysts, several in number, were now readily ascertained to be adherent to the ascending, transverse, and descending colon, the small intestines, omentum and peritoneum ; while in the right iliac fossa, broad bands were stretched across the cyst and attached at the base. These adhesions were all separated by the finger with great care, save the one in the iliac region, which was divided by the galvanocautery. One cyst was found in a state of suppuration, and the walls so thin that they broke down beneath the finger, and precipitated the contents into the abdominal cavity. The other cysts were evacuated as fast as they could be brought into view, by means of the trochar ; and the collapsed cysts, together with the solid portion which occupied the iliac fossa, were drawn through the opening, and the pedicle, which was not more than an inch and three fourths in length, traced to the right ovary. So completely did the overhanging remnants of the cysts interfere with the manipulation of the pedicle, that it became necessary to detach all the harder portions and open all the smaller cysts, which contained a semi-solid, glutinous substance ; the double carbolized catgut ligature, by means of Peaslie's needles, was then passed through the pedicle, and after being twisted upon itself, was tied securely and the ends cut short. The pedicle was then severed just above the ligature, by the galvanocautery, and failing to bleed was dropped into the abdominal

cavity. An examination of the other ovary disclosed a cyst about half the size of a man's fist, which was treated like the previous one, with this exception: the pedicle was not transfixed, but included in a single ligature.

The abdominal cavity was now carefully sponged, and the viscera cleansed with carbolic acid and warm water, and hemorrhage, consisting of oozing from points where adhesions had been detached, controlled. One point deep in the pelvis, behind the uterus, threatened much trouble, and resort was finally had to a compress moistened and dipped in Monsel's salt, which was firmly pressed against the bleeding point, and retained there for several moments by an assistant. This expedient arrested the flow of blood to a great extent, but so continuous was the slight oozing from many points that it was evident that, with the increase of circulation, there must be an accumulation of blood in the peritoneal cavity. The patient was now becoming exhausted, and it became necessary to at once close the wound, which was done by means of catgut wire and silk, in about equal parts; the sutures extending through and including the peritoneum, but leaving about one and one half inches of the incision open below, for the purpose of draining away the blood which might accumulate in the pelvic cavity in the next few hours. A cloth tent saturated with carbolic solution was inserted between the lips of the wound at this point, a few superficial sutures introduced between the deep ones, and the abdomen supported by adhesive plasters.

The patient was now placed in bed, restoratives applied, and bottles of hot water placed at her feet and upon either side. A flannel wrung from hot water and carbolic acid was applied over the abdomen, an oiled silk placed over this, and the whole retained in place by means of a flannel bandage. I must not fail to mention that during the latter part of the operation one and one half ounces of beef-tea, and one half ounce of brandy were injected per rectum, — an expedient, I hardly need say, that should never be neglected in cases likely to sink from a long operation entailing a profuse drain upon the system.

The patient rallied well from the effects of the ether, though for some hours the pulse was feeble, and could with difficulty be counted at the wrist.

At 4 30 A. M. of the 18th, being restless and anxious, thirty drops of *Laudanum* were injected per rectum, as well as beef-tea and brandy, after which she slept. Early in the morning, urine and fæces passed involuntarily. At nine o'clock A. M., pulse, 132; temperature,  $99\frac{1}{5}$ ; skin slightly moist; great thirst. *Aconite* prescribed, ordered beef-tea injections every four hours, brandy to be added if signs of sinking were noticed; ice to be held in the mouth. Injected about one pint of warm water and carbolic acid, one per cent sol., temperature of  $100^{\circ}$ , into the peritoneal cavity, and failed to draw any away with the aspirator. Seven o'clock P. M., pulse, 120; temperature,  $99\frac{4}{5}$ ; thirst continues, tongue dry. *Arsenicum* in alternation with *Aconite*. March 19, has passed a quiet night, sleeping thirty to sixty minutes at one time; urinated several times. At nine o'clock A. M., pulse, 108; temperature,  $99\frac{4}{5}$ ; passed some flatus, and has evacuated some fæces; has had some milk-gruel, which she relished. Injected some carbolic solution, and by introducing a catheter behind the uterus, and attaching the aspirator, drew away some claret-colored fluid, with no unpleasant odor, however. At nine o'clock P. M., the temperature was  $101\frac{1}{2}$ , and the pulse 112. March 20, was restless the early part of last night, but slept some toward morning, and feels better; much rumbling in the bowels, and beef-tea, taken by the mouth, ejected; for which condition *Carbo veg.* in alternation with *Arsenicum* was prescribed. At nine o'clock A. M., pulse, 108; temperature,  $99\frac{2}{5}$ . March 21, nine o'clock A. M., has parotitis both sides; otherwise, is doing well; pulse, 106; temperature,  $99\frac{2}{5}$ . At 7.30 P. M., the pulse had reached 120, and the temperature  $102\frac{2}{5}$ , — the highest point reached. *Aconite* was substituted for *Arsenicum*, and the following day, March 22, the pulse ranged the same, but the temperature had decreased one and one fifth degrees, and the morning of the 23d marked  $99\frac{3}{5}$ , with the pulse at 108. *Arnica* and *laudanum* added to olive-oil were applied to the inflamed parotids, and cotton batting applied over the parts until the soreness and swelling disappeared, and *Merc. sol.* was added to the other remedies as the case progressed. From this time, however, the case progressed favorably, though slowly, until the fourteenth day, when, owing to the accumulation of fæcal matter in the lower bowel, the abdomen began to grow tympanitic, and burning, sharp pains,

accompanied by occasional vomiting of greenish fluid, warned us that secondary peritonitis was lurking near. Water and soap injections were ordered, but failing to remove the accumulated mass, a full dose of castor oil was administered, which had the happy effect of expelling the impacted fæces and conveying away quantities of flatus, and at once relieved the urgent symptoms.

From this time on, her recovery was uninterrupted, and quite rapid. The injection of carbolized water into the peritoneal cavity was continued morning and evening until the fourth day, when, being unable to pass the catheter more than two inches, I was obliged to desist. As nearly a pint was left in the abdomen the night previous, we have an example, though a single one, showing that such a solution, thrown into the peritoneal cavity for the purpose of warding off septic influences, may be left to be absorbed without danger to the economy. The flannel wrung from hot carbolized water was continued over the abdomen until the wound was entirely healed, and was the only dressing used, giving her great relief, and was changed every four to six hours, in conformity to the feelings of the patient. The superficial sutures were removed upon the fourth day, and the deep, on the sixth, seventh, and eighth days. The tent was retained in place until the sixteenth day, the ligature applied to the artery in the parietes not coming away until then. The patient commenced to sit up the middle of the third week, and by the end of the fourth week returned home. At the time of this writing she is hearty and strong, and in appearance is changed greatly for the better.

*Remarks.* — The treatment of the pedicle, in this case, was somewhat novel, inasmuch as both the ligature and the cautery were used, and while either might have been sufficient, yet the proximity to the large vessels of the uterus rendered secondary hemorrhage more liable to occur than in those cases where the pedicle is longer and more compressible, and I felt that it was necessary to make doubly sure, if possible, and the result has been satisfactory. Had the wound been united throughout its whole extent, and no measures been taken to remove the blood which did accumulate in the pelvis, as shown by the fluid drawn each day after the injection, fatal peritonitis or septicæmia, or both combined, must have taken off the patient. The low or

asthenic form of peritonitis generally appears from the ninth to the fifteenth day, and one of the principal causes is tympanitic distension. Of this condition Peaslie remarks, in his excellent work, "Ovarian Tumors," "The surest means of preventing this form of peritonitis is the prevention of tympanitis, or its prompt removal if it occurs during the first week." Koeberlé, in specifying the cause of retention of gas in the alimentary canal, as third on the list mentions "obstructions of the canal from fæcal accumulations." (Peaslie's "Ovarian Tumors.") This form of peritonitis, if not immediately checked, is nearly always fatal, hence the necessity of not only taking every precaution to prevent its development, but of removing the cause when one is observed to exist, as in the case under observation, where the fæcal accumulation completely filled the alimentary canal and prevented the escape of flatus. The symptoms developed by this condition, although failing to relieve them by our first expedient, — the employment of enemas, which were inefficient in removing the cause, — were promptly removed by the second expedient, — a full dose of oil, — which did remove the obstruction which was the cause of impending mischief.

Finally, we must not fail to bear in mind that to the attention bestowed by the operator to each and every detail of the operation and treatment, no matter how small, more than to any other cause, is due the success of ovariectomy in those cases suitable to be under the operator's knife. This operation was performed in the presence of the following gentlemen, a number of whom rendered valuable assistance during the operation, for which they receive my thanks: Professors Talbot, Ahlborn, and Boothby, Doctors Cushing, Payne, Houghton, Packard, Baker, Bartlett, Crockett, and Mr. Kelsey and Mr. Russegue. Dr. Bartlett, late house-surgeon, and Mr. Russegue, the present resident at the hospital, are deserving of special mention for their assiduous attention to the patient during her recovery, and the systematic manner in which ample notes were taken by them of her condition from day to day; nor will I cease to remember the devotion shown by night and day by our conscientious nurse, Mrs. Hildebrandt, to whose never-ceasing watching and earnest attention to every detail, I shall always consider the patient much indebted for her recovery.

## RUPTURE OF THE UTERUS.

[Case reported to the Rhode Island Homœopathic Society by I. W. Sawin, M. D.]

MRS. J., a lady thirty years of age and delicate in health, was delivered, about three years ago, of a still-born child, after a very tedious labor. She had not since supposed herself pregnant, until about the first of September, 1876. Her menses having ceased since the previous May, she then called on my friend, Dr. Bentley, for his opinion. As her turns were always very irregular (the interval being frequently two or three months, and at one time as long as six months), touching was resorted to, and "probable pregnancy" announced. She again consulted him some weeks later on account of a tormenting nausea and obstinate constipation, which persisted to the time of death. There was at no time leucorrhœal or other discharge from the vagina.

Mrs. J. was not seen again until the 16th of March, 1877, when the doctor learned that she considered herself pregnant, and the time of confinement overdue. She was complaining of some slight abdominal pains, but was not quite sure that they were labor pains; the impression of those about her was that they were not, and such was the opinion of the physician himself. He attempted, however, an examination per vaginam, but found the rectum so packed and distended with hardened feces as to quite fill the pelvis, rendering such examination impossible. As the case did not seem urgent, and the monthly nurse was present, he simply directed injections to be used, and requested notification should his services be required. He next saw her on the evening of the 17th. As the rectum still entirely filled the pelvis, and the woman suffered little, believing *herself* that the pain she experienced was in the intestines, the doctor directed more energetic efforts with the syringe, and, in addition, the administration of a dose of castor oil. On the morning of the 18th, about six o'clock, he was again summoned, and informed that the oil had been vomited, as well as everything else taken into the stomach. The pain had been somewhat more severe during the night, which the nurse attributed to the oil. There had been, however, about five o'clock, a sudden discharge of fluid from the vagina. As the rectum was still full, its contents were mechanically removed by the physician's taking away

something over a pint of scybalæ. He now repeated his examination, and found matters in such a condition as to induce him to ask counsel.

I first saw the patient at about half past eight o'clock, A. M. Her countenance had the anxious, pinched look of collapse. Respiration was quick, labored, and sighing; the pulse very frequent and feeble; the abdomen rather large and flaccid. Evidently no uterus was therein containing a fœtus of more than three or four months. In the course of the descending colon a somewhat irregular tumor was discovered, which could be indented by pressure. It became thinner as it ascended, and terminated perhaps a little to the right of the epigastrium, consisting, apparently, of distinct lumps, which could easily be made to rub against each other. It should be borne in mind that the requisite manipulations were necessarily slight, and the information gained imperfect, as the abdomen was exquisitely tender and the condition of the patient forbade the use of an anæsthetic. Upon making a vaginal examination no uterus was found, but instead a globular-shaped tumor, of the size of the fœtal head at full term, situated in the cavity of the pelvis and extending above into the abdomen. It was remarkably smooth and regular, and of an elastic but firm consistency, held securely in position by an attachment posteriorly and by what appeared to be bands on either side.

As we did not understand the case, it being entirely unlike any which we had seen or of which we had read, and the condition of the woman indicating imminent peril to life, additional counsel was sought, and Dr. Geo. D. Wilcox met us as soon as we could assemble. Necessarily, some hours elapsed before we could arrange the appointment. The doctor examined the patient in his usual careful manner and as thoroughly as her condition would allow. While admitting that the case was very obscure, he gave as his opinion "probable abortion." Accepting the correctness of Dr. Bentley's diagnosis of pregnancy last September, it was held that the fœtus might have perished some months since, and was now at least *one* of the important elements complicating the case. He relied much on the appearance and odor of the discharge, which had considerably increased since morning, in determining that she *might* be in labor. We

all agreed that the tumor was probably fecal. The next day before the autopsy, Dr. W. suggested extra-uterine foetation and rupture of the sac as among the conditions that might be considered. The patient died on the morning of the 19th; a post-mortem examination was made in the afternoon.

On opening the abdomen a mature foetus, inclosed in a membranous sac without fluid, was found lying among the intestines on the left side of the abdominal cavity. Its head was in the left iliac region; its body and limbs occupied the position of the descending colon and its arch, the feet somewhat to the right of the median line; its position, as regards itself, lying on the left side, in nearly the intra-uterine posture. The placenta, with its uterine surface turned upwards, was found to overlie the uterus, which was about the size appropriate to the third day after delivery. The fundus and most of the body were healthy in appearance, but near the cervix, from a little above the attachment of the vagina, the front and lateral portions were wanting. Here was a ragged rent, showing where the foetus and placenta had escaped. Its edges were soft and easily torn. The uterus had been lacerated, and the vagina torn away except at its posterior segment. There was also found in the abdomen a small quantity of grumous, partially decomposed blood, and a small clot near the rent, about the size of the thumb, the whole amounting, perhaps, to three ounces. Moreover, there was evidence of recent general, but not severe, peritonitis. The cavity of the uterus was healthy. There was a mass of scybalæ occupying the whole of the descending colon to, and partially filling the arch.

Among the features of the case which rendered it obscure, and impart its interest, may be mentioned, it was not *known* that the woman was pregnant. Dr. Bentley saw her when she was less than three months advanced, and, as it proved, correctly diagnosed her condition; but every physician knows how little reliance may be placed on the diagnosis of pregnancy at this early stage, and in this case it was a *qualified* opinion that was given, as was remembered by both physician and patient. The latter, when a doubt as to her condition was expressed, did not at all adhere to the belief that she was pregnant, remarking that the symptoms were entirely different from those of her former preg-

nancy. For instance, she stated the motion was constant, and it was described by her husband (who explained that he was often obliged to support her abdomen while she slept) as a regular pulsation.

Another, so far as I know, unheard-of circumstance, is rupture of the uterus without severe labor. Indeed, in this instance, it occurred before such a condition was suspected, though the presumption is that the first stage—dilatation—was the immediate cause of the catastrophe. The position of the rupture was uncommon, it more frequently occurring at the posterior portion of the uterus and vagina. Here it was through the *front* of the uterus, and the vagina was completely dissected off, except at its posterior attachment, the laceration being nearly transverse. It was also unusual happening to a young woman in her second confinement, whereas it is an accident more likely to occur in women of advanced age, and who have borne several children. The condition which rendered such an event possible was, doubtless, fatty degeneration, following circumscribed parenchymatous metritis. The fecal accumulation would throw the uterus forward, and its weight resting constantly on the os pubis was probably one factor of the result. The placenta lying over the uterus, prevented the hand coming in contact with the abdominal viscera, or perceiving the rent in the vagina, it being, to the touch, not unlike a highly congested vaginal wall.

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#### STILLINGIA IN SCROFULOSIS OF CHILDREN.

BY E. M. HALE, M. D., CHICAGO.

WHILE we possess in *Calc. carbonica* a powerful remedy against scrofulosis in children, I believe it is used too generally in a routine manner. Hahnemann's original indication, that it is only indicated in children of *pale, lymphatic temperament, with tendency to fat, but general flabbiness*, is often forgotten and lost sight of. *Calc. phos.* will often prove a better preparation when there is a *tendency to emaciation*.

I have often found that *Cistus canadensis* was a better remedy than either when the patient was thin and scrawny. *Cistus* and *Stillingia* are near congeners. They correspond to similar con-

ditions of the system. Both are remedies for the scrofulous diathesis, as we understand the term, but while *Cistus* is better when we suspect *tuberculosis*, *Stillingia* is to be preferred when there is any recent or remote syphilitic taint in the blood.

For several years I have relied upon the above four remedies, with occasionally the *Calc. iod.*, which is often indispensable.

The indications for *Stillingia*, however, are not generally known, and I will here present them as I have verified them in practice:—

Enlarged cervical glands.

Moist, brownish, excoriating eruption on the scalp.

Muco-purulent discharge from the nose, with excoriations of the upper lip and *alæ nasi*.

A dull, pasty complexion.

Capricious and unnatural appetite.

Tumid and enlarged abdomen.

White, pasty stools, very fetid.

Dull red, soft, tubercular (or syphilitic) eruption on the skin, ulcerating and furnishing a large quantity of unhealthy pus. A tendency to laryngeal cough.

When these symptoms occur, give the child steadily for weeks a few drops of the first or third dil., in a spoonful of glycerine and water, equal parts, or a sirup made of sugar of milk. This, together with an appropriate diet and good hygienic measures, will cure all cases presenting the above characteristic symptoms.

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*A NEW METHOD FOR THE QUANTITATIVE DETERMINATION OF SUGAR IN BLOOD.\**

BY F. W. PAVY, F. R. S.

NO. I.

DR. PAVY read a paper on Thursday, the 14th inst., before the Royal Society, in which he described minutely his new method for the quantitative determination of glucose, and its application to physiological relations of sugar in the animal system. The accurate results which Dr. Pavy has succeeded in obtaining by means of his new gravimetric process of analysis, and the impor-

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\* Copy of abstracts inserted in the English journals.

tance of the subject itself, is such as will tend to advance materially our knowledge, and hence will substantiate and extend the position with regard to the treatment and pathology of diabetes.

The paper consisted chiefly of a description of the method which the author adopted for accurately ascertaining the amount of sugar in the blood of animals, and formed the prelude to one which will be read on Thursday, the 21st inst., in which Dr. Pavy will give the results obtained by the application of his method as follows :—

1. The natural state of the blood.
2. The comparative state of arterial and venous blood.
3. The spontaneous change ensuing in blood after its removal from the system.

Before describing his own gravimetric system, Dr. Pavy proceeded to criticise Bernard's new volumetric process, which has been described fully in recent issues of the *Comptes Rendus*. This method the author proved to be not only devoid of precision as a quantitative analytical process, but as in itself calculated to give rise to fallacious results, inasmuch as keeping the suboxide of copper dissolved by means of organic matter was fundamentally wrong. The entire system was based on errors, and the results were necessarily incorrect ; two of these errors the author dealt with somewhat in detail. The first was in the assumption that the volume of trial liquid corresponds in c. c. with four fifths of their weights in grammes of the mixture of sulphate of soda and blood. In practice it was found that the actual relation between the volume of liquid obtained and the weight of the mixture employed must vary in each individual case, according to the solid matter existing in the particular specimen of blood and the loss of liquid by evaporation during the separation of the coagulum by heat. The other error in Bernard's method arose from the influence which organic matter exerted in preventing the deposition of suboxide. The large addition of potash which is employed in this process, viz., from twenty to twenty-five cubic centimetres of a concentrated solution to one c. c. of the copper test, acts upon some one or other of the organic principles left in the liquid obtained from the blood, and prevents the deposition of suboxide of copper.

The author then proceeded to describe his own new gravimetric

process, in which he adopts the use of a galvanic battery for effecting the deposition of copper which has been reduced by the sugar in a form to be susceptible of weighing. The details of this method are, shortly, as follows :—

A certain volume of blood—about 20 <sup>cc</sup> forms a convenient quantity—is taken for analysis, and first mixed with forty grammes of sulphate of soda; the whole must be subjected to weighing in detail, so that the precise weight of the blood taken may be known. To this mixture, contained in a beaker of about 200 <sup>cc</sup> capacity, about 30 <sup>cc</sup> of hot concentrated solution of sulphate of soda are added, and the whole contents heated until a coagulum is formed.

Filtration is then performed, and the coagulum thoroughly washed, so that all traces of sugar may be removed. The liquid thus obtained, from having been run and squeezed through muslin, is slightly turbid, and must be boiled again and filtered through paper to render it perfectly clear. It is now ready for the application of the copper test. Being brought to a state of ebullition, about 10 <sup>cc</sup> of the potassio-tartrate of copper solution, or sufficient to secure that the test liquid is left in excess, are added, and brisk boiling continued for a minute, but not longer. In this way a reduction of the oxide to the suboxide of copper is effected by the action of the sugar present in the solution.

The liquid is then filtered through a plug of asbestos, or, what is better, glass wool. The suboxide having been collected and washed from excess of the copper test, liquid is next dissolved by a few drops of nitric acid, a small quantity of peroxide of hydrogen having been previously added in order to effect oxidation and consequent ready solution.

The copper present in the liquid is now deposited by the agency of galvanism. The positive pole of the battery is formed by a platinum spiral coil, around which and forming the negative pole is a cylinder of platinum foil; upon this the copper is slowly deposited in a pure metallic form. This operation is continued until the appropriate test shows that the whole of the copper has been thrown down. The period ordinarily required to effect this does not exceed twenty-four hours.

The platinum cylinder is next removed, and instantly plunged, first into distilled water, and then into alcohol. After drying in

a water-oven it is ready for weighing; the difference in the weight of the cylinder before and after the operation gives the amount of copper deposited.

The battery used is a modification of Fuller's Mercury Bichromate Battery, and has been selected on account of the constancy of its action.

From the amount of copper deposited, that of the sugar existing in the blood analyzed may be accurately calculated. Five atoms of the cupric oxide of the test solution are reduced by one atom of glucose; it follows that three hundred and seventeen parts of copper represent the equivalent of one part of glucose, or the relation stands as one of copper to 0.5678 of glucose. Therefore, to ascertain the amount of sugar the weight of the copper has to be multiplied by 0.5678. This application of the copper-test solution yields a gravimetric instead of a volumetric process of analysis, and one which has no uncertainty belonging to it. There is nothing for the mind to decide, and no opportunity for error of judgment, as may be the case to a slight extent where a gradual fading of color—as in the volumetric process—has to be watched until the attainment of the proper point of the decoloration has been effected.

The accuracy and reliability of the foregoing process are strongly supported by the uniformity in the results obtained from a large number of experiments. Compared with the results yielded by this gravimetric process, those obtained by Bernard present the greatest discordancy. The figures he gives are invariably too high, and there is no intelligible relation in the differences noticeable, suggesting that there is something radically wrong in taking decoloration without precipitation of suboxide as a means of estimating the amount of sugar. Dr. Pavy supports this assertion by the conclusions derived from a large number of experiments.

THE PHYSIOLOGY OF SUGAR IN RELATION TO THE BLOOD.\*

NO. II.

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

AMOUNT OF SUGAR CONTAINED IN THE BLOOD.

DR. PAVY read his second communication on the Physiology of Sugar in relation to the Blood, before the Royal Society on the 21st ult. This paper formed the continuation of a previous one, read on the 14th ult., in which the author described in detail his new gravimetric process for the accurate determination of sugar in blood. The present communication is the issue of the application of that process.

Dr. Pavy dealt with the question of the quantity of sugar in the system under the following conditions:—

1. The amount which exists in blood in its normal condition.
2. The comparative state of arterial and venous blood.
3. The spontaneous change which takes place in blood after its removal from the system.

The author pointed out that the very rapid changes which take place in blood under altered conditions of the system render it essentially necessary that the greatest precaution should be observed, in order to obtain blood in its natural condition. If taken during life, the animal should be in a perfectly tranquil state. If after, it should be procured as instantaneously as possible after the death of the animal, so that no opportunity could be afforded for the blood to be affected by the *post-mortem* production of sugar in the liver.

The experiments now under notice were made on dogs', sheep's, and bullocks' blood, and a series of six, in one case seven, examinations of each kind instituted, and two analyses made for every sample taken.

In quoting Dr. Pavy's figures, we are giving the mean of the two separate analyses. It is necessary, however, to state that the extremes of each show but trifling variations, and these are rarely so great as to affect more than the second figure in decimals.

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\* Abstract of a paper read before the Royal Society, June 21.

The differences were so slight, indeed, that had the results been obtained by rival analysts, no dispute could have arisen, as the variations were within the recognized range.

Dr. Pavy detailed the precautions which he adopted in order to secure blood from the various animals in its natural state. In the case of the dog, the painless and instantaneous mode of destroying life by pithing was performed. The larger vessels in the chest were immediately freely incised, and the blood collected and analyzed before coagulation could take place.

With the sheep, the blood was obtained from animals slaughtered in the ordinary way, viz., by division of the vessels of the neck, and the time which elapsed between collection and the commencement of the analysis was not more than a quarter of an hour.

The blood of bullocks was obtained from animals slaughtered by the Jewish method; this consists of a sudden severance of the soft structures of the neck down to the vertebral column. The incision yields arterial blood, and the time which elapsed between collection and the commencement of the analyses was one hour.

The mean results of seven examinations of dogs' blood showed the amount of sugar which it contained in parts per 1,000 to be as follows: 0.751, 0.786, 0.700, 0.766, 0.786, 0.921, 0.803 respectively. This gives an average of 0.787 on the whole series.

The blood of sheep yielded 0.470, 0.490, 0.517, 0.559, 0.569, 0.526 respectively, or an average of 0.521 parts of sugar per 1,000.

The bullocks' blood gave 0.703, 0.525, 0.492, 0.456, 0.499, 0.588, or an average of 0.543.

In each of these experiments every care was taken to secure the blood in such a manner that it was a reliable representation of its ordinary condition during life. Unless such precautions are taken the results obtained will be, in a physiological point of view, worthless and misleading.

This fact was strikingly illustrated by a comparison of results which Dr. Pavy obtained from four bullocks killed in the ordinary way, viz., by felling the animal with a pole-axe, and breaking up the spinal cord by means of a cane. In the first two of these observations the opening into the blood-vessels was made as speedily as possible after the animal had been felled. In the

next two Dr. Pavy had reason to believe that this necessary condition had not been complied with, and that some little time was allowed to elapse between the felling of the bullock and the opening of the vessels. The effect of this delay in the *post-mortem* production of sugar is shown by the following results:—

Blood of the first two bullocks (mean of two analyses) yielded 0.596, 0.688 parts of sugar per 1,000 respectively. In the second two a mean of 1.053 and 1.094 parts of sugar per 1,000 were given.

The conclusions to be drawn from these various experiments are, that the amount of sugar contained in the blood of sheep and bullocks is about  $\frac{1}{2}$  per 1,000, or 1 in 2,000, and in a dog about  $\frac{3}{4}$  per 1,000, or  $1\frac{1}{2}$  per 2,000. Taking the results of the whole series of observations, they show a remarkable uniformity and harmony in the amount of sugar contained in the blood of the respective animals.

In striking contrast to this uniformity and consistency of the results attained by Dr. Pavy are the figures given by Bernard, who states (in *Comptes Rendus*, June 19, 1876, p. 1409) that the lowest limit of sugar in the blood is 1 per 1,000, and that in the normal state the amount of sugar varies from 1 to 3 per 1,000.

#### COMPARATIVE STATE OF VENOUS AND ARTERIAL BLOOD.

The author next considered the comparative states of the arterial and venous blood. This part of the subject is one which possesses the greatest importance from a physiological point of view.

One of the effects of anæsthetics on animals is to occasion an abnormal amount of sugar in the blood. In order to attain accuracy, therefore, it is indispensable that blood should be taken at a time when the animal is not under such influence.

In the first observation made on the blood of a dog, life had been instantaneously destroyed by pithing, and collections were made immediately after from the jugular vein and crural artery. No time was allowed for the effect of *post-mortem* formation of sugar in the liver to influence the blood. The results obtained by this method were as follows: crural artery, .799, .791; *mean*, .795. Jugular vein, .793, .791; *mean*, .792. In order, however, to obtain evidence to which no exception could be taken, Dr. Pavy

adopted another method of procedure, which he was enabled to do just prior to the meeting of the society, from having a restriction previously imposed under the Vivisection Act removed. This enabled him to collect the blood under the natural conditions of life both from the carotid artery and the jugular vein. The animals operated upon were placed under an anæsthetic, during which time the vessels were exposed and a thread placed loosely round each. After they had regained tranquillity, and the effect of the anæsthetic passed off, the vessels were drawn forward, and openings made into them to allow of the simultaneous escape of blood. So quietly and painlessly was this operation of collection performed, that the animals themselves manifested no signs of consciousness of what was taking place. The analyses of the blood obtained in this manner were commenced before coagulation had time to occur, and the results were as follows: No. 1, carotid artery, .806, .817; *mean*, .811. Jugular vein, .808, .788; *mean*, .798. No. 2, carotid artery, .854, .873; *mean*, .863. Jugular vein, .863, .896; *mean*, .879.

From these figures it is clearly evident that no material difference exists in the amount of sugar contained in arterial and venous blood.

Compared with these results the figures given in *Comptes Rendus* [XXXIII], p. 373, by Bernard, stand in direct opposition. His volumetric process tends to show that a disappearance of sugar takes place largely while the blood is passing from the arterial to the venous system. In the journal referred to he gives the results of five observations referring to the crural artery and vein, and three to the carotid and jugular.

The mean of these several observations shows an apparent difference between arterial and venous blood of .3000 parts of sugar per 1,000. The least difference stands in an observation in which the figures are 1.100 parts per 1,000 for arterial, and 1.080 for venous, showing a variation of .020. The greatest difference is in an observation where the figures stand 1.510 for arterial and .950 for venous. This comparison relates to the carotid artery and jugular vein, and the difference amounts to .560 parts per 1,000, which represents actually altogether a larger proportion of sugar than Dr. Pavy has found exists naturally in the blood of the sheep and the bullock.

## SPONTANEOUS DISAPPEARANCE OF SUGAR FROM BLOOD.

Turning to the third part of his subject, viz., the spontaneous disappearance of sugar from blood, after its removal from the system, Dr. Pavy gave the results of a series of analyses he had conducted, which are as follows:—

No. 1.	Taken immediately after death	. . . . .	mean	.786
	“ after 1 hour	. . . . .	“	.739
No. 2.	Taken immediately after death	. . . . .	“	.700
	“ after 1 hour	. . . . .	“	.670
No. 3.	Taken immediately after death	. . . . .	“	.766
	“ after 1 hour	. . . . .	“	.751
	“ “ 23 hours	. . . . .	“	.285
No. 4.	Taken immediately after death	. . . . .	“	.786
	“ after 1 hour	. . . . .	“	.728
	“ “ 24 hours	. . . . .	“	.302
No. 5.	Taken immediately after death	. . . . .	“	.921
	“ after 1 $\frac{3}{4}$ hours	. . . . .	“	.793

A somewhat parallel series of experiments made by Bernard, and published in *Comptes Rendus*, June 19, 1876, shows a remarkable discrepancy with the foregoing. Bernard's figures show,—

Amount of glucose immediately after death	. . . . .	1.070
“ “ after 10 minutes	. . . . .	1.010
“ “ “ 30 “	. . . . .	0.880
“ “ “ 5 hours	. . . . .	.440
“ “ “ 24 “	. . . . .	0.000

Dr. Pavy pointed out that there was nothing new in the suggested discovery that a gradual destruction of sugar takes place with blood after its removal from the system. He himself had brought the fact before the notice of the Royal Society, so far back as 1855, when he stated that, under the changes of the decomposition of blood, normal animal glucose is very readily metamorphosed, the rapidity of the metamorphosis depending on the activity of the decomposition of the animal substances present.

In conclusion, the author stated that the evidence adduced in this communication shows that the results which Bernard has obtained by the experimental *modus operandi* he has been recently employing are erroneous, and consequently the inferences he has drawn from them are equally in error. The cause of truth and the interest of science demand that what he has recently been advancing should be eliminated from physiological literature.

## THE NEW ENGLAND MEDICAL GAZETTE.

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BOSTON, OCTOBER, 1877.

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[From the Springfield Daily Union.]

*A TRIBUTE TO DR. SWAZEY BY ONE OF HIS PROFESSIONAL ASSOCIATES.*

TO THE EDITOR OF THE UNION:—

By the deplorable accident at Deerfield, on Saturday evening, a notable and largely respected physician of this city passed from this life, suddenly, almost “in the twinkling of an eye,” into the shadow of the great mystery, into the domain of the immortals. This event is saddening, mournful, and deeply afflictive to the many friends of the deceased in this city, where so large a period of his life was passed, and who were attached to him by memories tender and sacred, and by friendly and social ties stronger than “hooks of steel.” To the family of Dr. Swazey, who shall venture to estimate the calamity of his sudden translation? In his home, under his own roof, he was a joy,—a very fountain of comfort and gladness; his love for his family was as tender and constant as a mother’s for the babe at her breast. He was peculiarly rich in parental love, delighting extremely in his children, to whom he was confessor, counsellor, father, brother, and companion. Oh, how desolate, for a long season, will that home be to them without him! And outside of the habitation that his presence filled as with sunshine, how profoundly will he be missed and mourned! How many eyes have paid the spontaneous tribute of tears to his memory and virtues in the past twoscore hours! In the sick-chamber Dr. Swazey was a very benediction. His step carried solace and healing to the suffering as it crossed the thresholds of their rooms. How gentle he was toward the sick, and his face was radiant as an angel’s with the sympathy that welled from his heart! We who knew him well believe he is to-day crowned with the Father’s blessing in the upper realm. Peace and rest and the joys of the immortal life be to him through the eternities!

Dr. Swazey was at first an old-school allopathic or “regular” (?) physician. Homœopathy was then in the bud in this country, but its claims early interested him, and he gave to them a careful and conscientious examination and submitted them to practical tests. The result was his adoption of the methods of Hahnemann and renunciation

of "regular" practice. He came to this city in 1834, where he has since labored as a "homœopathician" with constant and increasing success. It is not necessary that a word be written of his character as a citizen and man to this community, by whom he was so well known. His "life here has been long, honorable, and successful. He commanded public respect while living, and justly receives its tributes now that he is dead." He was held in high esteem by his professional brethren throughout the country, and from time to time was the recipient of their highest public compliments. He was one of the founders and early presidents of the American Institute of Homœopathy, now grown to be the largest associate medical body in the world. He was also one of the organizers of the Massachusetts Homœopathic Medical Society, was one year its president, and continued an active and honored member while he lived. He was a conscientious, studious, and thoughtful man, slow to be convinced, but when convinced ever ready and quick to defend his conclusions. He is spoken of by a contemporary as a man of "narrow mental scope." Precisely where the line should be drawn between a narrow and wide "scope," the writer cannot affirm, but of Dr. Swazey he ventures to declare that he was a man full of the spirit of progress, never clinging to the past, but looking steadily onward and upward, full of the "humanities" of the period, and in hearty sympathy with every movement that looked to the elevation and betterment of the human family. He was a "slow" man, but he was a strong man, combative and controversial in his disposition, but aiming steadily toward the right, and keeping step to no drum-beat that had not an inspiration for him in that direction. He was a man who could think as well on his feet in the presence of an assembly, as in an arm-chair in the quiet of his office. In the medical conventions of his school he was always a force, alert to observe any movement not on a line with what he deemed its true policy, — a ready debater, easy and fluent of expression. He has done worthy labor for the cause he served, and will be remembered as one of the valiant souls who dared to step from the ranks at a time when to do so involved a sacrifice of much that cannot now be realized, and uplift and carry forward to a wonderful victory the banner inscribed with that then strange device, Homœopathy! Brave soldier, comrade, friend! Tearfully I lay a lily upon the coffin that encases all that was and is yet tangible of thy personality, and tenderly and lovingly bid thee, for a brief time, adieu.

M.

[From the Springfield Republican.]

*A FATAL ACCIDENT TO DR. G. W. SWAZEY.*

DR. GEORGE W. SWAZEY, of this city, the leading homœopathic physician of Western Massachusetts, was fatally injured by falling from a dry-bridge at Deerfield Saturday night, dying of his injuries about an hour after the accident. He left this city at eight o'clock Saturday night to spend Sunday with a patient at Deerfield, and alighting at that station a little after nine o'clock, started for the village by way of the railroad. It was very dark, however, and he mistook the proper point for leaving the track, and fell from the railroad arched bridge to the travelled road below, a distance of about twenty-seven feet. His groans were heard by a family near, who came at once to his aid. He was removed to the house of Mrs. Allen, only a few yards distant, at which place he died in an hour and a quarter. His greatest injury was in the chest, and he probably died from internal hemorrhage. He was conscious to nearly the last moment, and was fully aware that the injury would prove fatal. He bore his intense suffering with great fortitude, and showed no fear whatever of death. His last words were of affectionate remembrance to his family. The news of this calamity will be received with regret by a large circle of patients and friends obtained by a practice and residence of thirty-three years in the city. Dr. Swazey represents, historically and medically, the homœopathic practice in Springfield. There may have been an earlier homœopath here, but that practice only got character and success from him. He was a slow man, of narrow mental scope, but he was a thoroughly honest and conscientious man, persevering, faithful, studious, and thoughtful. He believed in what he was doing, and there was not a grain of charlatany in the way he did it. His life among us has been long, honorable, and successful. He commanded public respect while living, he justly receives its tributes now that he is dead. He was born at Exeter, N. H., in 1812. He entered Bowdoin College with the class of 1835, but removed to Dartmouth, and finally returned to Bowdoin to graduate in 1837. He began practice as an allopathic physician, being first settled at Newburyport, but adopted the homœopathic system as early as 1840 and continued in it ever after. He removed to this city in 1844. He stood high in his school of medicine, and received many honors from his professional associates. He was a member of the Massachusetts Homœopathic Medical Society, and a member and one of the founders of the American Institute of Homœopathy, and has held the office of president and various other positions in both these societies. He has also been a contributor to the homœopathic

medical journals, and quite a number of his public addresses at the meetings of the State and national society have been published and widely circulated, among which might be mentioned his address on the "Scientific Basis of Homœopathy," delivered before the Massachusetts Homœopathic Medical Society, and his address before the American Institute of Homœopathy on "The Nature of Life, the Nature of Disease, and the Law of Cure." He leaves a wife, three daughters, and a son, Dr. Walter Swazey, a Pittsfield dentist.

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WE have received from Messrs. Lindsay & Blakiston, of Philadelphia, a catalogue of their medical publications. We wish to call the attention of practitioners to the fact that this celebrated house has made a great reduction in its prices, to suit the times. It is not necessary for us to say anything as regards the quality of the books from these publishers, for it speaks for itself.

We are also in receipt of the Physician's Visiting List for 1878. This book was the first of its kind published in this country, and in our opinion, it is better than any other. These lists are sent to physicians, free of postage, on receipt of price.

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## CORRESPONDENCE.

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### CIRCULAR.

[The following circular was received from H. N. Guernsey, M. D., of Philadelphia, with a request that it be published in the GAZETTE.]

PHILADELPHIA, September 1, 1877.

DEAR COLLEAGUE, — At the recent meeting of the American Institute of Homœopathy, held at Lake Chatauqua, I was appointed Chairman of the Bureau of Gynæcology for the ensuing year.

"Puerperal Thermometry" was selected by the Bureau as the subject for its consideration at the next meeting of the Institute. It was decided to observe closely all the thermic conditions of lying-in women, beginning a few days prior to their expected accouchement and continuing to observe until their complete recovery.

The observations should be accurately taken, in bad cases twice daily, and the temperature, pulse, respiration, and remedy given, noted upon the accompanying tables. With this end in view I have prepared two sets of tables. The smaller are to be used at the bedside ;

the larger are for use in our offices, and are to be filled up from the smaller, either daily, as the case progresses, or at its termination.

#### HOW TO USE THESE OFFICE TABLES.

Be provided with three kinds of ink, — red, blue, and black. A separate pen must be used for each kind of ink. Mark with the pen a *red* dot in its proper place to show the degree of temperature; a *blue* dot must be placed to show the frequency of the pulse; and a *black* dot to show the number of respirations per minute. This being done, connect with a continuous *red* line all the *red* dots, so the *blue* dots with a *blue* line, and the *black* dots with a *black* line. Mark the remedy below in its proper place.

Now if these directions be faithfully carried out, the real progress of our cases will appear before us at a glance, and it will be seen that the temperature, the pulse, and the respiration will approach the *normal* standard more rapidly, and with fewer variations, as the proper remedy is allowed to act. A brief and lucid description of each case should be written on the back of its table, and such remarks made as will serve to render the record thoroughly comprehensive and intelligible. Cases *accurately* reported in this manner will be of great value in making up statistics for future use, and will do far more for thermometry and the healing art than if thermometry were observed alone without reference to the influence of treatment.

In this way, too, we can prove conclusively which method of practice is the more successful for suffering humanity, — a very loose kind of Homœopathy, or one conducted strictly according to the principles laid down in Hahnemann's "Organon." We need *thousands* of these reports and comparisons till there shall be no doubt in the mind of any one as to which is the better form of practice. I therefore beg you to engage in this good work at once, and tabulate, as above directed, every case of midwifery that falls to your care. A good work on Medical Thermometry and Human Temperature, such as that of Seguin, will be of great assistance to every physician. The age of progress in which we live absolutely demands of us an intimate knowledge and a perfect mastery of the whole subject, including even the relation of human thermometry to the homœopathic Materia Medica.

Each table should be carefully and legibly signed, and sent to me at the completion of each case. This will enable me to arrange for a systematic report the large number I hope to receive. Full credit will be given to each observer for his labors at the meeting of the Institute. If the tables are sent to me continuously, as above requested, I can receive them until June 1, — comparing and preparing a comprehen-

sive report of the whole work. If they are kept back and forwarded all at once I must certainly receive them by April 1, in conformity with the rules of the Institute. But two months of observation would then be lost.

THERMOMETER. — The greatest care must be observed in procuring a thoroughly reliable instrument, — one that has a guarantee certifying to its accuracy.

#### A FEW SPECIAL POINTS FOR OBSERVATION.

Will the thermic condition of the lying-in woman immediately after the birth of the child foretell uterine hemorrhage?

What is the thermic state of one suffering from uterine hemorrhage?

Thermic condition during mastitis or abscess of the mammæ?

Thermic condition during persistent after-pains?

Thermic condition during puerperal metritis or peritonitis, etc., etc.?

Thermic condition during what is called milk fever?

Thermic condition of puerperal septicæmia?

Thermic condition during phlegmasia alba dolens?

And any other phenomena that may be worthy of note. Of course, observations in regard to the pulse, respiration, and the remedies used must also be duly noted.

Fraternally yours,

H. N. GUERNSEY, M. D.,

1423 Chestnut Street.

The above communication I address not only to my Gynæcological Bureau, but to *every homœopathic medical practitioner*. I earnestly invite such members of the profession as are willing, to co-operate with me in this important and useful work. To all who desire to assist, I will forward the tables, *free of charge*, on application.

H. N. G.

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[From The Nashville Banner.]

#### HOMŒOPATHY:

HAS IT SURRENDERED ITS DISTINCTIVE PECULIARITIES?

TO THE EDITOR OF THE BANNER:—

Since my return from a trip to the mountains, my attention has been called to an article in a late issue of your paper, bearing the title above given; and I have been repeatedly asked if it is true that the British homœopaths have struck their colors, and sought refuge in the bosom of "orthodoxy."

It is true, Dr. Wyld, a vice-president of the British Homœopathic

Medical Society, addressed a letter to Dr. Richardson, a leading member of the old school in London, in which he endeavored to set forth the points of agreement, more than of difference, between the two branches of the profession, with the expressed hope that a practical harmony, or some unity of effort in behalf of the sick, might result.

That he, either for himself or his society, "*made a formal surrender of the principles of his craft,*" is not true.

He stated his disbelief in some of the teachings and practices of his school, especially of some individuals in that school who have put themselves forward as authors and leaders. In so doing he but exercised the individual right, accorded to every man in the homœopathic ranks, — that of thinking and speaking according to the light he has and the faith that is in him, without fear of ostracism and expulsion.

Considering the singular conservatism, the profound regard for the "orthodox," displayed in Dr. Wyld's letter, it is not so much a wonder that he addressed Dr. Richardson in such obsequious phrases as that he ever became a homœopath at all.

Reformers are usually made of sterner stuff.

The idea that this move, on the part of Dr. Wyld, is "*the beginning of the end of Homœopathy,*" is simply absurd. I am personally acquainted with the leading members of the new school in England, and am able to say that very few, if any of them, share in the weaknesses of Dr. Wyld. They enjoy the confidence and support of the most intelligent and noble classes in Great Britain, and are daily achieving new successes.

They have hospitals and dispensaries and journals and books and societies, every year increasing.

A splendid school, with ample means, has just been opened in London for the teaching of Homœopathy.

They have no more use for the smiles of medical "orthodoxy," than have the dissenting churches over there for the fellowship of the national "Establishment."

It is a noticeable fact that extraordinary efforts are being made by the enemies of the new school of medicine to publish and exaggerate this bit of correspondence, not alone in Great Britain, but in this country as well.

So steady has been the progress of Homœopathy, so many its triumphs in all parts of the enlightened world, and so sure and unmistakable has been the loss of confidence on the part of the thinking public in the ministrations of the ordinary profession, this

slight concession on the part of a single homœopath appears to be "a crumb of comfort," a sweet morsel of consolation, for medical "orthodoxy," worthy of publication and republication and comment and sick-room gossip without end.

In England, as in America, what need is there of the *smiles* of "orthodoxy," so long as we flourish so well under its *frowns*?

No man who has enjoyed the freedom of study, belief, and practice allowed by the codes of our British and American Homœopathic Societies, no honest physician who has learned the value of a *general therapeutic principle* amid the ever-changing theories and empiricisms of the common practice, can possibly desire to return to the "pale of the regular profession."

When the astronomer forsakes Newton's law of gravitation for the hypotheses of old Ptolemy, and when the mariner casts away the magnetic needle for the old charts and coast-lines of the past, then and not sooner shall we abandon the *law similia* for the dim lights and failing measures of the old school.

But notwithstanding the wide difference between us in the selection and dispensing of remedies, there is yet much common ground, not belonging exclusively to either school.

The study of chemistry, botany, anatomy, physiology, pathology, diagnosis, obstetrics, surgery, and toxicology is the same in both.

No wider or more thorough culture is required in the old than in the new school; but rather the reverse: the homœopath, having the knowledge of the old, adds that of the new.

In *special therapeutics*, or the use of medicines designed to make a special impression for the cure of disease, we recognize one paramount law of nature, designated *similia*.

In *general therapeutics*, or the use of antidotes and means for the removal of many causes of disease and the restoration of normal states, we recognize the laws of chemistry, of mechanics, and of *hygiene*, as related to those of physiology.

We have no "exclusive dogma" nor *exclusive code*.

And, in conclusion, as to the abandonment of "distinctive peculiarities," I submit to careful readers and observers, if the changes among our old brethren, in the last half-century, from bleeding to cupping and from cupping to hot fomentations, from huge doses of calomel to one-tenth-grain doses and to mild cathartics, from blunderbuss, dozen-ingredient prescriptions to simple articles, from depletives to stimulants in fevers, and from astringents to laxatives in diarrhœas, and the general abandonment of active for expectant treat-

ment, of murderous drugs for hygienic measures, do not all show a greater tendency to *a change of base* than can be found among the practitioners of Homœopathy.

The quantity of medicine to be exhibited in each case must be determined chiefly by experience in practice.

We have no principle on the subject save to employ *just enough and not too much* medicinal matter to effect a cure.

Because we recognize a law of nature as our guide in the selection of remedies, and because we give smaller doses and require greater hygienic care, there is no reason for unending hostilities and combat with those who reason and practise differently.

We seek no compromise, we ask no favors, we make no concessions ; but propose to live and learn, and work right on, in the future as in the past, willing at all times to recognize and co-operate with all educated and honest workers in the field of medical practice, regardless of names and party lines.

J. P. DAKE, M. D.

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## SOCIETIES AND INSTITUTIONS.

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### HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

I. THE semiannual meeting of the State Society, held last October, from a scientific standpoint, was the most successful of any ever held, and may be accounted for chiefly from the fact of the large number of able papers presented, and the interesting discussion which followed their reading.

II. The semiannual meeting this year will take place at Utica, on the second Tuesday and Wednesday of October, and, we confidently hope, will be more interesting than the last.

III. In order to accomplish the desired end, the co-operation of every member of the society must be obtained, and in the interest of our common cause we appeal for this aid.

IV. We hope every physician in the State will either be present and take part, or contribute some article through another.

ALFRED K. HILLS, M. D., *Rec. Secretary.*

## REVIEWS AND NOTICES OF BOOKS

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DIABETES MELLITUS. By William Morgan, M. D.

This little book of 175 pages contains the history, chemistry, anatomy, physiology, pathology, and treatment of this dread disease. The views of different authors are given in brief, and the subject is brought up to date. Much space is devoted to the treatment, allopathic, homœopathic, hydropathic, dietetic, etc. A table of food to be avoided and that to be taken is given, as well as a list of some of the chief mineral waters of use in the disease. Altogether the book is to be commended.

DUNGLISON'S PRACTITIONER'S REFERENCE BOOK. Philadelphia: Lindsay & Blakiston.

While this book was designed for physicians of the old school, there is much in it which is of use to practitioners of all schools. The book contains; (1.) Hippocratic oath; (2.) General information for the practitioner; (3.) Therapeutic and practical hints; (4.) Dietetic rules and precepts; (5.) How to conduct a *post-mortem* examination.

The chapter on dietetic rules, etc., is especially good, as it contains valuable recipes for preparing food for the sick and convalescent.

### BOOK RECEIVED.

AN INDEX OF DISEASES AND THEIR TREATMENT. By Thomas Hawkes Tanner, M. D., F. L. S. Second edition. Revised by W. H. Broadbent, M. D. Philadelphia: Lindsay & Blakiston, 1877.

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### TRANSCENDENTALISM IN MEDICINE.

EXTRACTS FROM PROCEEDINGS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF NORTHERN NEW YORK, HELD JULY 10, AND OF THE ALBANY COUNTY HOMŒOPATHIC MEDICAL SOCIETY, HELD JULY 17, 1877.

#### DR. SWAN'S PROVINGS.

WHEREAS, At the annual meeting of the State Homœopathic Medical Society, held February 16, 1877, a resolution was adopted authorizing the publication, in the transactions of the Society, of provings of skimmed milk, made by Dr. Samuel Swan, of New York, which were presented to and refused publication in the Transactions of the American Institute of Homœopathy, in the year 1871; therefore

RESOLVED, As the opinion of this Society, that the provings of non-medicinal and inert substances and fluids, and compounds having no fixed chemical form, are unscientific, untrustworthy, and should not receive the approval of the medical profession.

RESOLVED, That we respectfully yet firmly protest against the publication, in the Transactions of the State Homœopathic Medical Society, of the provings of Dr. Swan, many of which are made of such inert or non-medicinal substances, some of them in very high potencies, as liable to jeopardize the reputation of our school, and weaken public confidence in the homœopathic system of practice.

RESOLVED, That we urgently request the State Society, at its next meeting, to rescind the resolution having reference to Dr. Swan's provings, adopted at the last meeting of the Society, and that the original resolution, as adopted by the Society at its semiannual meeting in 1871, be restored to full force.

USE OF REMEDIES IN INAPPRECIABLE DOSES NON-HOMŒOPATHIC.

WHEREAS, After repeated trials of the higher potencies of remedies during many years past, great diversity of opinion still exists among homœopaths regarding the utility of such potencies, and

WHEREAS, We believe that the curative action of such potentized remedies seldom, and perhaps never, depends upon the application of the homœopathic principle, and, in most, if not in all instances, is plainly traceable to forces which have no relation to the homœopathic law of cure, and

WHEREAS, The publication in the daily press and in the medical journals, as a part of the proceedings of the meetings of this Society, of alleged cures by the use of the higher potencies, exposes the principle on which the homœopathic system is founded to merited ridicule and severe criticism on a non-essential question respecting the dose,—one that cannot be explained or defended on either reasonable or philosophical principles,—is discourteous toward that portion of the membership of this Society who view this phase of medical transcendentalism with the most profound regret and disfavor, and

WHEREAS, The methods by which the so-called higher potencies are prepared are not generally known to the profession, and as serious doubt exists regarding the accuracy of the preparations furnished by different manufacturers, no uniform standard for their preparation having been adopted, by which, alone, the relative strength of the remedies can be accurately determined, therefore

RESOLVED, That until a uniform system for the preparation of the so-called higher potencies, of acknowledged reliability, shall have been

adopted, these remedies ought not to receive the approval of the profession, and their use should be deemed empirical.

RESOLVED, That the use of remedies so reduced by potentization as to be inappreciable in quantity is non-homœopathic, unsound, and unphilosophical in principle, is unscientific and unreliable in practice, and merits the unqualified disapproval of all true homœopaths.

RESOLVED, That the secretary be hereby instructed to withhold from publication in the proceedings of this Society all reports of cases alleged to have been cured by the so-called higher potencies.

MEDICAL COLLEGES WHICH INDORSE HIGH POTENCIES UNWORTHY OF CONFIDENCE.

WHEREAS, Strenuous effort is being put forth by a few homœopaths in support of the use of the so-called higher potencies, particularly by members of the faculties of homœopathic medical colleges, thereby inducing many of the younger members of our profession to place undue confidence in comparatively a non-essential requisite to successful practice, viz., the question of the proper homœopathic dose, and

WHEREAS, We believe that the prominent indorsement of this extreme and essentially erroneous mode of treatment by the faculties of homœopathic medical colleges is largely contributing to the promulgation of unsound theories of practice, therefore

RESOLVED, That in the opinion of this Society, all homœopathic medical colleges, whose faculties indorse, theoretically or practically, adherence to the use of the so-called higher potencies, are unworthy the confidence and support of the homœopathic medical profession.

PROVINGS OF HIGH POTENCIES USELESS AND DISCREDITABLE TO HOMŒOPATHY.

WHEREAS, Of late years there has appeared a disposition on the part of homœopaths to make provings of medicinal and non-medicinal substances, so attenuated by potentization as to be utterly inappreciable in quantity, and

WHEREAS, We believe the provings of such substances are alike useless and unscientific, and, being of no positive or practical value, are discreditable to the homœopathic school, therefore

RESOLVED, That in the opinion of this Society, the provings of medicines in doses so small as to be inappreciable in quantity, have no qualities that can commend them to the confidence of the medical profession, and that all such provings should be rigidly excluded from the standard records of the homœopathic *Materia Medica*.

THE ELECTION OF DR. SKINNER AN INDORSEMENT OF ERROR IN PRACTICE.

WHEREAS, Dr. Thomas Skinner, of Liverpool, England, was nominated for honorary membership, at the last meeting of the State Society, and

WHEREAS, It is well known that Dr. Skinner represents extreme and essentially false theories of homœopathy, and

WHEREAS, The election of Dr. Skinner to honorary membership in the State Society would be an indorsement of the transcendental views held by him, therefore

RESOLVED, That while we entertain no personal ill-will toward Dr. Skinner, we believe his election would be prejudicial to the true interests of the State Society, and retard, rather than promote, the progress of real and rational medicine.

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DR. SWAN'S PROVINGS.

EXTRACTS FROM THE PROCEEDINGS OF THE ANNUAL MEETING OF THE STATE HOMŒOPATHIC MEDICAL SOCIETY, HELD IN ALBANY, FEB. 16, 1877.

DR. CONGER offered the following :—

RESOLVED, That the resolution found in the Transactions of the Society in the year 1871, derogatory to the provings of Dr. Swan, of non-medicinal and inert substances, be rescinded and expunged from the minutes of the Society

The above resolution was seconded by Dr. Wiles, who stated that he was acquainted with Dr. Swan, and that he had learned more of the *Materia Medica* since that acquaintance began than he had ever known before, also in regard to the treatment of symptoms, and the characteristics of drugs and how to prescribe them. He also moved, to amend the resolution by adding, "*and that those provings which had heretofore been refused admission into the transactions of the State Society shall now be admitted.*"

Dr. Conger accepted the amendment.

Dr. Wiles stated that many leading physicians were in the habit of using the provings of Dr. Swan, and that he himself had occasionally prescribed the millionth potency.

Dr. H. M. Paine stated that the resolution referred to was adopted at the semiannual meeting held in Saratoga, and the purpose was to bear witness, to as great an extent as possible, against Dr. Swan's provings of skimmed milk of the four thousandth potency. There is nothing in the scientific world so absurd as these high potencies Are

we, a body of scientific men, prepared to offer a millionth potency of a drug to cure disease? No one, with a single iota of common-sense, would entertain so absurd a proposition. He hoped no action would be taken, and moved that the resolution be dropped.

After further discussion the resolution as amended was adopted.

ORIGINAL RESOLUTION.

RESOLVED, That we view with distrust, as liable to bring discredit and ridicule upon the medical profession, the provings of non-medicinal and inert substances, and hereby respectfully protest against the publication in the Transactions of the American Institute of Homœopathy of a paper by Dr. Samuel Swan, presented and read at its late meeting held in the city of Philadelphia.

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ITEMS AND EXTRACTS.

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A PROVING OF CANNABIS INDICA.—W. H. Heard, of St. Petersburg, Russia, encloses a translation from the Russian to the *Homœopathic World* for May, of a proving of the well-known Oriental compound hashish, the chief ingredient of which is Indian hemp. The experiment was made by Mr. Maximovich, and the account has appeared in the *Meditsinsky Vestorik* or *Medical Messenger*:—

“On Aug. 5, 1876, at 6.58 P. M., I took 0.6 of a gramme of Egyptian hashish, and a half an hour after 0.4 of a gramme in addition. Before taking, pulse 72. At 7.10, pulse 80. First sensation, pendulum-like oscillations in the head. At 7.20, pulse 84; a feeling of flow of blood toward the upper part of head, and a strange sensation of contraction, and a kind of collapse within myself; the pendulum-like oscillations in the head increasing. 7.40 — An irresistible inclination to laugh, loud laughter without any particular cause, tendency to rapid movements; pulse 84. I took several quick turns up and down the room, and then sat down. 7.55.—A feeling of heat and pricking in the head, sensation of coldness and numbness in the extremities, which are cold to the touch, and an infinite feeling of melancholy and uneasiness; occasional starts without any visible cause, like those of electric shocks; pulse 96. Playing on the piano, performed by one of those present, produced a magical effect; it seemed as if the sounds were wafted from a great distance, that every sound had its peculiar life, a special fulness and expressiveness; the sounds seemed to come with

fearful rapidity from an endless distance, and to be reflected immediately in the ear; in a word, an ordinary performance seemed equal to that of some eminent pianist, and I thought myself a refined and profound connoisseur, calmly enjoying the playing of some distinguished musician. 8.10. — Pulse 104, full; the sensation of heat in the head and pricking in the temples increased; I seemed to hear a loud noise, like that of a waterfall; suddenly the nature of the noise changed, and it seemed to proceed from a number of vehicles driving in the street; then again the noise became like what is heard at the close of a performance at a theatre, — the rumbling of vehicles, shouts of men, all combining into one general roar; these sounds suddenly ceased, and gave place to the booming of cannon, and reports of guns at a manœuvre. I cut these sensations short by the force of my will, and took a quick turn in the room. I felt a violent thirst. After drinking a glass of water, I sat down on the sofa and closed my eyes at 8.30. Scarcely had I done so when I felt a remarkable buoyancy and flexibility in all my body; before my eyes appeared a whole series of variously tinted, luminous figures, rapidly vanishing, their shape being in the highest degree undefined; then appeared a row of more or less well-defined shapes. The most varied and most luxuriant pictures of nature ever seen by me in reality or in drawings transported me into a magical world; I thought I was in some virgin forests of South America, then in some cities of Switzerland, and then amidst the ocean, and again amongst heaps of ice and snow, etc. An entire series of reminiscences of childhood, the faces of friends and acquaintances, and the faces (known to me by portraits) of authors, savants, poets, politicians, etc., all these became blended in my head, presenting a kind of phantasmagoria and the most variegated picture. All these sensations passed rapidly and distinctly before me, and I felt so enraptured that I begged to be allowed to plunge into this fantastic world, and to leave off dictating my feelings. This state lasted till 9.20. During this time those who were present observed that my face was hot, red, and moist; pulse 108. On my recovery, I got up with the intention of walking across the room, but noticed that my gait was unsteady, and that I was swerving to the left, and that the upper and lower extremities of my left side were benumbed. I drank a little water and wine. At 9.45 I experienced sharp and occasionally shooting pains in the loins and in the region of the kidneys. These pains, as well as a feeling of nausea, made my state very uncomfortable; I endeavored to induce vomiting by tickling the root of the tongue, but did not succeed.

“It was nearly midnight when I sat down to supper, and ate with a

great appetite. At 1 A. M. I went to bed, and my first sensation was that I was flying from an enormous rock into a fearful and dark abyss. I fell asleep at once, and slept very soundly. It was 11.30 A. M. when I awoke, with a feeling of heaviness in the head, with full remembrance of the previous day, and a sensation of emptiness and incapacity for thought. Whatever I did appeared endlessly long; my words, and the conversation of others, seemed too prolonged, whereas in reality it appeared that I spoke as usual. I went out into the street to take an airing, but the farther I went the more it seemed to me that I was walking a very long time, and that the houses and people were all flying away from me. Making an effort over myself, I took the first vehicle, and drove back home. On my arrival, I at once lay down and slept till evening. On waking I felt much livelier. The urine which I had collected during the experiments had a peculiar odor, somewhat like that of *Cannabis Indica*. During the day, according to my own observation, as well as that of others, my face was exceedingly pale, the pupils dilated, the expression that of great illness. It was only on the next day that I was able to take to my ordinary occupations."—*American Homoeopathist*.

DIFFERENTIAL INDICATIONS FOR THE USE OF FARADIC AND GALVANIC CURRENTS. — Dr. A. D. Rockland, of New-York, read a valuable paper on this subject before the New York Medical Journal Association, November, 1876, which is published in the *New York Medical Journal*, February, 1877.

The *relative* value of the two currents resolves itself mainly into a question of experience. Both are valuable aids in the treatment of various diseases; both are frequently serviceable in the treatment of the same disease, while in certain conditions the Faradic current is alone indicated, and in others the galvanic.

This idea finds its illustration in a number of articles that have appeared during the past year or so, regarding the relation of electricity to pain. The well-known power of the galvanic current to relieve many forms of pain is repeatedly emphasized, while the efficacy of the Faradic current in the same direction is seldom referred to; hence the inference very naturally is that the latter, for this purpose, is of but little value.

The truth is that Faradism is not only invaluable in many forms of pain, as will be indicated further on, but in certain conditions relieves, where galvanism is not only useless, but worse than useless, since it serves only to exaggerate the existing distress. The simple question of the value of one current, as compared to the other, is therefore

worthy of but little consideration; being simply two manifestations of one force, they have each their functions, both as independent and supplemental agents.

The known physical and physiological distinctions of the two currents do indeed afford sufficient data to enable us at times to differentiate with accuracy in the selection of the currents and the application of certain methods. For example: the Faradic current, by virtue, probably, of its greater mechanical effects, is powerfully tonic in its action, and by the method of general Faradization is indicated in many cases of nervous exhaustion, and by localized Faradization in the mal-nutrition and atrophy of muscles. The galvanic current, by virtue of its greater power of overcoming resistance, is indicated when we wish to act upon the central nervous system, and, through its superiority in exciting nerve-irritability, we use it to produce contractions in paralyzed muscles that fail to respond to the Faradic. So far forth, then, our knowledge of electro-physics and physiology can prove directly serviceable in the adaptation of the proper treatment; but none the less must we, to a very considerable extent, rely upon the aid afforded by repeated clinical observations.

In a practical review of the subject at hand, it seems natural to consider, 1. Those diseases, or symptoms of diseases, which seem to demand the Faradic current; 2. Those that call for the galvanic; and, 3. Those in which both are frequently and interchangeably indicated.

1. There are in various generic diseases, if I may so speak, specific symptoms that invariably demand one or the other of the two currents, and even special qualities of current, and to this point allusion will presently be made; but there are few distinct organic or functional conditions that in every phase of their manifestations demand alone and always any special form of electricity.

Asthenopia, a symptom depending on an absolute or relative deficiency of energy in the muscles of accommodation or of the internal recti, and accompanied by hyperæsthesia of the retina and of the ciliary nerves, is about the only distinct disease that seems to demand the Faradic current alone. I will not say that galvanism is never serviceable; but my experience, at least, seems to teach that the instances where Faradism is not immeasurably superior to galvanism are so exceptional as practically to exclude the latter from consideration.

2. I would designate spinal irritation, certain sequelæ of cerebro-spinal meningitis, and most of those skin affections in which electricity has been shown to be of service, as the distinct diseases in which the galvanic is uniformly superior to the Faradic.

3. Those diseases in which either current may prove equally efficacious, or where at one stage of the symptoms the galvanic, and later, the Faradic current is indicated.

Paralysis may be said to be the disease for which electricity is *par excellence* the remedy, and yet, as is well known, it is frequently of very little use where the symptoms arise from certain organic conditions; indeed, it may be absolutely contra-indicated. In hemiplegia, where there exists, as is so often the case, an exalted electro-muscular contractility, electricity, if used at all, should be used in the form of Faradization, and with an exceedingly mild and rapidly interrupted current. Under this treatment, improvement in the symptoms is not unfrequently accelerated, the paralyzed member being stronger and the muscular contractions less readily produced; and even when muscular contractions are *somewhat less* readily called out than in the normal condition, the same current is as a rule preferable.

But when, on the contrary, there is a very great diminution, and even, relatively to the Faradic current, a complete loss of electro-muscular contractility, the galvanic current is always indicated, the Faradic coming into play only when the muscles give evidence of considerable reaction to its influence. In paraplegia, whether depending upon an absolute structural change in the cord, or upon causes that result in simple anæmia or hyperæmia, we generally find, after a short time, complete or proximate loss of farado-muscular contractility. The galvanic current is alone applicable in these cases, for the specific purpose of restoring nerve-excitability, although the Faradic is useful in attempts to improve the impaired nutrition of the paralyzed members.

The difference in the reaction of the two currents is typically illustrated in facial paralysis, and especially when it results from the action of cold (*rheumatismal*) or compression. In these cases the Faradic current does not cause contraction, while not only do the muscles respond to the galvanic, but a much weaker current will answer than when the parts are normal. As the patient improves, it takes an increased tension of galvanism to cause the same effects, until finally farado-muscular contractility becomes manifest. This phenomenon has been observed also in traumatic paralysis of the peroneal nerve, and in a case of rheumatismal paralysis of the circumflex nerve. The above as a clinical fact is thoroughly substantiated, but it is interesting to note how it is re-enforced by electro-physiological experiment.

Erb, and after him Ziemssen and Weiss, found that after the laceration or division of the sciatic nerve in a rabbit, the excitability of the muscles through the first week became diminished for both currents; but subsequently, while farado-muscular contractility became more and

more feeble, galvano-muscular contractility rapidly increased, until two cells caused contraction. The following is in brief the explanation offered by Onimus for these differences in the action of the two currents:—

The *duration* of a current is *the* important factor in the production of muscular contractions. The closing of an induced or Faradic current is only 0.0114" in duration, while that of the galvanic is  $\frac{1}{20}$  of a second. Hence the Faradic more readily excites the healthy nerves and muscles; but when these are diseased, a longer action is necessary; hence the galvanic is more potent. It is claimed that the Faradic current does not *directly* cause contraction of a muscle, but *indirectly* through the intra-muscular nerves; the galvanic current, on the other hand, has a feeble action on intra-muscular nerves; the galvanic current, action on idio-muscular contraction. The probability that, in facial paralysis of rheumatismal origin (the cold acting on the periphery), the intra-muscular nerves are attacked from the beginning, accounts for the rapid loss of Faradic muscular contractility, while the absence of profound alteration of the muscular fibres, over which the galvanic current has such a ready action, accounts for the retention of galvano-muscular contractility.

In the essential paralysis of childhood, the farado-muscular contractility is generally diminished and often abolished, while occasionally the galvanic current, as in facial paralysis from cold, produces contractions more readily than in health. If the muscles respond in any marked degree to Faradization, it should be used; if not, galvanism is indicated.

The relief of pain, whether of a pseudo-neuralgic or hysterical character, whether dependent on true neuralgia or other causes, is a very important function of electrization; but in no condition has it been more difficult to discriminate correctly in the selection of the proper method of electrical treatment. True neuralgia, as defined by Anstie, is without doubt most successfully treated by galvanism; while hysterical neuralgia, and the so-called pseudo-neuralgia, which are simply forms of pain, occupying certain areas and running seemingly in the direction of certain nerves, yield most readily to Faradism.

More specifically, the effects of *pressure* in the various forms of neuralgia are exceedingly useful, as guiding symptoms, indicating the proper current. I do not by any means lay it down as a universal law, but it will certainly be found that in the great majority of cases of neuralgia, where firm pressure over the affected nerves aggravates the pain, the galvanic current is indicated, while the Faradic current has the greater power to relieve when such pressure does not cause an increase of pain.

In the class of cases called sometimes hysterical hyperæsthesia, it is well known that firm and prolonged pressure affords marked relief, while pressure superficially applied increases the distress. The Faradic current is here infinitely superior to the galvanic. In the treatment of the pain of herpes zoster, galvanism is invaluable. In many cases that have fallen under my observation, I have never known it to fail to afford either complete or approximate relief. The effects of galvanism on the extreme suffering that so often accompanies mammary cancer are often little short of magical. I have in many instances seen the acutest agony relieved instantly; and while this relief is necessarily seldom if ever permanent, it is possible in many cases, by repeated applications, to keep the pain in abeyance for months, and thus the necessity of constantly administering opium is in a measure obviated. For the relief of neither of the last-named diseases have I found Faradization to be of essential service.

As we advance to the consideration of those other forms of disease which experience has shown to be more or less amenable to electrical treatment, it will be found to be more difficult, without submitting the patient to preliminary and tentative applications, to discriminate between the currents best adapted to the case in hand; but I venture to assert that in cases of cholera, of amenorrhœa associated with anæmia and debility, and in cases of nervous exhaustion in general, we cannot often err if we resort to the Faradic current by the method of general Faradization, either independently or as an adjunct to other treatment. I beg to be allowed to allude briefly to this subject of general Faradization as a constitutional tonic, not only because I believe it to be the central idea of electro-therapeutics, and to have a wider range of usefulness than any other one method of application, but because without such allusion the treatment of my subject would be very incomplete.

It is now nearly ten years since the power of electricity as a tonic was first advanced, and supported by theoretical considerations and clinical illustrations. Because, perhaps, of its novelty alone, this theory excited at first not a little attention both at home and abroad, but was subsequently quite neglected, so far as concerns any adequate allusion to it, by those who have prominently written and lectured. The evidences, however, of carefully elaborated individual experiences have greatly multiplied during the past decade, and furnished abundant proof of the correctness of this theory, but unfortunately very few have undertaken to write upon the subject, and these individual experiences, so rich in results and so important as evidences, are practically lost.

Electricity, more than any other therapeutic means, draws to it the folly, ignorance, and cupidity of the land, but all of success that has

been achieved by these charlatans has been, by some stereotyped applications of this method, ignorantly directed. Of the evil that has followed the efforts of these "blind leaders of the blind," no man knoweth. I would, therefore, most earnestly urge those who are especially interested in this department to carefully study the *modus operandi*, the *rationale*, and effects of general Faradization. — *Virginia Medical Monthly*.

THE PHYSIOLOGICAL ACTION OF SULPHATE OF GUANIDINE. — MM. Putzeys and Swaen have experimented on the sulphate of guanidine, made by heating an alcoholic solution of ammonia with nitro-chloroform. They employed aqueous solutions, containing four to one per cent of the sulphate, with the following results: —

*On the Spinal Cord.* — Sulphate of guanidine exerts a sedative action on the cord, which becomes more and more marked till it terminates in complete paralysis.

*On the Motor Nerves.* — At the commencement of its action it excites the terminations of the nervous fibres in the muscles of animal life. The excitation first causes fibrillar contractions, then fascicular contractions, and finally clonic contractions of these muscles. Upon this initial excitation follows a paralytic period, in which the irritability of the motor nerve fibres is considerably diminished.

*On the Striated Muscular Fibres.* — After having produced clonic contractions, sulphate of guanidine ends by diminishing the irritability of the muscles in two ways: first, directly; and secondly, indirectly, by the excessive fatigue which inevitably follows the clonic contractions of the initial period.

*On Smooth Muscular Fibres of the Pupil* it produces well-marked mydriasis.

*On the Heart* the sulphate of guanidine causes marked acceleration of the cardiac pulsation, which is due to excitation of the automotor or intra-cardiac accelerator centres, or to excitation of the accelerator fibres contained in the pneumogastric. Following upon this initial excitation is a period of retardation, due to the action of the poison on the intra-cardiac nerve centres. The sedative effects of guanidine are due in part, no doubt, also to the change it causes in the blood, which becomes black, which again may be referred to the excessive action of the muscular system. — *Journal de Médecine*, December, 1876. (*Practitioner*.)

ON A READY METHOD OF ADMINISTERING FLUIDS WHEN THE JAWS ARE FIRMLY CLOSED. — Dr. Burrall, of New York, says a simple exam-

ination, which any one can easily make of his own buccal cavity, will show that, posterior to the last molar teeth, when the jaws are closed, is an opening bounded by the molars, the body of the superior and the ramus of the inferior maxilla. If on either side the cheek is held out well from the jaw, a pocket or gutter is formed, into which fluids may be poured, and they will pass into the mouth through the opening behind the molars, as well as through the interstices between the teeth. When in the mouth they tend to create a disposition to swallow, and by this method a considerable quantity of liquid may be promptly given.

Dr Burrall used this plan for some time, and the simplicity of it made him hesitate to present it in an article; at the same time, he supposed it would be new to some practitioners, as he had not noticed it mentioned in any journal. It is one of those apparent trifles which are often very useful in practice. A patient whom he attended in labor was seized with convulsions after the delivery of the head by forceps, and while the body, which was unusually large, was being extracted. Chloroform, which had been discontinued after the emergence of the head, was again administered, with the effect of controlling the spasm. The unconsciousness of the patient had interfered with the administration of a dose of ergot, which, he thinks, always precedes the delivery of the placenta, and after the extraction of the body decided hemorrhage began.

As the patient partially revived, though her jaws were still firmly set, he poured the liquid extract of ergot mixed with water into the cavity formed by her retracted cheek, and the liquid, passing into the mouth, was soon swallowed. The hemorrhage continued but a short time.

Dr. Burrall has not found that liquids thus administered run into the larynx, nor does he think that it is likely to occur if too much is not given at once. It is more probable that they would pass over the arched pavement of the tongue into the gutter beside the tongue and larynx. —*New York Medical Record*, February 19, 1876. (*Practitioner.*)

The *Lancet* for May 26, 1877, calls the attention to a new form of paralytic disease, described by Dr. Macgregor, of Fiji. He found the paralysis to be associated with the presence of a new species of liver parasite. There were eight cases in all, three of which were fatal. The symptoms of the disease come on rapidly, with some fever, followed by generalized imperfect paralysis, with rapid atrophy of the affected muscles, the legs and arms being mainly involved, and the face, tongue, and sphincter muscles being entirely free. The extensors are usually much more affected than the flexors, in this as in some

other respects the disease bearing some resemblance to lead palsy. Death is usually due to œdema of the lungs, consequent on defective action of the respiratory muscles. No other cause could be found by Dr. Macgregor than the presence in all the fatal cases of a large number of a species of fluke which filled and distended the hepatic bile ducts. The parasite is identical with that described by Dr. M'Connell in the *Lancet* for August 21, 1875, and named by Dr. Cobbold "Diastoma sinense." All Dr. Macgregor's patients were Chinese, as were Dr. M'Connell's, and Dr. Macgregor believes the parasites are introduced by a species of snail which forms an article of their diet. He regards the paralysis as of a reflex origin. The spinal cord was found to be healthy on microscopical examination. — *Boston Medical and Surgical Journal*.

BILLROTH extirpated an enlarged spleen in a woman forty-five years old, the report of which appears in a recent exchange. The incision extended from a hand's breadth above to the same distance below the umbilicus, and the spleen came out readily; there were no adhesions. The gastro-splenic omentum, together with the enlarged splenic vessels, were divided into six portions by strong hempen ligatures doubled. No blood was lost in cutting away the spleen. The ligatures were cut short, drainage tubes were introduced, and the line of incision was closed with sutures. The spleen was twenty-eight centimetres long, eighteen broad, and eleven thick; its weight was 2,975 grammes. For four hours after the operation the patient was very well; she then had a sudden, urgent desire to go to stool, and passed a few very hard fecal masses, suddenly grew pale, and died in consequence of hæmorrhage, both internal and external. The autopsy showed that the ligatures, which were put on close to the pancreas, were all stripped off, evidently at the moment when the patient was straining at stool, at which time the pressure in the splenic vein became much increased. The professor proposes in his next case to inclose a small portion of the pancreas in the ligatures, to avoid the above accident. — *Boston Medical and Surgical Journal*.

ACCORDING to Noel, *Bulletin de l'Académie Royale de Médecine de Belge*, 1876, Tome X, No. 8, a venous pulsation is seen in the majority of persons rousing from chloroform narcosis; usually it is seen in the anterior jugulars and subclavians, in rather more than half the cases in the external jugulars also, and sometimes even in the facial veins. The pulsations are synchronous with the radial pulse; on palpation a very slight sensation only is imparted; on compression of the veins at

the base of the neck the pulsations cease, while compression at the upper part of the neck increases the pulsations. The writer explains this phenomenon by an incomplete closure of the right auricle from the right ventricle during systole, which is the result of weakening of the function of the heart induced by chloroform. In view of this fact, the danger in the use of this anæsthetic in certain cases is obvious. — *Boston Medical and Surgical Journal.*

ACCORDING to J. Paneth, *Centralblatt für die medicinischen Wissenschaften*, June 2, the epithelium of the urinary bladder appears under two distinct forms, according as the organ is contracted or filled with fluid. In the first case the upper layer of cells are broader than they are high, though they are not so flat as pavement epithelium usually is. The second layer consists of tall cells, which from their form are rather to be classed among the cylindrical cells; they are pointed at the bottom, sometimes toothed, trumpet-shaped or nail-shaped, and the oval nucleus lies in the upper half or third of the cell. Below this layer come cells with a small body and relatively large oval nucleus. The boundaries which separate the cells are not very distinctly seen for the most part. In the bladder of a recently killed animal, filled with absolute alcohol and then sunk in the same fluid, the epithelium appeared differently. It then consisted entirely of flat pavement cells. Cells which were higher than their breadth were wholly absent; on the other hand, the cells on the bottom were flatter than in the middle layer. In moderately filled bladders transition forms between the two above described forms of epithelium were observed. In making examinations of urine it is well to bear these observations of Paneth in mind before deciding on the source of epithelium. — *Boston Medical and Surgical Journal.*

*The British Medical Journal*, for May 5, 1877, contains an abstract of the recent Annual Report of the Sanitary Commissioner for the government of India. In the report regarding leprosy in India it is said that there are nearly one hundred thousand lepers in the peninsula of India, or one leper to every eighteen hundred and forty-five persons; while in certain districts, such as Kumaon, in the Himalayas, there is one leper to every three hundred and eighty-eight inhabitants. The report further states that no grounds exist for considering leprosy in the slightest degree contagious, while the strongest evidence points to the influence of hereditability in the propagation of the disease. The malady, even in the communities where it is most prevalent, seems fortunately not to be on the increase. This is accounted for by the presence of a tendency

to sterility which appears to be induced by leprosy, and by the great mortality among the children of lepers, — even among such of them as are born before leprosy has manifested itself in the parents.

PROTOGON, formerly known as cerebrin, otherwise termed “vitalized phosphorus,” was introduced to the members of the State Society by Dr. T. L. Brown. This preparation, which was first investigated by Liebreich, forms the chief constituent of the nervous substance in the nervous centres, and is found in white blood-cells and in semen. It has been obtained *pure only from the brain* being digested with *ether*, at a temperature of 84° F. In strong animals it is found in abundance in the blood, nervous structure, and cerebellum; ascending in the scale of intelligence it increases in the cerebrum, especially in the anterior lobes. The physical and mental conditions are both dependent upon it for the display of their respective functions, hence, in mental imbecility a small quantity is found in the cerebrum; also in *paresis cerebri* and *progressive locomotor ataxia*; in spinal paralysis, the cord *alone* shows its deficiency of it. In phthisis there is a diminution of fifty per cent of this substance. The specimen presented was derived from the brain of the cow. It has been used in phthisis, anæmia, insanity, and *nervous prostration*, in some cases with good results.

TREATMENT OF ENTROPION. — In a recent report by the surgeons of the National Eye and Ear Infirmary, Dublin, the treatment of entropion and trichiasis by Dr. Berlin's method is spoken of in satisfactory terms. As this operation is not generally known, a description of it may be interesting to our readers. A horn spatula having been inserted under the lid by an assistant, so as to protect the eyeball, or, still better, a Knapp's clamp having been applied, an incision is made extending the entire length of the lid, about three millimetres from its margin. This incision divides at once the skin, muscle, cartilage, and conjunctiva. The skin and muscle along the upper edge of the wound is now to be pushed up with the handle of the knife, or dissected up so as to expose the cartilage. The cut edge of the latter is then seized at its centre by suitable forceps, and with a scalpel or scissors a narrow oval piece, extending the whole length of the cartilage, and from two to three millimetres in extent at its broadest part, is excised. A portion of conjunctiva, corresponding in size to the bit of cartilage removed, must necessarily be taken away with it. A piece of skin along the upper margin of the wound may then be excised if it be feared that the effect will be insufficient; and finally, the lips of the wound may be closed with three or four points of

suture, or a bandage used instead of sutures. An objection has been made to this operation, that it is liable to produce lagophthalmos and imperfect lubrication of the margin of the eyelid, in consequence of the injury to the Meibomian glands; but in practice such a result has not occurred. The operation is stated to be simple, rapidly performed, and to leave no disfigurement. — *The Lancet*, April 14, 1877. (*Practitioner.*)

ETHER AND AMMONIA SUBCUTANEOUSLY. — M. Verneuil injects ether as a powerful stimulant. In a case on which an operation had caused much hemorrhage, and when the next morning the temperature had fallen to 92.3, in spite of brandy and other stimulants, ten drops of sulphuric ether were injected and repeated in half an hour. From this time there was a rally. M. Verneuil thinks ether or ammonia subcutaneously far preferable to transfusion, which latter operation he regards as dangerous, notwithstanding its recent vogue. He would recommend this plan even in *post-partum* hemorrhage. — *The Doctor*.

OPEN DRESSING OF WOUNDS. — In a recent lecture at the Westminster Hospital, Mr. Davy enumerated his excisions and amputations of the past two years, — thirty-three in all, including two excisions of the hip, one amputation of the thigh, five Syme's, and two Chopart's, — and all treated by the open method, with not a single death. He states that the results of open treatment are equally as good with the antiseptic system, and he intends to employ it until proofs are brought that there is any better method. — *British Medical Journal*.

PREVENTION OF SCURVY. — Mr. Robert Galloway, Professor of Chemistry in the Royal College of Science for Ireland, has recently published a pamphlet in reference to the prevention of this malady. His proposal is to restore to the salted meat the saline constituent which is removed from the flesh by the process of salting. This constituent is the phosphate of potash; and he suggests that it should be employed with salted meat, in the same manner as common salt is used with fresh meat. Mr. Galloway, who has a high reputation as a practical chemist, has brought the matter under the notice of the authorities, but, up to the present, has not been allowed a trial either in the navy or mercantile marine. — *British Medical Journal*.

PHYSIOLOGICAL ACTION OF THE SULPHIDES OF CALCIUM, SODIUM, AND POTASSIUM. — By experiment, Dr. S. Curtis Smith demonstrates

that the sulphides act upon the kidneys, causing them to diminish the secretion of urine. In a perfectly healthy person the quantity passed was reduced twelve ounces in twenty-four hours. One patient was passing over a gallon of morbid urine per day; after taking the sulphide in three-grain doses, every three hours, in two weeks passed less than two pints in a day. Another case was voiding four and one half quarts per day; in less than a week voided but a pint and a half. In another the quantity voided was reduced from five pints to two and a half.

A peculiar property of the sulphides appears to be that after ingestion they interfere with the action of Trommer's test for sugar. If urine from a healthy person is examined after the administration of the sulphides, especially the sulphide of calcium, Trommer's test will give precisely the same reaction as though sugar were present. This is true of no other sugar test. Heretofore nothing but grape sugar was known to reduce the copper to a sub-oxide in this manner, and this has been the great principle on which Trommer's test has rested.

In the treatment of diabetes mellitus, Dr. Smith considers that he is able to derive great benefit by the administration of either the sulphide of calcium, sodium, or potassium. He prefers the sulphide of calcium as being the least unpleasant to take, causing less gastric uneasiness, and being more cumulative in its effects. Its power to diminish the urine seems to continue longer than either of the other sulphides. The dose he administers in well-marked cases of diabetes is four grains, three times a day, conjoined with Pavy's anti-diabetic diet.—*Detroit Medical Journal*.

TSA TSIN (*Rhynchosia Excavata*).—This highly lauded Chinese plant receives the indorsement of Dr. C. G. Polk, of Philadelphia, who is employing it successfully in the treatment of amenorrhœa. He believes it to be one of the safest and surest emmenagogues known, and recommends it to the profession, believing it will be found to a high degree satisfactory.--- *Medical Brief*.

DR. E. M. HALE, of Chicago, highly recommends the use of *Monobromide of camphor* in diseases of children (Idem). It is indicated, he says: 1. In the cerebral irritation of children, due to teething, otalgia, reflex intestinal disorder, and even a mild degree of congestion. The little ones are very fretful, crying, starting, sleepless, twitching of the eyes and face, and even there are night-terrors due to the same cause. In these cases, where *Coffea*, *Chamomilla*, *Ignatia*, and *Scutellaria* utterly fail, the *Monobromide of Camphor* acts magically. The dose to children under six months is one grain of the 2x trituration. Children over six months require one, two, or three grain doses of the

ix trituration, the doses to be repeated every hour, until calmness and sleep follow. He also considers it invaluable for the prevention of eclampsia in very young infants, or in young children, due to any of the above causes. 2. In cholera infantum he regards it as superior to any other known remedy. "This," he writes, "I predicted several years ago, and the recent experience of the eclectic and allopathic schools in the country fully bears out my prediction. My own experience has convinced me that nearly every case of this disease is due to congestion or irritation of the nerve-centres, that it is not an intestinal disease primarily, and that such remedies as *Verat. alb.*, *Arsenicum*, *Iris vers.*, or *Ipecac* are rarely called for, in fact, only when we know that irritation from unhealthy secretions in the primæ viæ is the exciting cause. The experience of our school with camphor in cholera is strong proof of its probable value in cholera infantum, but the addition of bromic acid to the camphor gives it immense additional curative power." It has the advantage of being almost tasteless, and does not cause disgust; it is less liable to cause nausea when placed on the tongue in pinches than pellets are. He also recommends it for its curative power in disorders of women characterized by erethism, violent cerebro-spinal headaches, caused by night-watching, mental anxiety, and fatigue and hysteria. — *The Hahnemannian Monthly*.

EFFECTS OF ARSENIC EATING. — A late observer in Styria, Dr. Knapp, says, "Arsenic-eaters are, in all cases with which I am acquainted, of healthy appearance, and with sexual desires strongly developed. I am of opinion that only strong persons can accustom themselves to it. They attain, sometimes, great age. I saw, in Zeiring, a still very strong charcoal-burner, at the age of seventy years, who had taken arsenic, it was believed, for forty years. I have never noticed, in habitual arsenic-eaters, any arsenical cachexia. It happened, however, that an arsenic-eater, a currier's apprentice in Liegist, in 1865, took, while intoxicated, an over-dose, and brought upon himself an acute attack of poisoning. According to his statement, he had taken a piece the size of a bean. He recovered, however, and again took to arsenic-eating, but with more circumspection. — *Med. and Surg. Reporter*. (*American Observer*.)

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## PERSONAL.

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W. W. GLEASON, Gardner, Mass.

E. R. EATON, M. D., removed from Lowell to Harwichport, Mass.

Dr. GEO. W. STEARNS has removed from New Bedford to 435 Pine Street, Providence, R. I.

THE  
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VOL. XII.

CLINICAL GYNÆCOLOGY.

[Reported to the Massachusetts Surgical and Gynæcological Society, by R. Ludlam,  
M. D., of Chicago.]

I. TARTAR EMETIC AS A REMEDY FOR CHRONIC CORPOREAL  
CERVICITIS.]

I BEG to call the attention of the Society to the value of *Tartar emetic* as a remedy for some cases of corporeal cervicitis, which are intractable and incurable by the ordinary means. Its use was suggested by the following reflections :—

1. Inflammation of the substance of the cervix, with concentric hypertrophy, is due to the effusion of serum into its tissues. That serum undergoes a form of organization which is identical with the lesion known as hepatization of the lung in acute pneumonia. The effect of *Tartar emetic* to change that condition in certain cases of pneumonia, and in some other inflammations also, as in mammitis and whitlow, renders it probable that it might be of use in corporeal cervicitis.

2. The reputation of this remedy in the olden time for the relief of a very rigid os uteri complicating labor, and the experience which some of us have had with it in this way, prove that it is possessed of a direct and specific effect upon the neck of the womb. For the relaxation produced by *Tartar emetic* was certainly active and not passive, like that of tobacco, lobelia, and other emetics, which were sometimes given for the same purpose. It does not affect the terminal nerves of the cervix uteri as it does those of the œsophagus, the stomach, and the intestines (and of the skin when topically applied), else it would be more useful in cervical endometritis with patches of pustular ulceration; but it seems to have a marked relation to the vaso-motor appara-

tus which regulates the circulation and nutrition of the part, and the functional derangement of which causes this form of cervicitis.

3. It is one of the best internal remedies for a catarrhal inflammation of the glandular portion of the cervix, as it is also for follicular tonsillitis. This result displays its direct and specific action upon the neck of the womb.

It is now ten years since I began to use this remedy in cervicitis, in leucorrhœa, and also in some cases of dysmenorrhœa. At first, and for a long time, it was applied topically by means of suppositories, ointments, injections, and the tampon. In some instances I certainly obtained very satisfactory results. It was of real and lasting service in two cases of obstinate spasmodic dysmenorrhœa, which had been accompanied by intractable vomiting, and proved a good remedy for catarrhal leucorrhœa also. But this local application of it was too bungling and unsatisfactory, and I became convinced, from the reasons already given, that whatever good results were obtained must be attributed to the specific, and not merely to the topical effect of the remedy.

I have since learned that given internally, these conditions are quite as promptly and permanently cured. In a chronic case of corporeal cervicitis (case No. 1821) occurring in the Hahnemann Hospital, I found the cervix uteri too large to be brought into the field of the speculum (Cusco's) at one view. The examination was made and the case carefully diagnosticated in the presence of my clinical class. The neck of the womb, measured horizontally, was much larger than the body of the organ, and whenever the patient was upon her feet she suffered greatly from prolapsus.

She was given *Tartar emetic* in the third decimal trituration three times daily. This was the only remedy prescribed for the cervicitis. She had no local treatment. She reported at my clinic every alternate Wednesday, and we observed the gradual and steady diminution of the size of the cervix from the time she began to take the remedy. All the incidental symptoms improved in ratio. I never saw a more unequivocal cure than followed. She had been ill for more than two years. The prolapsus and the excessive enlargement of the cervix disappeared after about six weeks' constant use of the *Tartar emetic*.

## II. A NEW METHOD OF UTERINE EXPLORATION.

At my clinic, August 15, I took occasion to speak as follows of what I believe to be a novel method of uterine exploration :—

The uterus has a greater latitude of motion than any of the other viscera. Under given conditions, and within its proper orbit, these changes of place are healthful and necessary. Without them, menstruation, gestation, and parturition would be impossible. But the frequent change of place of the womb renders it liable to deviations that are abnormal, and more or less difficult of cure.

Here is a case which I believe will illustrate a very important clinical fact. The proposal to draw the uterus downward, toward the vulva, in order that it may be examined more thoroughly and carefully, and for surgical purposes; is not a new one. Forceps and tenacula have been used in this way for many years, and there is no doubt that in certain cases these instruments are indispensable.

But I shall show you that we may, if we will, sometimes take advantage of the physiological mobility of the womb, in order to get it into a position where we can examine it and manipulate it properly. If this can be done without force or pain or the traumatic injury of its ligaments, and, as it were, spontaneously, there can be no question of its desirability. One would a great deal rather have a patient show his tongue voluntarily than to be obliged to pull it out for him.

It is a curious fact that if you apply electricity directly to the neck of the womb, the finger being used as an electrode, the organ will ascend almost or quite beyond reach ; but if the application is continued sufficiently long, and the finger then withdrawn, it will descend, and frequently beyond its normal position.

Now, I have observed that, in a very large share of the cases in which I have passed the sound, the uterus has descended in a few moments so as to lie quite low, and sometimes just within the vulva. Six years ago it occurred to me to utilize this fact. From that time, in all the ordinary cases in which it has been desirable to bring the womb down, or to straighten it from a flexed position, I have found it unnecessary to use either Sim's or Nott's tenaculum. For I can pass the sound, with the patient

lying, as this woman does, upon her left side, and leave it there, and in a little while the womb is where I want it. It rides along down with the sound *in situ*. Then I hold it readily, by seizing the staff of the instrument; or, if this is in my way, I remove it, and keep the organ within reach by direct pressure with the finger-tips of the left hand, over and behind the pubis. If the abdominal pressure is necessary, I turn her gently upon her back. This enables me to examine the uterus carefully, as to its structure, size, form, weight, depth, and, possibly, its especial inclination, if it has any; and, through the rectum, its posterior wall and fundus are much more easy of access than while it was at the superior strait, or than if it had been brought down in the usual way, while the perinæum was being retracted by a Sim's speculum.

And when I am through with the examination, providing it has been carefully made, the womb takes its proper place, or reascends, just as it does after a fit of coughing, or after straining at stool. I have often seen patients who had been injured by having the womb pulled down forcibly, but I have not seen any harmful results from bringing it down in the more natural way, which I have just indicated.

[I then demonstrated to the class this mode of descent, and by actual measurement proved the truth of the proposition on the living subject.]

Of course the result which you have witnessed would be partially or wholly prevented if we had passed the sound through the speculum, as they used to do. For when the uterus descends, the vagina must be inverted, and this could not take place while that tube was grasping the instrument. Moreover, the speculum would be a sort of prop to the womb, that would be more apt to increase than to lessen its distance from the vulva.

I have found this expedient of real service in the treatment of uterine flexions. Fortunately, as you know, this form of displacement is seldom accompanied by adhesions. With a little tact and experience, you can pass a flexible sound through the os internum, and, no matter which way the organ is bent upon itself, it drops into Carus's curve, and soon lies in its own axis, just within the sphincter of the vagina.

This is the only safe and sensible way of using the sound as a repositor. But the flexible copper one is the best.

In some cases of acute flexion, with obstructive dysmenorrhœa from obliteration of the canal, you can introduce a Nott's dilator directly, and await the descent of the womb. Then you stretch the cervix, withdraw the instrument, and you can very easily pass a stem or a tent, with the double view of keeping the uterus upright, and of facilitating the menstrual flow. You will be surprised to find how much more easily this little operation is made than by the old method. But Atlee's straight dilator will not answer so well.

I have already told you why I believe that a large proportion of the cases of *version* of the uterus begin by a flexion of that organ. Wherever this is true, you can take advantage of this new method of reduction. But you will need to study the mechanism of these mal-positions beforehand, as carefully as you study the mechanism of labor, or your manipulations will only make matters worse instead of better. For, in a sense, the different steps of flexion, descent, rotation, and restitution are as necessary in the correction of ante-version or of retro-version as they are in the delivery of a child by the head. In both cases, if you guide them intelligently, the womb and its co-ordinate muscles will do the work, and there will be no need of force. . . .

There are other applications of this method of exploration, which I shall show you in my clinic. The list of cases to which it is adapted does not by any means include everything, but it is quite a large one. More especially is this true since we have learned that the old talk about the womb being anchored by adhesions, and thus rendered immovable (except as a rare contingent of acute inflammation or of cancerous deposits) has no meaning. . . .

With careful manipulation, there is no more risk of injury from the passage of the sound into the uterus than there is from the introduction of the catheter into the bladder, or of the finger into the rectum.

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### DIPHTHERIA.

BY JOHN J. SHAW, M. D., PLYMOUTH, MASS.

I CONSIDER the first, and one of the most important things to be done in the treatment of this disease, is to order the patient to be kept in bed; he is thereby prevented from getting chilled,

especially about the feet. There is vastly less danger in exposing the throat and head to chilling drafts than the lower extremities.

I have never seen membranous croup supervene where a case has been properly treated, except when the patient has been allowed to be up and about the room. But if the patient is allowed to expose himself, the croupous complication is just as likely to make its appearance in mild as in severe cases.

On the appearance of the diphtheritic membrane in the throat I proceed to make a local application. I believe this to be an indispensable adjunct in the treatment of any bad case. Experience as well as theory have led me to this conclusion.

I consider the membrane to be fundamentally of a fungoid nature, and that the constitutional symptoms after the first forty-eight hours are produced by the local disease.

The prodromal symptoms are not pathognomonic, do not serve to distinguish the disease from many other acute affections, and are not therefore the specific effect of the diphtheritic poison.

For local application I use a combined solution of *Tannic acid* and *Tincture chloride of iron*, applying it not only to the membrane, but also to the surrounding tissue, thereby preventing the growth from spreading. This application I make twice daily, rarely oftener. This solution has produced better results than *Phytolacca*, *Alcohol*, *Muriatic acid*, or *Glycerine*, and never fails to control the membrane, destroying it as fast as it appears. Its reproduction usually ceases in from three to seven days.

If I find a case which does not seem to be affected by the combined solution, as shown by its turning the membrane black, I apply the *Tannic acid* first and the *Tincture of iron* immediately after.

For the internal medicine I prepare *Bapt.* gtt. V to X, *Aqua* ℥ iv, and *Apis mel.* <sup>2d dil.</sup> gtt. X to XV, *Aqua*, ℥ iv, to be taken in doses of from one to two teaspoonfuls every half-hour or hour according to severity of the attack.

In a recent case, in which there was very red face and throbbing headache, of which the patient besought me to relieve her, I substituted *Bell.* <sup>2</sup> for the *Apis*, with relief in a few hours.

In one case, where there was much foul-looking membrane, I commenced treatment with *Bapt.* and *Phytolacca*, but the patient got worse, and I went back to *Bapt.* and *Apis*. Patient did well.

By a suggestion of Dr. David Thayer, of Boston, I have for some time past used *Carbo veg.* in all cases in which there was epistaxis. I find that it invariably relieves that symptom when it is primary. If the membrane is allowed to accumulate without being disturbed, it will often fill the fauces and nasal cavity, and, gangrenous degeneration ensuing, as it often will in such cases, severe nasal hemorrhage may result, upon which the *Carbo veg.* will seldom produce much effect, and the patient will generally die, because it is too late to apply the proper remedy, namely, stopping the growth of the membrane in the beginning by local treatment.

Sometimes, when the throat is almost well, and we consider the patient nearly well enough to dismiss, we find the appetite does not return, and there is pain or a sense of uneasiness in the epigastric region, and perhaps some nausea. Then I give *Nitric ac.* <sup>2x</sup> or *Mur. ac.* <sup>2x</sup>; but above all, brandy, but not in large doses, about two teaspoonfuls to a half-tumbler water, one or two teaspoonfuls to be taken every hour.

Of all the forms of this disease with which we have to deal, diphtheritic croup is unquestionably the most difficult.

I have used somewhat *Chin. arsenicosum*, and apparently with good results, as a preventive.

In a very severe case which I recently cured, I used *Mur. ac.* and *Glycerine* vapor, thrown into the mouth at each inhalation, so that it might be carried into the larynx. I also gave *Sang. syr.* ʒj, *Aqua* ʒiv, and *Kali. bichro.*  $\frac{1}{2}$ ʒ grs. v, *Aqua* ʒiv, one teaspoonful every fifteen minutes alternately.

Improvement seemed to follow the use of the, *Sanguinaria* which was not used until after the *Kali. bichro.* had been administered for some hours.

In my next case, I shall try *Acetic syr. Sanguinaria.* In these cases I always apply Iodine to the external throat every three or four hours. I have more confidence in the vapor of *Mur. ac.*, *Glycerine*, and *Alcohol* in croupous complications, than in the combined solution before described, for the simple reason that we cannot reach the seat of the trouble with the swab. The above vapor is also very useful in cases where, the membrane having been broken down, the throat does not heal kindly.

In all forms of diphtheria, nourishment is of great importance.

If milk agreed with the patient when in health, I order it to be taken freely. Otherwise, and sometimes in addition, I order beef-tea or broths. An egg, thoroughly beaten with milk and sugar, and sometimes a little brandy added, is also a good form of nourishment.

In regard to the causes of diphtheria in this place, damp weather has seemed to have no especial influence.

The number of cases, as well as the proportion of severe ones, was greater during the spring and summer of 1876, which were excessively hot and dry, than the past spring and summer, with a preponderance of cool, damp weather. Neither has there seemed to be any evidence in favor of the supposed immunity of high, dry and airy places.

Its contagiousness may well be questioned; that it is infectious cannot be doubted. I have just had a case of a young man who evidently contracted the disease by kissing his sweetheart a few hours before she came down with it.

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#### A PECULIAR CASE.

[Reported to the Rhode Island Homœopathic Society, by Ira Barrows, A. M., M. D.]

G. B. is a young man about twenty-five years of age, of dark, sandy complexion, and of sanguineo-bilious temperament. On the 7th of June last, he complained of pressing pain all over and through the head, worse when sitting; also pain in the back, legs, and arms, and thirst. The pulse was fifty-eight, full and hard. There was profuse perspiration, which afforded no relief; tenderness on pressure over the pit of the stomach, but no soreness of the abdomen; a dry, red tongue, nausea, vomiting, and somnolency (he slept after each act of emesis, wherein was ejected only water he had recently drank). Prescription: *Aconite*.

8th. — Pains in head, back, and limbs relieved; thirst, nausea, and diaphoresis continued. The tongue was red, cracked, and dry; the pulse fifty-eight and full. Continued *Aconite*, adding *Arsenicum* in alternation.

9th. — Nausea ceased; pulse sixty; tongue unchanged; diaphoresis persistent. Patient slept most of the time, and on either side. Treatment as before.

10th–13th. — Objective symptoms remained the same. He talked some of business in his sleep, but awoke easily, and conversed rationally. There was neither pain nor thirst. The daily alvine discharges were soft, and of a bright yellow color. Prescribed *Baptisia* and *Rhus Tox*; also occasionally *Belladonna*.

14th–28th. — Little or no change observable; pulse, sixty-six; tongue still red, cracked, and dry; profuse diaphoresis day and night; sleepiness without stupor. He has a habit of changing his bed for a lounge, and the lounge for his bed again, passing through one room without assistance. This he persists in, saying he feels rested by it. I now discovered, in the epigastric region, six or eight small, pale, petechial spots, soreness on pressure of the ascending and descending colon, and tympanitis of the abdomen. There was no tenderness of the ileum, but sordes appeared upon the teeth.

29th. — Dr. George D. Wilcox saw the patient in the condition just described, and prescribed *Mercurius vivus*<sup>3d</sup> and *Rhus toxicodendron* in alternation, enjoining perfect quiet. The young man kept his bed for a day or two only, and then resumed his wanderings.

July 3d. — The diaphoresis abated, but the pulse rose to seventy-five.

5th. — Hemorrhage from the bowels occurred. About a quart of dark blood was passed in the first twelve hours, and in the second about a pint more. Gave *Carbo vegetabilis*<sup>2x</sup> and *Mur. acid*<sup>1x</sup> in water. Pulse rose to one hundred and six, but soon dropped to eighty, and then to seventy-four.

6th–15th. — Slow convalescence. Administered beef-tea, mutton broth, rice and milk.

16th. — Beefsteak, bread, and orange were eaten unadvisedly.

17th–18th. — Diarrhœa. Gave *Pulsatilla*.

19th. — Patient appeared better; pulse, sixty-eight. Directed *Nux vomica* to be taken before eating.

20th. — After forty-three days, patient seems to be free from disease, and requires careful nursing and proper nourishment only for complete restoration to health.

What shall be said respecting diagnosis? Gastric fever is positively indicated by the red, dry tongue, nausea, vomiting, and tenderness over the pit of the stomach, on pressure. But the pro-

fuse diaphoresis, the slow, full pulse, and the little or no thirst after twelve hours, render untenable every approach to that position. The red, dry, cracked tongue, sordes on the teeth after ten days, sleepiness, petechiæ, tenderness along the colon, and hemorrhage from the bowels, after twenty-eight days, suggest typhoid fever; but the absence of thirst, stupor, delirium, and tenderness of the ileum, the regularity of the slow, full pulse, the profuse diaphoresis for twenty-six consecutive days and nights, the daily soft, yellow alvine evacuations, the ability to sleep and rest on either side, and the remarkable conservation of strength, whereby the patient was enabled to and actually did go, nearly every one of forty days, from the bed to the lounge, and from the lounge to the bed again, without assistance, are strong contra-indications. What was the disease? What the cause of the profuse and persistent sweating?

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[From advanced sheets of the Monthly Homœopathic Review.]

*ON THE CAUSES OF PROFESSIONAL OPPOSITION TO  
HOMŒOPATHY.*

[*The Presidential Address delivered at the British Homœopathic Congress, held at  
Liverpool, September 13, 1877.*]

BY ALFRED C. POPE, M. D.

GENTLEMEN:—The circumstances under which we meet together to-day are both unusually interesting and unusually important. This year, 1877, is the jubilee year of homœopathy in England. Fifty years have elapsed since the first notice of homœopathy appeared in a British medical periodical. Fifty years have passed away since the first physician who practised homœopathically in this country settled in the metropolis. And now, after fifty years of bitter hostility on the part of the majority of the medical profession towards the therapeutic doctrine, upon the truth of which we have insisted, and towards those who have adopted it as the chief basis of their drug-prescription, we have, during this year, heard, for the first time, the public expression of a desire that our exclusion from consultation and discussion with a majority should no longer be demanded. A fitting utterance this for a year of jubilee!

While heartily sympathizing with the desire that the obstructions which have been presented to the scientific culture and professional advancement of those physicians who have investigated and adopted the doctrine of homœopathy should be removed, that every encouragement should be given to *all* members of our profession to engage in scientific research, while admitting that what has been termed the "reunion" of the profession is a matter of deep importance to every member of it, I nevertheless feel that if this so-called "reunion" is attempted to be purchased by attenuating or obscuring any of those principles for which we have contended, principles of the truth of which we have daily experience, or if the language in which our overtures are couched is susceptible of justifying the insinuation that we are ready to acknowledge that we have overrated their importance, the effort will and ought to prove abortive; while if, in order to conciliate opponents, we cast ungenerous reflections upon those who, during these fifty years, have devoted their time and energy to develop and promulgate homœopathy, we shall be exposed, and rightfully exposed, to the contempt, the well-earned contempt, both of the profession and the public. Tactics such as these will never lead to "an honorable peace founded on mutual respect."

The feeling that the breach should be closed which for half a century has existed between physicians who practise homœopathically and those who do not admit that they do so, has been growing, and that somewhat rapidly of late years. It is a feeling that all well-wishers of medicine, all who desire that our profession should be worthy of the honor it expects to receive, will anxiously encourage. Most sincerely do we all desire the "reunion" which has been suggested, most gladly shall we welcome the "peace" which has been asked for. But just in proportion as this reunion is desirable, and this peace is something to be welcomed, do I esteem it as of the highest importance that no misunderstanding should anywhere exist either as to the therapeutic views we entertain or as to what we regard as the cause of the estrangement we have always deplored.

This question of reunion is one which, in my opinion, ought to be, and if it is to result in any good must be treated as one independent of any opinions we or others may hold upon scien-

tific subjects. Professor Gairdner, of Glasgow, never uttered a greater truth in medical ethics than he did when he said, "No one has a title to say to any one else, I insist that you believe so and so, or I will disown you as a professional brother." The British Medical Association has said to the members of the profession, We insist that you do not believe in homœopathy or consort with those who do; if you do, we shall disown you as professional brethren; and this threat has been carried out.

As in therapeutics the removal of the cause of a disease is the first step to its cure, and as for the removal of the cause its recognition is necessarily preliminary, so here, in dealing with the *homœophobia*, as it has been termed, which characterizes so large a portion of our medical brethren, I shall avail myself of the opportunity I have of addressing you to-day in an endeavor to point out what I conceive to be its *cause*.

*First* of all I will ask your attention to the conclusions others have arrived at on the same point.

Dr. Wyld has told us that "the adverse and intolerant treatment we had hitherto met with from the profession arose in a great measure from the bad example shown by Hahnemann and his early disciples, of an extreme and intolerant sectarianism on their part towards that medicine which, however powerless for good it might have become, was yet the result of 4,000 years' experience and thought." Again, he says that Hahnemann was "the first to give offence." "That the views of Hahnemann were extreme and intolerant." That for the measures of injustice which have been meted out to us by our non-homœopathic brethren, we "have, to no inconsiderable extent, had" ourselves to blame. That it was the conduct of homœopathically practising physicians that "naturally led to those reprisals on the part of orthodox medicine, which culminated in the resolutions of the British Medical Association in 1851." Pretty broadly has Dr. Wyld intimated that in openly acknowledging that we believe in homœopathy we had "traded on a name"; that by the use of the word "homœopathic" in our literature, our societies, and our dispensaries, we had in an *ad captandum* manner, repulsive to all right-thinking members of our profession, succeeded in drawing to our "consulting-rooms the patients of other men." By others we have, in various terms, been told that we have wilfully separated ourselves from the profession.

Now, gentlemen, I maintain, and I hope to be able to prove to you to-day, that the opposition which has been persistently launched against homœopathy in this country during the last fifty years has had nothing whatever to do with the alleged intolerance either of Hahnemann or his early disciples ; that in the professional conduct of those medical men who have been the means of making homœopathy known throughout the length and breadth of the land, and its influence felt throughout the entire practice of medicine, there has been nothing to justify the ostracism which has existed ; that in admitting our faith in homœopathy, in taking the only means at our disposal to make its advantages known, we have not been justly chargeable with personal advertising ; and that, until a few years ago, it never occurred to any one so to regard the designation of our journals, societies, and dispensaries ; neither has the separation which has occurred been wilful on our part.

On the contrary, the exceptional position we have been placed in has been due wholly and solely to the ignorance of the profession regarding wellnigh all concerning homœopathy ; to the persistency with which, by the publication of palpable caricatures of it, as though they were genuine representations, the medical press has sustained, and indeed almost compelled, this ignorance. The history of homœopathy in this country from 1827 to 1877 is full of evidence that an almost entire absence of knowledge respecting homœopathy, combined with many utterly erroneous and not a few equally absurd notions concerning it, lies at the bottom of all opposition it has met with. Hence, gentlemen, it is to the removal of this ignorance, to the substitution of facts regarding homœopathy for the assumptions which have been entertained respecting it, that we must look for the reunion which has been sought, for the peace which is to bear fruit in mutual respect, in a mutual anxiety to discover and follow truth. Therefore it is that I look upon the excellent lecture\* recently delivered at Birmingham, at a meeting of the medical profession in that town, by our secretary, Dr. Gibbs Blake, as being far more conducive to the restoration of good feeling, to the renewal of professional

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\* A lecture addressed to the medical profession on *The Place of the Law of Similars in the Practice of Medicine*. By J. Gibbs Blake, M. D., etc. Birmingham: Cornish Brothers, New Street. London: H. Turner & Co., 77 Fleet Street. 1877.

intercourse, to the establishment of professional association in scientific research between homœopath and anti-homœopath, than I can the letter of Dr. Wyld to Dr. Richardson, offering "terms of peace."

In 1827, in the *Edinburgh Medical and Surgical Journal*, appears the earliest reference made to homœopathy in this country. In the July number of that journal, Mr. John Edward Spry published a paper entitled *An Outline of the Homœopathic Doctrine; or, The Medical Theory of Hahnemann*. It presents a brief but tolerably accurate definition of homœopathy. It is a simple statement. No evidence is brought forward in favor of it, no argument is offered against it. Mr. Spry contents himself with declaring the doctrine to be visionary, and consoles his readers with the assurance, that "however ingenious the theory may sound, it appears too ridiculous in its application ever to obtain supporters on this side of the Channel."

In the October following, the *Medico-Chirurgical Review*, edited at that time by Dr. James Johnson, in noticing Mr. Spry's essays, expressed a very decided opinion respecting homœopathy. It is denounced, *in limine*, as the "GERMAN FARCE," this definition being emphasized by being printed in capital letters. "The gist of the homœopathic system," says the writer, "may be easily and briefly stated. Hippocrates broached the fanciful doctrine that a disease should be cured by things that induce a state opposite to that of the disease, — *contraria contrariis curantur*. The German professor strikes out on a path diametrically opposite, and maintains that disordered actions in the human body are to be cured by inducing action of the *same kind*, but only slighter in degree, — *similia similibus curantur*. The doctrine of antipathy had much foundation, both in reason and fact. Thus the burning heat of fever naturally suggests cooling drinks and cool air; constipation calling for purgatives; diarrhœa for astringents; soporose diseases demand irritation; irritation calls for sedatives, etc. But what shall we say to homœopathy? Do venesection and purgatives induce diseases resembling pneumonia, ophthalmia, hepatitis, and other inflammations, when these are cured by the above means? The idea is preposterous."

In connection with this extract from Dr. Johnson's *Review*, it is interesting to know, what I have reason to believe is perfectly

true, that Dr. Quin, who in 1827 commenced the practice of his profession in London, had, three years previously, mentioned the subject of homœopathy to Dr. Johnson, and by him had been urged to continue his inquiries into its merits, and, having completed them, to write an article for the *Review* upon it. Dr. Quin, as we all know, did pursue the investigations he had commenced; and on his return in 1827 he informed Dr. Johnson of the conclusions at which he had arrived. The request for an article was not renewed; but on the contrary the brief, hasty, and ignorant denunciation of homœopathy, from which I have quoted, formed the only reference to it that Dr. Johnson allowed to appear in his *Review*.

I cannot but regret that Dr. Quin made no attempt to correct the erroneous impression Dr. Johnson's article was calculated to produce. Had he succeeded in doing so an impetus to the spread of homœopathy among members of the profession could not fail to have resulted; while, had he been refused a hearing, the determination to keep the profession in the dark upon all concerning this important therapeutic doctrine, which has ever marked the periodical literature of our profession, would have been even more conspicuous than it is now.

During the next few years, homœopathy appears to have attracted but little attention from the medical profession. Dr. Quin was frequently absent from England, and, when at home, was actively engaged with the duties of a large, fashionable, and successful practice, while little or nothing was done to introduce the subject to the notice of the profession. During 1833, or somewhat later, Dr. Uwins, a physician in good repute at that time, was induced by his brother, the well-known artist, to make the acquaintance of Dr. Quin, and from him to learn something of the new therapeutic method. About the same time Mr. Kingdon, a surgeon in extensive consulting practice, had his attention drawn to homœopathy by gentlemen engaged in business in the city, who had heard that they could be cured more rapidly, and certainly more pleasantly, by homœopathy than by the measures ordinarily employed. An introduction to Dr. Quin was followed by inquiry, and inquiry by clinical experiment. Dr. Uwins and Mr. Kingdon, being convinced of the value of homœopathy, desired to make it known to their professional brethren. They

endeavored to do so, the latter in a paper read by him at the London Medical Society in November, 1836, and the former, in one he presented a few days later to the Westminster Medical Society. The discussions reported in the *Lancet* of that date are extremely interesting. Mr. Kingdon's paper, while showing some knowledge of homœopathy, evinced a serious desire to understand it more thoroughly. In concluding, Mr. Kingdon said, "After what I have seen, or, if you please, what I fancied I have seen, I feel that it is the duty of every medical man to look into it [*i. e.*, into homœopathy], for it is certain either that a number of cases do better without medicine than with, or that these unimaginable doses of carefully prepared medicine do impress the nerves so as to influence the action of life." In the discussion which followed its reading, Mr. Dendy, Mr. Headland, and Dr. Leonard Stewart said that they thought the subject to be one which it was the duty of the society to investigate carefully. Dr. Uwins, with his larger experience, was more pronounced, and expressed his belief that one day homœopathy would be a universal creed. On the other hand, Dr. James Johnson ridiculed the whole subject; and Dr. Whiting, the president, following in the same strain, asked if any member had ever seen a case of peritonitis, pleuritis, or pneumonia treated with infinitesimal doses of *Aconite*, — a query to which there was no response. Dr. Uwins, in the course of his remarks, had stated that he felt sure the day would come when lancets would be superseded by *Aconite*, and when they would consequently "rust in their cases." A prophecy — in twenty years later literally fulfilled — which drew from Dr. Clutterbuck, the eminent physician of the London Fever Hospital, the observation that "there was something shocking in an old and respected member of their society anticipating a time when lancets would rust in their cases!" At the conclusion of the discussion, a resolution was proposed by Dr. Clutterbuck, and seconded by Dr. Johnson, to the effect that homœopathy was unworthy of consideration. It was, however, withdrawn on the understanding that the subject should never again be mooted in the society.

During the same month a Dr. Bureau Rioffrey read a paper on Hahnemannism at the Westminster Medical Society. He entered into no examination of Hahnemann's views, but occupied his

time in denouncing them as a tissue of absurdities, offensive to common-sense and contrary to observation. Dr. Anthony Todd Thompson, when speaking on this occasion, regarded the whole subject as so visionary that it could only be treated with ridicule. Mr. Costello said that in his opinion all practitioners who adopted homœopathy were actuated in so doing by sordid motives, and sordid motives only. A fortnight later and Dr. Uwins read, at the same society, a paper on the *modus agendi* of medicine. In it he supported the homœopathic principle, within certain limits, and in a tentative manner. He referred to "a thing called an editorial article, in a bungling medical journal, written by some one who considered homœopathy and small doses to be one and the same thing. Small doses," Dr. Uwins argued, "were important, nay, glorious incidents, arising out of homœopathic research, but they were no more homœopathy itself than might was always right." Dr. Addison was the chief speaker at the close of Dr. Uwins's paper, and he asserted that the followers of Hahnemann were either persons only fit for lunatic asylums or such as were influenced merely by sordid motives.

The next incident which points to the mode in which homœopathy was received by the profession occurred two or three years later, when the late Dr. Epps sent to the *Lancet* reports of a few cases in which he had used *Arnica* with advantage. These were inserted; but on Dr. Epps, who was a personal friend and political partisan of Mr. Wakely's, sending other illustrations of disease cured by homœopathically selected medicines, they were returned with a note from the sub-editor, stating that the publication of such cases was, owing to the avalanche of letters they had received protesting against those that had already appeared, impossible.

In 1846 the late Sir John, then Dr. Forbes, published in the *British and Foreign Medical Review* that well-known article, "Homœopathy, Allopathy, and Young Physic." This was the first, and even now it is — with, I believe, but two exceptions — the last occasion on which homœopathy was adversely reviewed by one possessing some degree of theoretical and literary acquaintance with it.

With the tone of this article, with the manner in which the character and labors of Hahnemann were reviewed, no homœop-

athist could do otherwise than feel satisfied. Nay more, the appearance of a critique, evidently written in a spirit of fairness, gave us hope that at last we were likely to be met in a manner which would compel honest inquiry, an inquiry which would insure the triumph of truth over error. But what was the result? Sir John Forbes was driven from his editorial chair; he had ventured to criticise homœopathy with a degree of fairness and honesty which the medical profession of that day refused to endure.

Finally we arrive at 1851, when the British Medical Association, in a series of resolutions, denounced homœopathy, all who practised homœopathically, and all who co-operated professionally with those who did so.

Such, gentlemen, has been the manner in which the medical profession has received the doctrine of homœopathy. The discussion of the subject was burked from the outset; all inquiry into it was not only discouraged, but an inquirer rendered himself liable to be represented by his medical neighbors as a person who was either partially demented or a mere seeker after filthy lucre, as one regardless of the lives and interests of those who confided in him. It was impossible to bring the *rationale* of homœopathy before any medical society; any public examination of the results accruing from the practice of homœopathy on a large scale was out of the question; the medical journals were closed to any mention of it, save in terms of ridicule or of misrepresentation.

Every professional avenue through which inquiry might have been instituted and some definite conclusion have been arrived at, was barred. To impress a knowledge of homœopathy upon the profession through the profession, had been, by the profession, rendered impossible.

Had all this arisen through any unprofessional conduct on the part of the representatives of homœopathy in this country? For several years Dr. Quin was the only physician practising homœopathically in England. No physician was ever more scrupulous in deferring to the susceptibilities of his medical brethren than was Dr. Quin. So much so was he, that he has incurred the charge of not having been sufficiently active in making known the important truths of which he had the honor and the responsibility of being the British pioneer. Dr. Uwins and Mr. King-

don both resorted to medical societies to expound homœopathy ; Dr. Epps sent the reports of his cases to the leading medical journal of the day ; a wealthy banker offered, through Dr. Wilson, to bear the expense of filling a number of empty beds, beds empty for want of funds, in St. George's Hospital, that homœopathy might be publicly tested ; but all was to no purpose.

Gentlemen, there was no intolerance among the representatives of homœopathy. None was charged against them ; they took no unprofessional methods for making known those therapeutic principles of which they were, in proportion as they felt their value, bound to disseminate the knowledge. They had no secrets ; they professed no mystery ; they desired above all things to communicate every information regarding the mode of practice they had learned the value of. The great body of the profession refused to afford them any opportunity for doing so. Was, then, homœopathy to be excluded from all discussion because the profession would not listen ? Was Dr. Epps to be silenced because the *Lancet* would not permit him, through its pages, to communicate to his professional brethren the results of his clinical observations ? Were the sick poor to be denied the advantages of homœopathy, because a physician who practised homœopathically was prevented from holding office in a hospital ? I trow not ! If homœopathy could not be examined before the usual tribunals in matters medical, if it could not be made known through the ordinary professional channels if it could not be illustrated in established charities, other *media* must be found. Hence arose the pamphlet setting forth what homœopathy was ; hence came the handbook of domestic medicine ; hence came the homœopathic periodicals ; hence came the homœopathic dispensary ; hence came the homœopathic society ; and hence has come, and that none too soon, the London School of Homœopathy. Had homœopathy been inquired into in the same way as other topics of professional interest were examined, no institutions of this kind would have arisen. It is, indeed, very doubtful whether the word "homœopathist," from the continual use of which some who owe a large proportion of their power to do good to homœopathy would seem now to shrink, would ever have come into general use. Assuredly it would not have done so to anything like the extent it has done.

When in 1851 the British Medical Association prohibited its members from practising homœopathy, and from associating with those who did so, we were in possession of what study and experience had convinced us was a therapeutic truth of the highest importance; a truth the importance of which was rendered all the more conspicuous by the scepticism which prevailed among nearly all the more experienced physicians of the day respecting the value of drugs in the treatment of disease; a truth the importance of which was rendered yet greater still by the fact that it provided a means for the discovery of specifics, — the very kind of discovery in which Professor Alison and others had declared the hope of therapeutics to lie.

By acting upon this great therapeutic truth, the practice of medicine, from being exclusively traditional and empirical, became one based upon a strictly scientific foundation. Our drug remedies were chosen upon a principle the validity of which the records of the past and the experiments of recent times had proved to have so wide a range as to have been, not without reason, regarded as universal. The mode of studying the properties of drugs was one that was independent of tradition, was exact in its method, and fruitful of information to an extent no plan previously proposed could boast of. We were also convinced that, in order to cure, the necessity for disturbing the organism by inducing the physiological action of drugs, injurious in proportion as they were powerful, did not exist; that, when prescribed homœopathically, medicines were best exhibited in a form and in a quantity which precluded the possibility of any injury being done to the patient.

These, gentlemen, are the principles of the truth of which we were convinced, of the immense importance of which we were well assured. These were the principles that the *British Medical Association* ordered us to abandon; for entertaining which the Association threatened us with every species of annoyance. We were not, indeed, excommunicated from the profession, though efforts were made to bring influence to bear upon the College of Surgeons in London, and the College of Physicians in Edinburgh, to remove the names of such of their members as were known to practise homœopathy. Thus to separate us from the profession to which we had been admitted, thus to cut us off

from it, was found, however, not to be within the power of any man or any body of men.

In the presence of these facts, what was the duty of those who had seen reason to believe that homœopathy was true? Were they, in meek submission to an intolerant majority (a majority utterly uninformed on the doctrines they denounced), were they, haunted by the fear of being regarded as quacks and represented as impostors, to abandon principles they knew to be scientifically sound, principles they had found to enable them to control disease so much more completely than any they had been wont to rely upon, principles that were known and felt by all who trusted them, in their professional capacity, to be of the highest advantage to them? NO! a thousand times, NO! The duty of all who believed in homœopathy then was perfectly clear. In proportion as they believed in these principles, in proportion as they valued them, in proportion as efforts were made to prevent their being testified to, in proportion as obstacles were placed in the way of their development and elaboration, was it their duty to extend the knowledge of them, to cultivate them, to place their advantages within the reach of the sick among the poor. Prevented, as I have shown we were, from performing these obligations through the ordinary channels of professional literature, professional societies, and established hospitals, we were compelled to issue periodicals which should direct special attention to the great therapeutic question, for the due setting forth of which we had, by virtue of our knowledge of its importance, become responsible; to institute societies in which these principles might be discussed, their range of operation gauged, the best method of putting them in practice ascertained; and to open hospitals and dispensaries in which their application might be illustrated. And I thank God, gentlemen, that those upon whom lay the responsibility of doing all that could be done to advance the interests of therapeutics in the direction of homœopathy were equal to this their responsibility, that they did not allow the fear of the taunt, the unjust taunt, of proceeding in an unprofessional manner, to prevent them from substantiating the accuracy and worth of these principles. They did make known, by book and pamphlet, what homœopathy was, and how homœopathy might be practised; they did meet together, and, by discussing questions of pathological,

therapeutical, and clinical interest, endeavor to add to the knowledge already acquired, and correct the observations they had made; they did establish hospitals and dispensaries, where homœopathy might be studied, and the poor might receive the advantages to be derived from this therapeutic method.

In so working, in thus developing homœopathy, no intolerance was shown, no unprofessional conduct exhibited. Nothing was done which a true sense of duty did not compel to be done, nothing that the obligations we undertook on admission to the profession did not render it incumbent upon us to do. To have done less would have been to hide our talent in the earth at the bidding of an intolerant, and, so far as homœopathy is concerned, an ignorant majority. Had we done less, we should have been unworthy of the profession to which we belonged, should richly have deserved all the hard things that were said of us, all the ignominious epithets which were so unceasingly hurled at us.

Further, the propriety of the course taken has been abundantly justified by its fruits. The practice of homœopathy, though in a scientific manner limited to a comparatively small body of medical men, empirically pervades the whole practice of medicine. Compare the treatment of disease to-day with that which prevailed five-and-twenty years ago; compare the text-book of *Materia Medica* of 1877 with that in use in 1850; compare the method of studying the action, of drugs pursued a quarter of a century since with that which is taught to-day; compare the amount of medicine prescribed a few years back with that which is ordered now! In each direction, the principles we have contended for, which we have taught and exemplified in practice, are seen to be operating. And recollect, gentlemen, all this has been accomplished by those very means which are now represented as "trading on a name," as accounting more or less for the antagonism we have met with, as having "naturally led" to the "reprisals" to which we have been exposed.

I have said enough, and more than enough, to prove that those members of our profession who have investigated and adopted the homœopathic method of drug selection are not in any way responsible for the exclusion from professional privileges with which we have been visited. That here and there individuals practising homœopathy may have offended against the *lex non*

*scripta* of professional ethics I do not doubt, but that as a body we have done so I utterly deny. To use the words of the late Sir John Forbes, "That there are charlatans and impostors among the practitioners of homœopathy cannot be doubted, but, alas! can it be doubted any more that there are such, and many such, among the professors of orthodox physic?" I assert, without fear of contradiction, that medical men practising homœopathy have conducted themselves with the fullest regard to professional decorum, and they have done so in spite of much provocation, and many temptations to the contrary.

From the sketch I have now given of the manner in which homœopathy was received by the profession, from the determination which has been evinced to admit of no inquiry into the doctrines expressed by that word, we must conclude that the efforts which were made to stamp it out were made, not on account of any intolerance, any sectarianism on the part of those who expressed their belief in it, but solely because the profession were unaware of what was understood by homœopathy, because of the misrepresentations — misrepresentations never allowed to be corrected — which the medical press has never wearied of circulating regarding it and all who practised it.

And thus, notwithstanding that the principles regulating drug selection, the study of drug action and of dosage, upon which we have so strongly insisted as true, are daily observable in the general practice of medicine, the same impediments to professional association as those in force five-and-twenty years ago are present to-day. Notwithstanding that the most popular works on therapeutics bear testimony — silent testimony — to the truth of homœopathy, this method of prescribing is still denounced in very much the same terms as those which have been employed since first it was introduced into this country. Why this is so, is an inquiry worthy of some consideration.

True it is that those practitioners who have adopted the suggestions of Ringer and Phillips are, to all intents and purposes, daily practising homœopathy in a large number of cases; but it is unfortunately also true, that they are unaware of the relation subsisting between the physiological action of the drug they use and the pathological condition they prescribe it to remedy. They know nothing of the source whence Dr. Ringer and Dr. Charles

Phillips derived the therapeutic hints they have communicated to them ; they know nothing of the principle which first pointed to them as remedies in the very conditions in which they use them. The statements communicated to them through these channels they accept without inquiry, just as they have ever been in the habit of accepting similar statements regarding the remedial properties of drugs, viz., on the *ipse dixit* of some favorably reviewed author.

Hence I conclude that the continued opposition to those members of the profession who openly admit that they derive their drug-therapeutic knowledge from homœopathic research is due now, as it was fifty years ago, to ignorance of what homœopathy means.

Of late years, we have been assured that the opposition we now encounter from our medical brethren is owing to the fact that we are known by a distinctive name. We are called "homœopathists," and we admit that we are homœopathists. Yes, we admit that we are homœopathists. In so doing we acknowledge that we regard the law of similars as that therapeutic principle which is best adapted for the selection of drugs to cure disease. We do not, however, assert that it is the only principle on which it is necessary for the physician to act in the treatment of every case that comes before him, or in every part of every case ; neither do we deny that disease is ever cured by remedies prescribed on other principles.

Within the last month, the *Lancet* has told us that when we "give up a profession of the homœopathic system," that is, when we are prepared to allow that homœopathy is not true, we shall no longer be homœopathists ; and, *à fortiori*, so long as we do acknowledge the truth of homœopathy, are we homœopathists, — and that, I admit, is correct enough. We are also told that when we cease all connection with homœopathic societies, hospitals, and journals, we shall cease to be homœopathists. That I deny. Whatever may be our connection with societies, hospitals, and journals, if we select our drug remedies on the homœopathic principle, we are homœopathists ; but did we discontinue our connection with such institutions, we should cease to have any opportunities of making homœopathy known ; and that it is, and not professional reunion, which the *Lancet* so earnestly desires.

As I have already stated, the frequent and general use of the word "homœopathist" is traceable to the fact that homœopathy has never been allowed to be a fitting subject of inquiry through the ordinary channels for the investigation of professional questions. Had the practitioners of homœopathy not been excluded from medical societies, journals, and hospitals, the principles they have striven to promulgate, and, as I have shown have so considerably succeeded in forcing upon the practice of medicine generally, would never have come so prominently under the notice of the public as they have done. Doubtless some physicians would have rejected the homœopathic theory, while others would have adopted it; and probably enough the latter would have been known as homœopathists, just as the followers of Brown and Broussais were known as Brunonians and Broussaisists: but this distinction would have been restricted to professional circles; no ostracism would have ensued in the case of the homœopathist, any more than it did in that of the Brunonian or the Broussaisist of the past. Dr. Wyld, on a recent occasion, said, "It has been argued that the followers of Brown and Broussais were not ostracized because they enrolled themselves as Brunonians and Broussaisists. This reply," continued Dr. Wyld, "is ingenious, but not logical; because they never attempted to open Brunonian dispensaries and self-supporting Broussaisistic medical institutes. They never traded on their name, and never by their name drew to their consulting-rooms the patients of other men." The reply to this not very generous rejoinder is, that the followers of Brown and Broussais were never, on account of their therapeutic views, excluded from filling posts at hospitals and dispensaries. Had they been so, doubtless institutions where they could have put their views to the test of public practice would have arisen, and having arisen, would have been known by some designation more or less indicative of their *raison d'être*.

It is, then, because of the opposition the profession has ever shown to the investigation of homœopathy, because of the hindrances to inquiry it has ever placed in the way of the inquirer, because of the determination with which all who practise homœopathically have been prevented from filling public appointments in existing medical charities, that such as are now known as homœopathic have been so called.

It is the professional opposition to homœopathy which is responsible for the word "homœopathist," not the word "homœopathist" which is responsible for professional opposition to homœopathy.

Now, however, we are told that if we can get rid of the words "homœopathist" and "homœopathic," the chief obstacle in the way of our being eligible for posts of professional honor as well as for admission to professional societies will be done away with.

So far as a certain number of medical men are concerned, I believe that this proposition is true; but as regards the great majority, we have no evidence that our abandonment of these terms would in any way influence them in doing us justice. How, I would ask, are we to speak and write of the doctrine signified by the word "homœopathy" without using that word? The word "homœotherapeutics" has been proposed as a substitute. Well, gentlemen, "a rose by any other name would smell as sweet," and possibly the word "homœotherapeutics" might come into general use in a few years, but it lacks the historical significance of that we now employ; and yet more, this discussion about a word, a name, this dispute as to whether we shall express our meaning in seventeen letters instead of ten, strikes me as somewhat puerile, as worthy only of the schoolmen of four or five hundred years ago, and not of the medical profession of our time.

Then, again, with reference to the word "homœopathist"; we find that throughout all time the advocates of certain doctrines in science, certain principles in politics, have ever been known, and I expect ever will be known, by a name derived from the word used to define such doctrine or principles. Such a consequence seems to me both natural and inevitable. If, then, we are determined to maintain the thesis that homœopathy is true, we cannot avoid being regarded as homœopathists any more than the devotees of Spiritualism can escape being termed Spiritualists. Hence, gentlemen, I do not see how the disuse of the word "homœopathy" and its derivatives is to be accomplished, so long as the opposition to homœopathy continues in the shape it has assumed during the last half-century.

As I said just now, it is the opposition to this method of drug selection which has led to the very general use of the word, and it can only be by the cessation of this form of opposition that the word can ever cease to be so generally employed as it has been.

Another excuse for the ostracism we have had to endure is found in the hypothesis that we are "sectarian," that homœopathy is "sectarianism." This word "sectarian," what is it but a term of reciprocal reproach bandied to and fro between opposing parties?

Originally the word "sect" signified a following, taking its derivation from the verb *sequor*. It is first met with among the Grecian schools of philosophy. Thales, for example, was the founder of the Ionic sect of philosophers; that is to say, the pupils he taught at Miletus in Ionia adopted his method of philosophizing in preference to that of Pythagoras, the founder of the Pythagorean school or sect. Again, among theologians the word "sect" is used to denote a "separation," a "cutting off," being derived in this instance from *seco*. Upon certain more or less understood principles, one body of Christians takes the title of "church." Others, whose inquiries have led them to regard as erroneous some of the doctrines taught by the "church," have united themselves together for the public worship of God. They have separated themselves from, have cut themselves off from, what is called the "church," and formed themselves into what is regarded as a sect.

Is this word "sectarian" applicable to us as homœopathists?

1st. Are we followers of Hahnemann? In the sense in which Dr. Matthews Duncan is a follower of Hippocrates, or Dr. Wilks of Sydenham, so are we followers of Hahnemann. Hahnemann enlarged our knowledge of therapeutics, precisioned our method of drug selection, defined the best, the only really satisfactory plan of ascertaining the action of drugs. We have gladly availed ourselves of his researches, and yet more, have warmly acknowledged our obligations to him; but on the other hand, we have neither done, written, nor said anything implying that blind faith in all that Hahnemann ever wrote or taught which the disciple of Thales or Pythagoras would have deemed it his duty to have exhibited as a member of his sect. By none have the doctrines Hahnemann taught been so rigidly scrutinized as by those who have most earnestly contended for the truth of homœopathy. While it is undeniable that some of his earliest followers, under the influence of that immense force of character which Hahnemann ever exhibited, did, in obedience to the stern demands he made upon them for unhesitating confidence in every theory he

broached, accept as true much that investigation has since shown to be untenable hypothesis, it is equally true that it has been by other of his disciples that the fallacies into which he was betrayed were most completely exposed.

We accept so much of Hahnemann's teaching as experience has proved to us to be sound, unhesitatingly rejecting whatever in it we have found to be erroneous.

In the sense, then, in which the word was anciently used, we cannot be said to be sectarian.

2d. Again, have we cut ourselves off from the profession, have we separated ourselves from it, as the Church of England is said to have done from that of Rome, or the Baptist from the Church of England? Certainly not. A portion of the members of the profession, having formed themselves into societies, have resolved not to associate with us. It is not we who have refused to have any intercourse with them. We are ready and willing to co-operate with them in their efforts to promote the science and art of medicine, are anxious to learn from them, and discuss with them the results of their observation; to communicate to them, and carefully examine the criticisms they have to offer upon such conclusions as our experience may lead us to form.

The sectarianism which prompted the exclamation, "Stand by, for I am holier than thou," is confined to that portion of the profession which rejects, without examination, all that Hahnemann ever taught, and rejects it mainly because he taught it. The sectarian position, I conclude, is therefore inappropriately assigned to homœopathists. We are not the blind, unreflecting followers of any man. We are within, not without, the pale of the profession of medicine.

Though the form which characterizes the opposition to homœopathy to-day varies little, if at all, from that which it has taken during the last fifty years, the tone in which homœopathists are spoken and written of is far less acrimonious and abusive than it was. Ere the influence of homœopathy had been felt in this country, those who had adopted it were described as "lunatics"; when it had grown to be a power, they were set down as "knaves or fools"; now that the teachings of Hahnemann have become more or less generally absorbed into the practice of medicine, we are pushed aside as "sectarians."

The causes of the opposition are the same now as they ever have been, — an almost total absence of any information of what is meant by homœopathy ; an absolute refusal to ascertain what is understood by it ; an unrelenting determination to suppress, by every possible means, every opportunity presented of learning what it really is, and how it can be practically tested.

All the many and various means which have been used to “stamp out” homœopathy have not prevented this great principle from gaining an ascendancy in practical medicine it will now be impossible to suppress. Silently, secretly, and amid many apparent denials, homœopathy is, for all practical purposes, largely taught in the medical schools of this country. True, it is taught after an empirical manner only ; this, however, is but the prelude to its being taught scientifically. Gentlemen, it is to the work we, and others who have preceded us during the last fifty years, have done, that it is owing that homœopathy is taught empirically ; it depends upon those of us who are now actively engaged in making daily use of the truths that have been handed down to us, that homœopathy shall be taught scientifically. Having obtained so much, shall we now remove our hands from the plough ? Shall we rest satisfied with the empiricism of Sidney Ringer, or shall we press onward until that empiricism receives thoroughly scientific interpretation, of which we know it to be susceptible ? If we believe that in homœopathy are contained those advantages we in the past have asserted that it possesses ; if we are mindful of the reputations of those who have preceded us in originating, sustaining, and developing homœopathy ; if we are conscious of the elevating and intellectually satisfying character of a scientific therapeutics, and of the uncertainty and disappointing features of a therapeutic method that is merely empirical ; if, in a word, we feel that in promoting the progress of homœopathy we are performing our duty to science, to our profession, and to the public, we shall never cease to maintain, to illustrate, and to enforce by every means in our power those medical doctrines, of the truth of which the public avowal has brought upon us so much unmerited obloquy.

Gentlemen, there is no room for compromise ; there is no cause for compromise ; nay more, I feel perfectly assured that, were we ready to sacrifice, in however small a degree, any principles, of the verity of which we are assured, for the purpose of

conciliating those who differ from us, with the view of acquiring certain professional advantages from which we are now excluded, to the end that we may pursue our several professional careers with greater ease and comfort to ourselves, we should in so doing draw down upon us the contempt of those who have arrayed themselves against us, and, what is worse, we should most thoroughly deserve to be despised by them.

If homœopathy is not true, if it can be shown that the doctrine of similars is a false doctrine, that the study of the physiological action of drugs on the healthy is not the best way of ascertaining the properties of such substances, if it can be proved that a small dose of a homœopathically selected medicine is not adequate to the end for which it is prescribed, let no one who has hitherto believed that these principles are true shrink from demonstrating and admitting what he now feels to be his error. But so long as we do believe that evidence in abundance has demonstrated the reality of these principles, so long as we have reason to believe that they are not only true in themselves, but collectively present us with a therapeutic method of far higher value to physicians than any that is taught at the present day, so long, I trust, shall we persevere in declaring their truth, persevere in teaching their practical application, persevere in pressing them upon the attention of the profession.

While earnestly, constantly, and courteously contending for and propagating the doctrine we have professed to believe, we must also insist upon the restoration of those rights and privileges of which, by the arbitrary vote of a tumultuous meeting, we were six-and-twenty years ago unjustly deprived.

While I freely admit that there is no professional obligation imposed upon one physician to assist another in the way of consultation, I deny that any body of men has a right to say to its fellows, You shall not meet in consultation, on any plea whatever, those who believe in such or such a doctrine or theory of medicine. Still less has such a body the right to enforce its mandates by threats of deprivation of professional status in the event of their not being complied with.

Again, I acknowledge that it is perfectly within the scope of any society to decline to receive any member of the profession it may regard as objectionable; but no society can justify the refusal of its membership to any one on the ground that his ther-

apeutic views differ, however considerably, from those of the majority of its members.

Equally unjust, and still more detrimental to the interests of science is it, that the avowal of a belief in therapeutic doctrines, which have not been inquired into by the majority of the profession, should suffice to prevent a physician from holding a public medical appointment.

On the removal of the disabilities which exist in these directions we must continue to insist, until the good sense, right feeling, and increased information of a majority are sufficiently in the ascendant to do us justice. From all that has recently come to my knowledge, I am glad to be able to believe that this period is far less distant than the past history of homœopathy might lead us to suppose. We look for their removal on the ground that every member of the profession is bound to act according to his experience and knowledge, and not according to the experience and knowledge of his neighbor. Medicine is not a completed science, is not a perfected art; very far is it from being either. There is no finality in homœopathy; one of the most thorough-going homœopaths, and one of the best-instructed physicians who ever practised homœopathically, has said, "The law itself may be but a stepping-stone to a wider generalization, which shall one day embrace both it and something beside, and which shall make clear some things which we now see darkly." (*Homœopathy the Science of Therapeutics*, p. 27). Much have we corrected in the teachings of Hahnemann, and doubtless, as observations multiply, as the various avenues by which research is made increase in number and become more thoroughly explored, will the doctrines we at present hold be more accurately formulated, what of error attaches to them be removed, and principles of a yet higher and more far-reaching character be discovered.

In accomplishing this great work, every member of the profession must take a part. Homœopathist and the opponent of homœopathy must work together, each animated with but one purpose, each rising superior to the views his previous investigations have led him to confide in, each prepared to regard impartially the new lights evolved by deeper and yet deeper research, both together striving with energy and zeal for the development of truth, for the fixing yet more securely still the foundations of that science on which is built the most beneficent of all arts, the art of medicine

## THE NEW ENGLAND MEDICAL GAZETTE.

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BOSTON, NOVEMBER, 1877.

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WE take great pleasure in publishing in the present number the defence of W. S. Howe, M. D., of Pittsfield, Me., before the Board of Censors of the Maine Medical Association. As will be seen by reference to the article, a charge was preferred against Dr. Howe, by three physicians practising in his neighborhood, that he advocated homœopathy and prescribed homœopathic medicines. At the time of the trial, none of the accusers put in an appearance, and the Board, after hearing the defence, decided that there was not sufficient evidence to warrant the expulsion of Dr. Howe.

To us in Massachusetts, with the course pursued by the State Medical Society under similar circumstances fresh in our minds, this action of the Maine Association seems very surprising, especially as the charges against Dr. Howe were more specific than those brought against any one of the physicians who have been expelled from the Massachusetts Medical Society within the last few years. It is barely possible that the physicians of Maine are a few years in advance of their brethren of this State and have dared to abandon some of the old notions, and to step out of the beaten track of precedent, in other words, to think for themselves. We venture to say, however, that no member of the Massachusetts Society will dare to do likewise.

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IN justice to Dr. H. E. Spalding, of Hingham, Mass., we desire to call the attention of our readers to an article in the July number on "Inversion of the Uterus," originally written by him, and read before the Massachusetts Homœopathic Society at the last annual meeting. The article as it appears in the GAZETTE contains so many errors that it presents Dr. Spalding in an unpleasant position.

We propose to notice the errors and make the necessary corrections, but before doing so, we will say a word as to the way in which the mistakes occurred.

We received from the secretary of the Society one or two papers for publication, among them this from Dr. Spalding's pen. The secretary, however, was not willing that the articles should go into the printer's hands for fear that they would be mutilated, and thus his

records rendered imperfect; they were accordingly copied and the originals returned to the secretary. The copying was done by a gentleman who has done a good deal of such work for us, and always correctly, as far as we know, until this time. We of course had only this copy from which to correct the proof, hence the errors.

The following corrections should be made: page 299, line 7, "twisted" should read "inverted"; line 15, "upon the uterus neck" should be stricken out, and the words "and for" substituted; line 27, "early" should read "easy"; page 300, line 20 through the paragraph should read, "*This was smaller than the normal os is found immediately after delivery, and in place of the flaccid tissues of the cervix uteri, it was surrounded by a firm, hard mass, much larger posteriorly than anteriorly, having the appearance of the inferior portion of the uterus being turned or rolled outwards upon itself, as indeed it was. Higher up and encircling this firm, ring like protuberance was the cervix, etc.*"; page 301, line 3, "upward" should be "upwards"; line 28, "produce" should be "produced"; page 302, line 10, "are" should read "were"; line 25, "sufficed" should be "suffice"; line 38, omit "therefore"; same line, "os" should read "fundus"; line 42, "measure" should read "manœuvre."

We sincerely regret the false light in which Dr. Spalding has been placed, and we hope he will believe that the mistakes were not allowed to pass intentionally.

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TRANSACTIONS OF THE THIRTIETH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY NOW READY.—The *Transactions of the Thirtieth Session of the American Institute of Homœopathy*, held at Lake Chautauqua, are now ready for delivery to such members as stand clear on the treasurer's books. Members who have not paid will, therefore, forward their dues to Dr. Kellogg, treasurer, who will notify the secretary to send the volume by mail. It is a handsome work, of nearly seven hundred pages, and contains a number of very valuable papers. The *Transactions of the World's Homœopathic Convention*, of 1876, is making rapid progress, and will soon be ready for delivery.

ROBERT J. MCCLATCHY, *Gen. Sec.*,  
918 North 10th Street, Philadelphia.

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WE desire to call attention to the Massachusetts Surgical and Gynæcological Society, recently established in this State. The object is to enroll among its members all who are interested in either of these important branches. We have heard it remarked that the Society was exclusive; that only a limited number of members was desired, etc.

After making careful inquiries in this regard, we are authorized in denying these statements. The doors are open to all, providing only that they are willing to work.

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THE *Premier Fascicule* of the translations of Angell on the Eye into the French language has just made its appearance. The translator is Dr. DeKeersmæcker, of Mons, Belgium, and the work is published there and by Baillière, Paris. This first part embraces the anatomy and physiology of the eye, and the diseases of the conjunctiva, with copious notes by the translator, and makes an octavo volume of one hundred and twenty-eight pages. Twenty pages are devoted to an essay by the translator on the treatment of scrofulous ophthalmia. A critical notice of the work is deferred until other portions appear and time for proper examinations is taken.

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WE desire to call attention to the notice of Dr. McArthur in the advertising columns of the present number.

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## SOCIETIES AND INSTITUTIONS.

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### MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL SOCIETY.

A REGULAR session of this Society was held at the college building on E. Concord Street, Wednesday, Sept. 5, at 3 P. M., the president, Dr. H. M. Jernegan, of Boston, presiding. After the reading of the records of the last meeting, the following named gentlemen were elected as members of the Society, viz., Prof. H. C. Angell and W. H. Tobey, M. D., of Boston; W. H. Ruddick, M. D., of South Boston; and T. Dwight Stowe, M. D., of Fall River. Letters were read from E. C. Franklin, M. D., of Saint Louis, H. N. Guernsey, M. D., of Philadelphia, and J. H. Jones, M. D., of Bradford, Vt., heartily endorsing the Society, and expressing a desire of becoming corresponding members, and promising to contribute, from time to time, such reports of cases that may come under their observation as will be of interest to the profession. These gentlemen were unanimously elected as corresponding members. Dr. A. M. Cushing, of Lynn, presented a new instrument for examination of the lungs, which he calls a percussion-drum, and it has many good points that should be of sufficient

interest to recommend it to the attention of the profession. Dr. Stowe presented a Franckles speculum nasi, manufactured by Tieman & Co., of New York, that cannot fail of appreciation when seen. Papers were then read by the secretary from Prof. R. Ludlam, of Chicago, on the following subjects, viz., 1st, "Tartar Emetic as a Remedy for Chronic Corporeal Cervicitis"; 2d, "A New Method of Uterine Exploration." These papers were heartily received by the members present, and a vote of thanks was tendered to Prof. Ludlam.

Dr. M. G. Houghton, of Boston, read the report of a case treated by himself of cervicitis, accompanied with partial retroversion and prolapsus. Dr. H. M. Jernegan read a paper on Pott's fracture, with the foot looking inwards, that occurred in his practice.

The following motion was made and carried: "That all physicians who have been present at the early meetings of the Society, who do not sign the Constitution and By-Laws on or before the next regular meeting, held the 5th day of December next, must make application before they can be admitted into the Society."

After an interesting discussion of the papers read, the Society adjourned until its next regular time of meeting, in December next.

GEO. H. PAYNE, *Secretary*.

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HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY  
OF NEW YORK.

At a meeting of the Society held on the 19th of Sept., nearly sixty members being present, Drs. Stiles, Blumenthal, and McMurray offered the following preamble and resolutions, which were adopted without a dissenting voice:—

"WHEREAS, There exists amongst medical men a difference of opinion, which will probably always continue, regarding the selection, dose, and administration of drugs; therefore,

"*Resolved*, That we, the members of the Homœopathic Medical Society of the County of New York, emphatically reiterate the principles upon which our Society is based, recognizing as homœopathic physicians such only as subscribe to the belief in the doctrine of Similia similibus curantur; and hold that all such are justified in administering medicine in whatever attenuation they may think best for the cure of disease.

"*Resolved*, That we deprecate and discountenance the adoption of any action which looks towards the censure of any individual in the use of any substance of any potency, in conformity with the homœopathic law."

*TRIAL OF DR. HOWE, OF PITTSFIELD.*

At the last annual meeting of the Maine Medical Association, held in the city of Portland on the 12th, 13th, and 14th of June, 1877, charges were preferred against W. S. Howe, M. D., of Pittsfield, in the following terms:—

“We, the undersigned, members of the Maine Medical Association and regular practising physicians in the county of Somerset, respectfully represent to the Maine Medical Association that one of its members, W. S. Howe, M. D., of Pittsfield, has during the past year been advocating the theory of homœopathy and prescribing homœopathic medicines, regardless of his obligation to the State Association, of which he is a member; concerning which we respectfully ask that some action be taken.

“F. C. HERSEY,  
J. C. MANSON,  
HARRIS PUSHOR.”

Accordingly the censors of the Association appointed Sept. 19, 1877, as the day of trial. Dr. Howe appeared in the city of Portland at the Preble House before the Board of Censors at the appointed time. None of his accusers were present, and the only evidence against him was letters from the men who preferred the charges, and pusillanimous letters from two of Manson's students. After hearing Dr. Howe's defence, which was as follows, the censors declared that the evidence was not sufficient to expel him from the Association.

*DR. HOWE'S DEFENCE.*

*Gentlemen of the Board of Censors:—*

I am here to answer to the charges preferred against me by F. C. Hersey, J. C. Manson, and Harris Pushor. Two charges, and two only, have been preferred against me. The first charge accuses me of “advocating the theory of homœopathy.” This charge, gentlemen, I pronounce false in every particular. I have never advocated any theory in medicine, and defy my accusers to prove to the contrary. According to Webster the verb “advocate” signifies “to plead in favor of or defend by argument before a tribunal or the public.” Now, accepting Webster's definition of the word, as we must, let my accusers prove that I am guilty of “advocating the theory of homœopathy.” Homœopathy, moreover, is not a theory; and if my accusers had been men of better information, they would have worded their charges in a

different manner. Homœopathy is based upon a general principle in medicine. Physicians who claim the title of allopath, regular or old school, oppose the idea that they practise according to a theory. They do practise according to a theory, if homœopathy is a theory. I can prove allopathy a theory by the same method of reasoning by which you prove homœopathy a theory. But for the sake of argument let homœopathy be termed a theory. Now were I to state that I believed in homœopathy, or indeed that I was a homœopath, then, according to the strict definition of the word, I should not be guilty of advocating homœopathy. So I say again, that the charge is false, and I plead "Not guilty." The second charge accuses me of "prescribing homœopathic medicines." To this charge I plead guilty. I have always given aconite, belladonna, and nux vomica as well as other homœopathic medicines. That is, I suppose they are homœopathic medicines, since the homœopaths use them as much, if not more than they do any other medicines. I say I have always prescribed these medicines. I was taught to prescribe them by my preceptor, the late lamented Dr. Lincoln of Brunswick, and by the Faculty in the Medical School of Maine. I give them in smaller doses than I used to, but that does not make them homœopathic, since all the world knows that homœopathy does not consist in small doses. The size of the dose does not come into consideration at all. A small dose is not necessarily a homœopathic dose, neither is a large dose necessarily an allopathic dose. I am not accused of practising medicine according to the law of "Similia similibus curantur." The accusation is that I have or do prescribe homœopathic medicines. This charge, I say, is true, and I am safe when I say it is true also of nine tenths of all physicians who have been regularly educated in American medical schools. You, gentlemen, have prescribed aconite, belladonna, nux vomica, and conium, and many other drugs used every day by homœopathic physicians. As I said before, the size of the dose has nothing to do with the matter. I am not accused, I say, of giving medicines according to the law *Similia similibus curantur*, only accused of "prescribing homœopathic medicines," — a charge which applies to you as well as to me. Thus both charges fall to the ground. The first charge is false; the second charge applies to a majority of the members of this Association. If I am guilty, they cannot be innocent. The medicines named I prescribe and always shall as long as I practise medicine. I frequently prescribe medicines homœopathically. I get a marked curative effect from small doses of aconite in fever, ipecac in vomiting, mercury in diarrhœa, belladonna in headache, etc. Opium produces obstinate constipation, yet by relieving pain and spasm, and relaxing the mus-

cles, constipation is often overcome by doses of opium. But I am not here to extol homœopathy or any particular method of practice: I am here to state to you, and through you to every physician belonging to the Maine Medical Association, that I prescribe that drug or remedy which I consider the best thing for my patient, be that drug or remedy allopathic, homœopathic, or eclectic. The diplomas hanging upon the walls of my office from the Medical School of Maine and Bellevue Hospital Medical College testify that I understand the allopathic method of practice. I am proud of them, but should be prouder to find some better method of practice. When I believe a particular drug is indicated, I do not hesitate to give it, whether the drug is allopathic or homœopathic. I would give morphia if indicated or bryonia if indicated. I consult no school in choosing my remedies, but only the interests of my patients. When I have a patient in Pittsfield, who is to judge what remedy ought to be given? Every patient that I have who is very sick, must I run over to that little medical association at Skowhegan, or up here to Portland, to see what medicine I shall prescribe? or if I can give this or that drug, and still stand well in the Association? I contend that a physician has a right to use every means, and adopt every measure placed in his grasp by God and Nature, to combat disease, and no man or body of men have a right to adopt a code of laws to abridge that right. I claim a right to investigate any theory or method of practice I choose. There is scarcely anything fixed or permanent in medicine. What to-day seems to be true, to-morrow has to be set aside. Although medicine is two thousand years old, Prof. H. C. Wood says, "Scarcely anything has been established beyond the primary facts that quinine will arrest an intermittent, that salts will purge, and opium quiet pain and lull to sleep." Oliver Wendell Holmes says, "Take out opium, take out a few specifics, and if all the drugs in the *Materia Medica* were cast into the sea it would be all the better for mankind and all the worse for the fishes." Medicine is yet in its infancy, just coming from the darkness of ignorance and clouds of superstition. Allopaths style themselves "regular" and "old school," and declare with wise and mysterious looks that theirs is the "legitimate domain of medicine," and yet only a few years ago they bled and blistered and cauterized for everything from apoplexy to original sin. In your code of ethics, you state that "medicine is a liberal profession." Truly, a man who holds life and death in his hands ought to be liberal and not bound by narrow views or petty, school-boy rules.

I do not come before you to ask that I may be retained in this Association. I come before you to answer to the charges made against

me, and to tell you the truth concerning my case. The three physicians who have preferred these charges against me have always opposed me for pecuniary purposes, living as they do, all three of them, in my vicinity. Medical ethics have not been observed or gentlemanly conduct respected in their efforts to injure my practice and reputation. They do not care what medicine I give my patients; they are not anxious that I should be a rigid allopath; they are not anxious to keep the old school pure and undefiled. They had rather my practice would be attended with failure than success, and it is the desire they have to injure me that prompted them to prefer charges. Failing in all their previous efforts to put me down, they confidently hope that if they can persuade this Association to expel me, they will at last have made a point. These facts are disclosed, not out of any malice or any hope to influence your verdict, but only that you might fully understand the case. My future course will not be affected in the least by your verdict. While I have the greatest respect for you, gentlemen, you are at liberty to commend or condemn.

W. S. HOWE.

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## ITEMS AND EXTRACTS.

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*DIOSCOREA VILLOSA* comes in for high praise at the hands of Dr. Clifton for its usefulness in colic. He attempts to mark out its line of action in these cases, as follows: The colic in which it is especially useful is always attended with a large amount of flatulence, and when accompanied with biliousness or vomiting of bile, this is only secondary to the pain, or a sequel to it, and does not appear early in the attack. The patient has neither a large, flabby tongue nor a thickly coated one, nor has he a yellow aspect of the face or bilious diarrhœa. It is most suitable to persons of feeble digestive powers (old or young), suffering principally from flatulence after meals, in stomach or bowels, but unattended with any hepatic derangement or irregularity of the bowels. These persons, from some excess in eating, or from having fasted too long, or from some error of diet, such as eating old cheese, uncooked fruit, or pastry, especially if they are great tea-drinkers, may be suddenly seized with violent colicky pains in the stomach or bowels; the pain does not come on for several hours after eating; pain is generally limited at first to stomach or bowels, but it gradually extends to one or other part, as the paroxysms recur; the pains, when located in the stomach, being more or less continuous, but yet recurring in irreg-

ular paroxysms of great severity, bending the patient double, causing profuse perspiration, and in some cases making him desire death rather than such prolonged agony. With this tendency to bend double, with a feeling as if pressure would relieve, pressure actually aggravates, and the only relief obtained is by stretching the body out, or in some cases by walking about in a very upright position. The pains are variously described as screwing, cramping, lancinating, often shooting through the spine, and as if the patient would like to tear the stomach open, or at least must loosen all clothes, which, however, gives no relief. Much distension of stomach, with desire for, and loud, eructations, which afford only partial relief; eructations tasteless, unless the pain has continued long, in which case they may be bitter and sour, or followed by vomiting of bile; cold extremities, feeble pulse, or dry, whitish tongue, but no fever. These symptoms are quickly relieved by *Dioscorea*, in drop doses of the mother tincture, or two or three drop doses of first decimal dilution.

When the pain begins in the bowels, it generally commences in a small spot, and radiates outwards, upwards, or downwards. It may extend to the stomach, liver, spleen, or uterus, but when it does so it is not at the beginning of the attack. The pains are of the same character as in the stomach, but less continuous and more paroxysmal. There is often a sensation as of a knuckle pressing inwards, or a twisting, screwing pain, with great distension of the abdomen, and difficulty in expelling wind. When the flatus is expelled it is with violence, and often with a watery evacuation, the expulsion of wind affording only partial relief. The pains are aggravated by pressure, and relieved by stretching out the body.

This is a very graphic description of the *Dioscorea* colic, and much more satisfactory than the statement that it is good for bilious colic, gastralgia, enteralgia, etc. Dr. Clifton is "rushing into print" to some good purpose since his trip to this country, and we trust he will give us of his good things for many months to come. He has been for a long time dependent on his own resources, and has worked out many things in practice that cannot fail of being of great service. There may be nothing absolutely new in his notes on *Staphisagria* and *Dioscorea*, but he gives shape to their direction of usefulness in a very serviceable way. — *The Hahnemannian Monthly*.

DANGERS OF BREATHING BY THE MOUTH.—Dr. Guye, in the *London Medical Record*, directs attention to the evils of breathing by the mouth. To appreciate these, it must be remembered that the functions of the nose in respiration are threefold:—

1. The olfactory sense secures it against the entrance of impure air.
2. The moisture of the nasal passages gives a certain degree of aqueous saturation to the inspired air, the contact of which is thus rendered less irritating to the mucous membrane of the throat and larynx.
3. The inequalities of the organ retain solid particles suspended in the air, which is proved by the quantity of dust sometimes found accumulated in the nostrils. These functions are all lost in breathing by the mouth. Further, the contact of dry air soon produces circulatory troubles in the pharyngeal region, and continuity even an habitual catarrh, susceptible of easy transmission to the eustachian tube and cavity of the tympanum. Granular adenoid pharyngitis often has this origin. Niemeyer believed that attacks of pseudo-croup in children have their origin in dryness of the glottis, produced by oral respiration. To enable the patient to breathe through the nose, we must restore the nose to its proper condition, and then, in children, stop the mouth by an impervious respirator. Many cases of catarrhal deafness were cured in this way alone. — *American Observer*.

SCARLATINA. — SANITARY MEASURES. — The following report has been adopted by the Homœopathic physicians of Chicago:—

1. Scarlet fever and scarlatina are one and the same disease, whether mild or severe.
2. It is epidemic, contagious, and infectious.
3. Patients in this disease should be placed in well-ventilated apartments, kept at a temperature of sixty-eight to seventy degrees, care being taken against drafts directly upon the bed.
4. All unnecessary furniture and clothing should be removed from the room. The patient's clothing, before being washed, should be dipped in a solution of carbolic acid, in the proportion of five to six minims to one ounce of water.
5. Bathing should be moderately practised, but inunction with olive oil, bacon-rind, lard, or diluted glycerine, may be used as often as necessary for the comfort of the patient, or prevention of the escape of particles of skin.
6. All discharges should be instantly disinfected. Those from the bowels and bladder should be received in a disinfecting solution. Pieces of cloth, to be immediately burned, or cleansed in a disinfecting fluid, should be used for receiving all other diseased products.
7. Disinfecting solutions should be freely used, either by placing cloths saturated with them about the room, or spraying them over the patient and air of room with an atomizer.

8. Children not attacked by the disease should be isolated from the patient.

9. Children from an infected house should not be sent to school or to any public assembly; nor should a child recovering from the disease be allowed communication in any way with other children, until after the period of desquamation or exfoliation of skin is thoroughly complete.

10. Reliance should not be placed on the use of preventive medicines alone, but they should be given only under the advice of a physician.

11. The practice of confining healthy children within doors, from fear of exposure to contagion, is strongly condemned. It is directly calculated to lessen the power of resistance to contagion.

12. All houses in the city are more or less invaded by sewer emanations and exhalations. A ventilating pipe should extend from below the "trap" in the water-closet, at least five feet above the roof.

13. The room of the patient and its entire contents, after the disease has passed, should undergo thorough disinfection and fumigation, under the direction of the physician in attendance.

A. E. SMALL, *Chairman.*

N. F. COOK.

J. S. MITCHELL.

R. LUDLAM.

T. S. HOYNE.

METHODS OF ARTIFICIAL RESPIRATION. — Dr. Howard, of New York, after describing the usual methods of artificial respiration, and pointing out that in all, three objects are aimed at, viz. — 1. A clear passage through the lips to the lungs; 2. The greatest possible expansion of the thorax; and 3. The greatest possible diminution of the thorax — the two latter being performed rhythmically — proceeds to give an account of the method he himself adopts. Supposing a patient to be just dragged ashore and apparently dead from drowning, he instantly rips away his wet clothing to the waist, and makes of it a large, firm, solid bolster, which he places beneath the epigastrium, making this the highest, and the mouth the lowest point; then placing both hands upon the back immediately above the bolster, he throws his whole weight forcibly forward, compressing the stomach and lower part of the chest between his hands and the bolster for a few seconds two or three times, with very short intervals. Thorough drainage being combined with thorough compression, the lungs, if they require it, are released of water; the stomach, if distended, of its surplus contents,

forcible ejection making the process pretty complete. Should this happen to have been superfluous, no time has been lost, an efficient means of respiration having by this process been already commenced. Quickly turn the patient on his back, the bolster beneath it, making again the epigastrium and anterior margins of the costal cartilages the highest point of the body, the shoulders and occiput barely resting on the ground. Seize the patient's wrists, and having secured the utmost possible extension with them crossed behind his head, pin them to the ground with your left hand so as to maintain it. With the right thumb and forefinger armed with the corner of a dry pocket-handkerchief withdraw the tip of the tongue, holding it out of the extreme right corner of the mouth. Fully two thirds of the entrance of the mouth is thus left free, the epiglottis is precluded from pressure, owing to the backward curvature of the neck, and the head is thoroughly dependent. The free margins of the costal cartilages are as prominent as they can be made, and there is a high degree of fixed thoracic expansion. The epigastrium being the highest point, the abdominal viscera, instead of embarrassing the movements of the diaphragm, tend to gravitate away from it. To produce respiration, Dr. Howard goes on to say, you now kneel astride the patient's hips, rest the ball of each thumb upon the corresponding costoxyphoid ligaments, the fingers falling naturally into the lower intercostal spaces. Now, resting your elbows against your sides, and using your knees as a pivot, throw the whole weight of your body slowly and steadily forward, until your mouth nearly touches the mouth of the patient, and while you might slowly count one — two — three ; then *suddenly*, by a final push, spring yourself back to your first erect position on your knees ; remain there while you might slowly count one — two ; then repeat ; and so on about eight or ten times in the minute. This method Dr. Howard calls the "direct method," and claims for it several advantages over Marshall Hall's or the "postural method," and over Silvester's, or the "physiological method." — *Lancet*, Aug. 11, 1877. (*Practitioner*.)

DEATH FROM CHLOROFORM AVERTED BY THE INHALATION OF NITRITE OF AMYL. — A correspondent of the *British Medical Journal* forwards an interesting report of a case in which death was averted, apparently, by the immediate inhalation of nitrite of amyl. Early in the present month he was asked by a professional friend to give chloroform to a patient of his, from whom he was about to remove a fatty tumor, situated in the left lumbar region. The patient in question was about forty-nine years of age, married, the mother of several children, of thin, spare habit, but otherwise in good health. She was nervous, and

apprehensive of the result, entreating him not to give her too much chloroform. Having previously examined the heart and found all the sounds normal, she was given two teaspoonfuls of brandy undiluted ; and after waiting a few minutes, and placing her in the recumbent posture, the administration was commenced. He poured a measured drachm upon a piece of lint enveloped in a towel, held it some little distance from her mouth and nose, and let her inhale slowly. The pulse was noted, and the respiration watched. The first dose did not produce any effect, and another drachm was used, which soon caused a good deal of excitement, incoherent talking, and struggling, — the patient striving several times to snatch away the inhaler. This gradually subsided, and she appeared to be passing into the third stage of anæsthesia, when she made an abortive attempt to vomit, raised her head from the pillow, and, to the operator's great alarm, the pulse flickered and stopped altogether ; she gave a gasp, foam gathered on her lips, her jaw became rigid, and to all appearance she was dead. The chloroform being immediately withdrawn, some cold water was dashed on her face, and her tongue pulled forward, whilst he commenced artificial respiration, but without success. Some nitrite of amyl was poured on lint, and held to her nostrils. In such emergencies it is impossible to judge the flight of time correctly ; but he thought in ten seconds there was a flushing of the face, the pulse was again felt, and the all-important function of respiration was again restored, the woman being rescued apparently from the very jaws of death. After a time, the anæsthesia seeming tolerably profound, the tumor was skilfully removed, whilst, as the patient grew restless, an occasional whiff of chloroform was given. It proved an ordinary fatty tumor ; only one vessel required to be ligatured. The wound healed rapidly, and the patient has made a good recovery. — *British Medical Journal, August 18, 1877. (Practitioner.)*

ON THE FUNCTIONS OF THE SPLEEN. — Dr. M. Schiff has arrived at the following provisional conclusions in regard to the functions of the spleen : —

1. Extirpation of the spleen exercises no durable influence on the quantity of the white or red blood corpuscles.

2. For a limited time after extirpation, the number of white corpuscles is greatly increased, while the red corpuscles may or may not remain unchanged. These alterations do not depend on the removal of the spleen ; they are connected with the preliminary steps of the operation, and are seen to occur when the first steps have not been followed by extirpation of the organ.

3. Tumefaction of the lymphatic or other glands occurs in exceptional cases only. The so-called supplementary spleens are not found if the animal be allowed to live for a year and a half after the operation, or if extirpation has been practised a few weeks after birth.

4. The tumefaction of the mesenteric glands observed in a few cases after the experiment seems to depend on a limited chronic peritonitis which sometimes follows the operation.

5. The spleen appears to increase in size between the fourth and seventh hours following the digestion of a copious meal.

6. During digestion, or more properly speaking, during absorption of food by the stomach, the spleen prepares a ferment which enters with the blood into the pancreatic tissue, and there meets a specific substance (probably albumenoid) which it transforms into pancreatic pepsine, that is to say, a substance capable of digesting albumenoid matters.

7. The digestive power of the pancreatic juice over albumenoid matter is lost after extirpation of the spleen, but its other digestive properties remain.

8. After removal of the spleen the material destined to form pancreato-pepsine accumulates chiefly in the pancreas, and may there be also changed into pancreato-pepsine under the influence of those chemical changes which accompany the commencement of putrefaction after death.

9. After division of its nerves the spleen remains flaccid, and then wastes, as is generally the case with erectile tissues when their vasomotor nerves are paralyzed. — *Medical Examiner*, July 26, 1877. (*Practitioner.*)

THE CAUSE OF SLEEP. — M. Preyer, in a memoir read before the International Medical Congress, gave the following as the result of his observations and experiments on the cause of sleep: —

1. The researches which he has made on this subject lead to the following conclusions. Natural periodical sleep is a condition totally different from pathological or artificial conditions resembling it, such as somnolence, coma, asphyxia, and narcosis.

2. Natural sleep has often been confounded with these states. The chief difference will be found in the circumstances that natural sleep is always preceded by some fatigue of muscles, organs of sense, or brain.

3. No mental phenomenon can manifest itself unless the brain be supplied with a certain amount of oxygen. The latter is carried to the brain by the blood-vessels. Whenever the ganglionic brain-cells

receive a diminished quantity of blood, cerebral action is suspended as it is during sleep.

4. Now, as the brain of a sleeping animal receives as much blood as it does when the animal is awake, we are compelled to infer that the influences of oxygen on the waking and the sleeping brain are different.

5. During an active condition of mind or body, certain substances are brought into existence which are not found (or at all events very sparingly) during a state of rest, — lactic acid, for example, and creatine. These latter substances may accumulate in the blood, and as they have a great affinity for oxygen, they appropriate a principle required for active exertion. The first stage of this accumulation characterizes fatigue; the second stage gives rise to sleep; the third stage, when oxidation has been completed, is followed by awakening.

6. In a word, the products of muscular work, especially lactic acid, when artificially introduced into the system, are capable of inducing a sense of fatigue, and even sleep, when all external causes of excitement are removed.

7. It may and often does happen that the artificial introduction of lactic acid or the lactates is not followed by the effects just mentioned. Such cases require a careful study of various influences before they can be explained; but he maintains that they do not shake, much less overthrow, the foundation of his theory. — *Medical Examiner*, July 26, 1877. (*Practitioner.*)

**ÆTIOLOGY OF CANCER.**— The following are the conclusions arrived at by M. G. Salle in a work just published on the Ætiology of Cancer: 1. Cancer is a disease occurring at all ages; but its maximum of frequency is from forty-five to fifty-five years. 2. It is more frequent in women than in men, — a circumstance that is in great part due to the great development and functional activity of the generative organs. 3. Pregnancy seems to retard the progress of cancer, which, however, is exasperated by frequent accouchements. 4. The mortality from cancer varies from six to eight of the general mortality. 5. The stomach, uterus, liver, and mammæ are in decreasing order the organs most frequently attacked. 6. Celibacy and sterility have no more influence than fecundity on the development of cancer of the uterus. 7. No constitution protects from cancer. 8. Heredity exerts an indubitable influence. The predisposition and not the diathesis is inherited. The number of generations affected seems to exalt this hereditary predisposition. It may leap over one generation. 9. Cancer is more frequent in towns than in the country, and in the wealthier than in the

poorer classes. 10. Depressing mental conditions appear to possess a real ætiological importance. 11. Venereal excesses are without influence. 12. Insufficient alimentation, by diminishing the resistance of the organism, favors the development of the disease. 13. Chimney-sweeps, stokers, and the workers in paraffine are liable to cancer of the scrotum. 14. Slight but prolonged traumatism and local irritation are certain causes of cancer, but their mode of action is unknown. 15. Cancer is more frequent in temperate than in tropical regions. It is most observable in those nations whose civilization is most advanced. 16. Winter is the most unfavorable season for the cancerous patient. 17. The contagion of cancer is quite credible, but has not been demonstrated; it is not, however, easily accomplished, and the conditions requisite for its occurrence are still unknown. 18. Cancer, though not yet known to be certainly inoculable, is probably so by means of grafts. 19. There is an undoubted connection between herpetism and cancer; chronic affections only act by debilitating the whole system. 20. Cancer, distinct in its origin, does not proceed from the degeneration of other forms of tumor. 21. The possibility of the coexistence of cancer with tubercle is undeniable. 22. Perhaps even some causal relation may exist between the two diseases. *La Province Médicale, June 27, 1877. (Practitioner.)*

MILK SECRETION CHECKED BY OPODELDOC. — Dr. R. Monti reports the case of a woman who had nursed her child for eight months, and who had neuralgia in the right forearm, followed by stiffness and pain on motion. To remove the latter, opodeldoc was rubbed on the palmar surface of the forearm. The evening of the same day the secretion of milk was very considerably lessened. The next day opodeldoc was again used, and again the secretion of milk diminished at night. This was repeated as often as the liniment was used, and the secretion returned when the former was discontinued.

Monti also remarks that his wife was attacked, during the fourth month of nursing with a mastitis of the right breast, which prevented her from nursing with it. Opodeldoc was rubbed into the right arm, and the secretion from the corresponding mamma was at once diminished.

Dr. Monti is unable to say whether the effect was due to the camphor or to the ammonia of the liniment. — *New York Medical Journal. Translated from Annali Universali di Medical., No. 235.*

PATHOLOGY OF URÆMIC CONVULSIONS. — Dr. F. A. Mahomed, after referring to the received view that uræmic convulsions are due to

some of the effete materials which are retained in excess in the blood, owing to the failure of the kidneys to excrete them, and to Dr. Hughings Jackson's theory, that they are due to anæmia of the brain, caused by spasm of the cerebral arteries, a theory that has been supported by Dr. Johnson, points out that a condition of high arterial tension is constantly found in acute and chronic Bright's disease, and that, as a result of this and of the changes taking place in the heart and arteries, generally, various hemorrhages take place from rupture of minute or large blood-vessels into the mucous membranes of the nose, intestinal tract, uterus, and perhaps air-passages and bladder; in the peritoneum, pleura, and pericardium, and lastly in the retina, preceding or accompanying "albuminuric retinitis." Such hemorrhages are, he remarks, very commonly seen in the brain, sometimes extensive in amount, and he endeavors to show that small capillary hemorrhages very frequently occur in the brain as the result of Bright's disease, and constitute the causes of the epileptiform seizures generally known as uræmic. He thinks they have been overlooked because it is manifestly impossible to examine all the convolutions of the brain. The better knowledge of the functions of the brain now obtained, however, renders it unnecessary that the search should be so extensive. Given an observation during life of the group of muscles especially affected by the convulsions, the search need only be confined to one or two convolutions, should such minute hemorrhages appear likely to be their exciting cause. Dr. Mahomed records several cases in support of his theory. — *British Medical Journal July 7, 1877. (Practitioner.)*

CAPILLARY DRAINAGE IN ANASARCA. — Dr. Southey described to the Clinical Society of London, at their meeting April 27th, his method of drainage in general anasarca. He uses silver canulæ about the size of hypodermic needles, and attaches to them, after introduction, a capillary rubber tube conducted into a pan beneath the bed. A surprising amount of serous fluid, he had found, could be withdrawn from a single tube in each leg. The method is cleanly, and free from discomfort to the patient. — *New York Medical Journal.*

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## PERSONAL.

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LOCATED. — C. S. SPRAGUE, M. D., 90 State Street, New London, Conn.

J. LESTER KEEP, M. D., has removed to 460 Clinton Avenue, 2d door north of Gates Avenue, Brooklyn.

DR. C. F. SHERMAN has removed from Exeter, N. H., to Haverhill, Mass.

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*THE STUDENT AND THE DOCTOR.*

*[Address delivered before the Massachusetts Homœopathic Medical Society at the Semi-annual Meeting, Oct. 10, 1877.]*

BY THE PRESIDENT, O. S. SANDERS, M. D., OF BOSTON.

MOST WORTHY COLLEAGUES OF OUR STATE SOCIETY:—The time for our autumnal meeting has come. In accepting the office of president of this society, gentlemen, I am prompted by a sense of duty to thank you for the position which I occupy here to-day. It gives me pleasure to welcome you to this twenty-first semianual meeting of the Massachusetts Homœopathic Medical Society.

We are here from our daily activities, from different parts of the State, to exchange fraternal salutations and to speak to one another of our varied experience, and in uttering words of encouragement, to get possession of new hopes, — hopes richer in quality and fuller in measure than have been ours heretofore to enjoy.

I forbear to detain you long this morning, preferring the time of the annual meeting of this society as the proper occasion for a more extended address ; but the significance of the hour is a fitting opportunity for me to say just a word or two about the student and the doctor.

Gentlemen, we should be proud to-day of the abundance of testimony we have of the steady and uniform growth of homœopathy in our Commonwealth and throughout the land. It is an item of the deepest interest to know how rapidly the great throng of people in so many sections of our country are losing their prejudice and giving their preference to the practice of homœopathy. The reports of different physicians and bureaus of medical societies, together with the increasing demand for homœopathic physicians everywhere in our country, go to establish this fact. Many

think we are warranted to say that the Boston University School of Medicine, established some four years ago in our city, is an institution of which the members of this society may well be proud; certainly there is no medical college of its tenets receiving better patronage, and we trust in its future history it will prove that this college will be second to none in its influence for good and usefulness. By the appointments so abundantly made in each and every department, there is no excuse for students, members of this school of medicine, to be deficient in their medical qualification, especially if the voice of instruction ministers faithfully to their ears and understanding. The standard of qualification cannot be too high for those who aspire to reach the eminence of the profession of medicine. This is the conviction and judgment of every well-informed community. While in knowledge there is power, it is well to remember that education alone does not always fit one for a successful practitioner. It is a fact that some men possess by nature proclivities which rank them higher than others in all the professions and grades of life, even when opportunities and facilities have alike been enjoyed. In our own profession it is not uncommon to find graduates of the same school of medicine and same class differing widely in their qualification to enter the rank and file of the practice of medicine; not only in diagnosticating, classifying symptoms, in selecting or grasping remedies to produce a cure, but they fail in tact and manner to inspire the patient or friends with confidence, — gifts that stand pre-eminent with knowledge among the graces that adorn professional life. Still it is well to remember that tact and mannerism, sometimes called cheek, minus education, are taken at a large premium, while talent and common-sense are ranked below par. The gifts as well as the tastes of some physicians lead them to make a specialty of some branch of the healing art, and in it become eminent, like some painter whose skill may win him the highest honors in covering a house with an even coat of white, or making a sign, but in the attempt to portray a landscape or battle-scene upon canvas, there would be a complete failure. Excellence can be obtained in any one calling only by careful study and training.

Character engraves itself upon the face of society more enduringly when it contains qualities distinguished for properties of

force and energy. A great responsibility is resting upon the preceptor of each student, as well as upon the professors of the classes who enter from year to year our medical schools. The didactic art may be said to be a branch of education almost of itself. To make a college or institution of learning popular, the men who instruct must not only be men of culture and persistent in their search after hidden treasures and undiscovered truths, but intensely practical. The orb that shines with a flood of light is full of internal fire. The instructor, whether private or public, who merits the greatest honors and would live in the life of his pupil, is he who exercises in his teaching the spirit of patience and forbearance, so that the technicalities and verbal forms of expression necessarily found in all our text-books shall not appear, with their definitions, incomprehensible to the student. A teacher with a forbidding nature is a sufficient cause oftentimes to the student of any profession to not only discourage, but actually to prevent him from obtaining what he is seeking after and paying for.

It is not every practitioner who is a good instructor or author, neither is it true that our best teachers or writers are by any means our best practitioners. However supreme a doctor may be in his profession, to be a constant observer of the laws of nature and thoughts of other men make him a peer among his brethren. The Doctor of Medicine should be none the less the student of medicine; for medicine, with the other sciences, is in the line of progress. When we left our Alma Mater and had conferred upon us the degree of Doctor of Medicine, by no means had we accomplished our mission. The parchment in hand equipped us only for the beginning of a new epoch in our history, and if anything, brethren, has been achieved or accomplished at our hands, it is because we have not allowed the midnight oil to grow dim in its flame. The habit of the student, who is never satisfied with the present, but yearns for more knowledge, has been our experience.

Like the ancient philosopher, who, near the close of his life, felt that he had only been upon the shore gathering a few pebbles, while the boundless ocean was before him; so with us, gentlemen, since we entered the dominion of medicine, in the department of education, a broad landscape has been before us, and

yet how often, ere we begin to ascend the hill of science, we are arrested in our career.

The hardiest and most enduring in the race go up the hill but a little way and pluck but few laurels. They who enter the domain of medicine for life-work enter a field of toil and conflict. The contest does not always prove a victory on the side of the doctor or medicine. The weapons used in this warfare are not always potent enough to abrogate the proclamation issued many years ago, that "Man is appointed once to die." Still there is no time in the history of the Doctor of Medicine when he feels a greater degree of assurance in what he can do than when he first enters upon his professional career; but as he grows in experience he discovers more and more the fallibility of his own skill and the uncertainty of the perpetuity of human life.

I congratulate you, gentlemen, members of this body of physicians, for the many valuable papers and reports you have contributed from time to time for their benefit, in evidence that you are none the less the student than when you first started in the study of medicine.

Ladies and gentlemen, inasmuch as there is no restriction in the pursuit of knowledge, and that we are founded in our principles upon the law "Similia," let us go forward in our research and close application to help build a scientific structure of medicine that shall be for the good of man, immortal as the ages.

Although our *Materia Medica* reveals to us the provings of nearly three hundred remedies, still the art of our therapeutics is not yet perfected, and as we have good reason to *believe* that the provings of some of our drugs are incomplete, and as we *believe* that other drugs not yet considered as possessing curative properties have virtues as valuable as any we already possess, would it not be well for the members of this society to form themselves into classes of ten or fifteen in number, of both genders, under the jurisdiction of the State society, and the several classes favor us once a year with the provings of some one or more drugs?

By adopting such a method of study may we not, with a large degree of assurance, prophesy that in our society, and it may be among the graduates of the Boston University School of Medicine, a greater shall rise than is found in Allen, Burt, Dunham, Hale, Helmuth, Hempel, or Jahr?

I will not detain you longer at this time with this line of thought, or with such considerations as may be suggestive of the duty of the student and the doctor, because we meet to-day for the ostensible purpose of refreshing our acquaintance, forming new ones, giving in reports of our several bureaus, discussing their merits, thereby making it a profitable occasion to us all.

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*SCARLATINA IN RHODE ISLAND: A STUDY.*

[*Read before the Rhode Island Homœopathic Society by its Secretary, Geo. B. Peck, Jr., A. M., M. D.*]

FOR a quarter-century only has State registration obtained in Rhode Island, yet within this period much valuable information has been obtained, together with many pertinent facts important, perhaps, but perfectly enigmatical. Those relating to scarlatina have been thus classified. The malignity of the disease, however, impels to their careful investigation. The marked periodicity of its ravages adds fascination to the task, and encouragement as well, for the key which unfolds the mysteries of a single cycle will explain them all.

That man is a creature of circumstance is sufficiently evident. He may more or less perfectly habituate himself to any climate or occupation, but never to continued change, particularly if the degree of vicissitude be considerable. So widely accepted is this principle that almost universally the exciting cause of disease is ascribed to a natural or artificial change in the temperature or in the density of the atmosphere, or in the amount of its contained moisture. Let us walk in paths indicated by the popular voice; perchance we may be rewarded for heeding its words.

One familiar yet oft-unheeded circumstance may well be alluded to as throwing a flood of light upon our proposed pathway. The variation of twenty degrees to either side of O°F is attended with far less discomfort and danger than an equivalent change based upon O°C or O°R. Explanation and application are alike unrequired.

Nor should it be forgotten that days and months and years are not fixed boundaries in climatology. They were ordained for astronomical landmarks, not meteorological, and we should grievously err, absurdly fail, in an attempt to restrain the winds

and the clouds within such bounds. Should success, however, by any chance attend such a labor, their constitutional influence would still extend far beyond.

While the record of mortality from scarlatina in this State dates from June, 1852, that relating to the dampness of the atmosphere begins with 1859. A detailed examination of earlier years is therefore comparatively unprofitable; still, as an item of general interest, it may be remarked that the deaths from this cause during the last seven months of 1852 were 35 or 5.3 per cent of the total number; in 1853, 108 or 8.8 per cent; in 1854, 46 or 2.9 per cent; in 1855, 71 or 3.8 per cent; in 1856, 208 or 10.2 per cent; in 1857, 147 or 6.3 per cent; in 1858, 234 or 8.9 per cent. The corresponding figures for later years I have tabulated with the annual average humidity of atmosphere and extreme barometric range. No reference is made to thermometry, because the addition of a single element would render the tables cumbersome, but more especially because it speedily became manifest that such influence is comparatively insignificant. In brief, it may be stated that of two periods whose conditions otherwise are the same, the one marked by the greatest change of temperature will witness the greatest mortality from this cause. Under other circumstances this element may safely be disregarded.

TABLE NO. I.

YEAR . . . . .	1859.	1860.	1861.	1862.	1863.	1864.	1865.	1866.	1867.
No. of deaths . . . . .	71	64	57	47	91	266	255	28	14
P. C. of total death	3.1	2.4	1.9	1.8	2.8	8.0	7.5	0.9	0.5
Relative humidity.	62.8	70.8	75.8	74.0	76.1	72.5	74.3	72.5	73.4
Barometric range .	1.231	1.562	1.660	1.910	1.747	1.840	1.504	2.184	1.782

YEAR . . . . .	1868.	1869.	1870.	1871.	1872.	1873.	1874.	1875.
No. of deaths . . . . .	93	286	75	66	53	287	462	185
P. C. of total death . . . . .	3.2	8.4	2.3	1.9	1.2	6.5	10.9	4.3
Relative humidity . . . . .	76.3	85.6	74.4	72.7	72.9	74.9	76.0	76.9
Barometric range . . . . .	1.992	1.721	1.444	1.477	1.245	2.084	1.740	1.534

TABLE NO. 2.—Monthly Report of Deaths from Scarletina, with the corresponding Relative Humidity and Barometric Range, with percentage of Total Number of Deaths, and Correction for Increase of Population, which in 1860, the Basis of this last Column, was 174,620.

YEAR.	JANUARY.			FEBRUARY.			MARCH.			APRIL.			MAY.			JUNE.			JULY.			AUGUST.			SEPTEMBER.			OCTOBER.			NOVEMBER.			DECEMBER.			TOTAL.			P. C.	Correction.	YEAR.
	D.	R. H.	B. R.	D.	R. H.	B. R.	D.	R. H.	B. R.	D.	R. H.	B. R.	D.	R. H.	B. R.	D.	R. H.	B. R.	D.	R. H.	B. R.	D.	R. H.	B. R.	D.	R. H.	B. R.	D.	R. H.	B. R.	D.	R. H.	B. R.	D.	R. H.	B. R.						
1875	30	84.8	1.130	26	76.9	1.275	24	81.8	0.978	21	74.4	0.919	24	66.4	0.849	11	72.3	0.610	11	79.4	0.561	10	81.5	0.492	6	78.0	0.952	6	78.5	1.102	10	71.1	1.407	6	75.9	1.336	185	76.9	1.534	4.3	1.48	1875
1874	57	83.9	1.058	55	76.0	1.194	45	78.2	1.174	50	72.4	1.410	42	68.6	1.046	63	73.1	0.811	27	79.8	0.570	20	72.9	0.640	18	80.6	1.089	25	75.0	0.957	24	73.5	1.582	36	78.4	1.032	462	76.0	1.740	10.9	..	1874
1873	27	82.2	0.984	12	73.2	1.394	17	70.9	1.608	12	70.3	0.749	23	67.7	0.876	24	72.7	0.996	15	72.8	0.538	17	73.1	0.645	26	84.6	0.816	26	77.2	1.058	30	67.4	1.852	58	84.3	1.552	287	74.9	2.084	6.5	..	1873
1872	1	66.8	1.026	15	66.3	1.189	9	70.5	1.143	5	60.5	0.922	9	69.6	0.826	3	67.8	0.881	1	78.6	0.563	1	86.5	0.744	1	84.5	0.672	3	78.8	1.048	3	74.0	1.179	3	74.3	1.063	53	72.9	1.245	1.2	..	1872
1871	7	75.1	1.164	15	82.1	1.238	8	62.9	1.056	6	70.6	0.888	5	62.0	0.823	2	68.8	1.098	2	75.1	0.625	5	70.6	0.671	0	74.6	0.730	6	74.7	0.877	4	78.5	1.065	6	77.4	1.161	66	72.7	1.477	1.9	..	1871
1870	21	..	1.410	7	..	1.198	8	..	1.279	10	..	0.888	2	74.3	0.865	10	81.7	0.580	2	72.9	0.456	2	73.2	0.588	2	72.7	0.811	5	72.5	1.211	1	69.5	0.923	5	78.2	1.117	75	74.4	1.444	2.3	1.24	1870
1869	51	76.2	0.804	25	73.5	1.473	31	75.9	1.205	30	63.3	0.763	24	73.9	1.135	18	82.2	0.646	15	71.0	0.679	18	72.2	0.673	18	83.0	1.378	14	79.5	1.244	23	75.1	0.962	19	81.5	1.475	286	85.6	1.721	8.4	..	1869
1868	2	72.7	1.312	6	69.9	1.361	3	73.1	1.501	3	70.0	1.622	5	81.5	0.934	3	80.3	0.744	3	85.9	0.511	8	80.1	0.717	7	79.3	0.673	14	76.5	0.997	17	75.4	1.120	22	71.1	1.426	93	76.3	1.992	3.2	..	1868
1867	2	71.9	1.595	2	72.4	1.596	0	75.3	1.174	0	69.6	0.890	1	68.8	1.224	1	73.5	0.554	0	77.7	0.695	0	85.3	0.538	0	79.1	0.865	2	72.7	0.940	1	74.0	1.052	4	70.6	1.136	14	73.4	1.782	0.5	..	1867
1866	7	69.8	1.218	2	73.5	1.365	2	73.4	1.026	2	58.3	1.597	6	67.3	0.956	2	77.9	0.565	3	71.8	0.631	0	74.6	0.577	2	81.7	0.725	1	73.1	1.086	0	70.3	1.313	1	70.9	1.932	28	72.5	2.184	0.9	..	1866
1865	43	69.9	1.344	49	70.2	1.380	35	71.3	1.380	22	66.8	1.121	20	75.4	0.744	33	75.8	0.683	21	74.2	0.746	11	72.6	0.775	3	73.1	0.841	5	68.1	1.100	8	74.9	1.280	5	78.8	1.249	255	74.3	1.504	7.5	1.06	1865
1864	4	72.8	1.091	11	70.3	1.199	19	67.3	1.003	22	75.1	0.798	25	75.7	0.828	19	65.7	1.062	20	67.4	0.632	10	78.0	0.454	16	76.2	0.836	18	75.2	1.158	45	77.6	1.487	57	78.8	1.840	266	72.5	1.840	8.0	..	1864
1863	7	75.9	1.558	19	71.8	1.747	7	69.2	1.317	5	70.6	1.194	11	70.3	0.678	7	76.2	0.823	4	87.3	0.590	4	82.6	0.614	3	84.3	0.975	4	80.9	0.769	4	73.3	1.064	16	70.4	1.364	91	76.1	1.747	2.8	..	1863
1862	4	72.7	1.630	3	72.8	1.500	5	67.9	1.080	4	64.0	0.910	8	64.9	0.780	3	78.6	0.710	2	74.4	0.760	1	71.3	0.760	3	82.9	0.920	6	80.9	1.160	3	79.8	1.350	5	78.1	1.490	47	74.0	1.910	1.8	..	1862
1861	4	84.2	1.230	4	79.3	1.430	4	77.9	1.420	3	75.3	1.470	7	72.6	1.200	6	76.6	0.730	10	77.3	0.620	3	79.2	0.730	4	77.1	0.980	3	73.8	1.080	3	73.7	0.930	5	62.8	1.530	57	75.8	1.660	1.9	..	1861
1860	5	54.8	0.924	6	57.5	1.480	8	55.5	1.050	1	51.6	1.125	11	61.9	0.952	10	69.3	0.968	7	78.4	0.685	4	83.9	0.578	5	81.0	1.053	2	84.3	1.245	1	83.2	1.259	4	87.6	1.420	64	70.8	1.562	2.4	1.00	1860
1859	12	59.7	1.450	12	59.2	1.096	5	59.0	1.311	3	49.2	1.055	5	80.6	0.706	5	70.3	0.703	3	64.8	0.802	2	67.5	0.802	7	69.5	0.538	5	56.9	0.995	1	60.6	0.980	11	56.4	1.173	71	62.8	1.231	3.1	..	1859

TABLE NO. 3.—Deaths in Providence from Scarlatina, with Correction for Increase of Population. Basis, 50,666. In 1873-4, a large strip of territory was annexed to the city.

YEAR.	JANUARY.	FEBRUARY.	MARCH.	APRIL.	MAY.	JUNE.	JULY.	AUGUST.	SEPTEMBER.	OCTOBER.	NOVEMBER.	DECEMBER.	TOTAL.	PERCENTAGE.	CORRECTION.
1875	19	19	10	9	10	5	3	4	2	2	7	3	93	4.91	1.99
1874	29	31	21	27	21	41	16	7	12	19	16	28	268	13.56	1.99
1873	8	6	5	6	10	11	10	12	17	9	15	23	132	7.76	..
1872	0	3	2	3	6	0	0	0	1	1	1	2	19	1.20	..
1871	3	7	4	1	2	1	0	0	0	1	1	1	21	1.69	..
1870	13	5	5	4	0	3	1	0	1	0	0	3	35	2.80	1.36
1869	35	17	19	11	8	4	4	11	10	7	4	8	138	11.12	..
1868	1	4	2	1	4	3	2	4	4	4	7	14	50	4.60	..
1867	1	2	0	0	1	1	0	1	0	1	1	2	10	1.06	..
1866	1	0	0	1	0	1	0	0	0	0	0	0	3	0.29	..
1865	20	22	13	13	8	16	9	4	0	2	1	0	108	9.03	1.08
1864	1	4	8	6	14	8	8	6	8	11	35	32	141	11.21	..
1863	1	5	5	4	6	5	1	0	1	0	0	5	33	2.78	..
1862	1	0	2	1	4	1	1	0	0	1	1	2	14	1.53	..
1861	4	0	1	1	4	4	6	2	2	1	1	2	28	2.76	..
1860	3	0	1	0	6	3	1	1	0	1	0	1	17	1.77	1.00
1859	8	9	3	3	4	1	2	1	4	4	0	6	45	5.18	..

TABLE NO. 4.—Average Relative Humidity and Barometric Range of Months, registering equal Deaths from Scarlatina throughout the State.

DEATHS.	MONTHS.	R. H.	B. R.
63	1	73.1	0.811
58	1	84.3	1.552
57	2	81.4	1.449
55	1	76.0	1.194
51	1	76.2	5.804
50	1	72.4	1.410
45	3	75.4	1.347
43	1	69.9	1.344
42	1	68.6	1.046
36	1	78.4	1.032
35	1	71.3	1.380
33	1	75.8	0.683
31	1	75.9	1.205
30	3	71.9	1.249
27	2	81.0	0.747
26	3	79.3	1.050
25	2	74.3	1.215
24	5	73.7	1.108
23	2	72.4	0.919
22	3	71.0	1.115
21	2	74.4	1.265
20	2	70.2	0.636
19	4	71.6	1.322
18	5	78.6	0.989
17	3	73.1	1.124
16	2	73.3	1.100
15	4	73.0	0.911
14	2	78.0	1.120
12	4	65.6	1.172
11	7	66.2	1.050
10	7	76.4	0.773
9	2	70.1	0.985
8	6	67.7	1.027
7	10	74.0	1.037
6	8	73.8	1.073
5	17	70.1	1.070
4	15	78.2	1.062
3	21	74.5	1.025
2	17	72.9	1.024
1	14	72.4	0.993
0	8	76.6	0.848

TABLE NO. 5.—Average Relative Humidity and Barometric Range of Months, registering equal Deaths from Scarlatina in Providence.

DEATHS.	MONTHS.	R. H.	B. R.
41	1	73.1	0.811
35	2	76.9	1.146
32	1	78.8	1.840
31	1	76.0	1.058
29	1	83.9	1.058
28	1	78.4	1.032
27	1	72.4	1.410
23	1	84.3	1.552
22	1	70.2	1.380
21	2	73.3	1.160
20	1	69.9	1.344
19	4	73.2	1.142
17	2	79.0	1.145
16	3	76.4	0.925
15	1	67.4	1.852
14	2	73.4	1.127
13	3	69.1	1.304
12	2	76.9	0.867
11	4	70.9	0.898
10	5	74.3	0.924
9	4	71.3	0.955
8	9	72.2	1.036
7	5	76.2	1.130
6	9	70.2	0.849
5	8	71.8	1.243
4	21	73.9	0.893
3	12	69.1	0.989
2	16	72.7	1.096
1	43	74.9	1.043
0	38	73.6	0.976

Upon inspecting this table of years we first observe that the one registering the heaviest mortality (1874) was characterized by exceeding moisture, 76.0, only two within the entire period being damper; also that the barometric range was greater than obtained in a majority of the years, indeed may absolutely and independently be pronounced very considerable. 1869, presenting the next largest percentage, is *pre-eminent* for its humidity; but the barometric change was also large, attaining within 0.019 inches of that just mentioned. With this should be compared, however, the year reporting the second largest number, 1873, which exhibits the second largest barometric range with a degree of moisture above the average, 74.9. We now mistrust these elements exert an allied influence, and become satisfied of it after learning from Table No. 2 that more than half the total number of deaths from this disease during the period under examination occurred in thirty-eight months, whose average humidity was 75.3, and whose barometric variation was 1.147, while for the remainder of the time the figures are 73.2 and 1.019, respectively.

Under what circumstances do these forces exert unfavorable influence upon cases of scarlatina? Are they equally potent? Have they entered into an absolutely co-ordinate partnership? Turning to 1867, which reports the smallest number of deaths, we find the barometric change 0.042 inches greater than in that reporting the maximum, but the humidity was 2.6 less, and than the second year 12.2. Next compare 1871 with 1872, years in which the relative humidity varied but 0.2; the mortality is 20 per cent greater in the former than the latter. It has been sufficiently manifested to be impossible for such a result to obtain from the increased dryness of the earlier season; it must be ascribed to the increased variation of density amounting to 0.232 inches. The years 1865 and 1870 well illustrate the importance of the barometric element, although a portion of the heavy mortality of the former must be ascribed to other causes. Let either of these, however, be compared with 1862, which is but slightly dryer, and another fact is revealed, — that when the atmosphere has attained a certain freedom from watery vapor, the variation of the barometer is comparatively immaterial. An apt objector cites 1864 as disproving this statement, but the *monthly* death-

rate shows it to be fairly conformable. 1866 affords remarkable confirmation.

An allied fact appears upon simple inspection of the tables, — in a time of dampness great atmospheric vicissitudes are disastrous. Additional proof is found in the circumstance that the eight months in which no death occurred give an average humidity of 76.6, with a barometric variation of 0.848, while the seven months exhibiting the greatest mortality (334 deaths) give 78.9 and 1.238 respectively, this last being a change greater than half that which obtained in the year of extremest vicissitude.

From prolonged investigation of Table No. 2 it appears, first, that scarlatina is endemic to Rhode Island; of its essence nothing can be learned, but sure existence in one hundred and ninety-six months out of two hundred and four sufficiently attests permanence. Second, that at irregular intervals it bursts forth from its hidden lairs in paroxysms of uncontrollable fury, its appetite unsatiated until every weak, defenceless one has been devoured. Third, that its rapacity is aroused by, and is proportionately dependent upon, great variations in the density of the atmosphere and excess of aqueous vapor therein contained. Fourth, that the former condition exercises the more potent influence, but is by no means independent of the latter. Fifth, that a correlate relation subsists between them: if both are in excess, or even only one, the other lingering near the median point, danger may be apprehended; but if both are low, or one only, especially if it be humidity, the other remaining about average in degree,\* comparative safety obtains. Time and space forbid detailed application of this simple working law.

This principle will explain the mysterious phenomena of "mild epidemics." In certain situations the disease may prevail extensively from importation or otherwise, but as these constitutional depressants are absent, few are so feeble as to succumb to the attack. The heavier mortality of the wintry months ceases to perplex; for then, especially, the storm king delights to display his wondrous power and capricious temper. Finally, sufficient reason is found for the extension of scarlatina to older persons during our severer so-called epidemics.

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\* From the very nature of the problem it is impossible to determine exact bounds. Still, 71.7 R. H. and 1.175 B. R. may well be taken as medium figures.

The practical lesson derived from these facts must be patent to all. We may not control the elements, but the atmosphere of a sick-room lies measurably within our domain. It is possible, in very many cases, to keep the air fresh and *dry*; *then* may we regard with comparative serenity every fluctuation of the barometer. If the room be reeking with moisture, justly may one be alarmed for the safety of his patient. The use of water, either hot or cold, under direction of the physician, is not contra-indicated hereby. Indeed, any benefit would be increased for reasons sufficiently obvious to the thoughtful.

One fact connected with this subject may be referred to because of its general interest. Of the entire number of deaths reported from this cause, 8.81 per cent were those of persons under one year, 14.41 per cent of persons between one and two, 40.74 per cent between two and five, 26.77 per cent between five and ten, and 5.98 between ten and fifteen. Upon the principle that of two adequate explanations the simpler is the preferable, want of exposure is at least an important cause of the lower infantile mortality.

Three supplementary tables are added for comparison with No. 2. Table No. 3 contains the deaths reported in the city of Providence during each month of the same seventeen years, with the nearest possible correction for increase of population, and the percentage as referred to the entire number from known causes. Table No. 4 contains the average relative humidity and barometric range of months registering equal deaths from scarlatina throughout the State, excluding four months whose humidity was not registered. Table No. 5 contains the average relative humidity and barometric range of months registering equal deaths from scarlatina in Providence, including the four months just alluded to, the corresponding average humidity being based on that of the other months with equal mortality, without any reference to them.

These last two tables were prepared simply to ascertain their teaching. Certain peculiarities in their appearance (considered in the light of statements heretofore made) are due to the reciprocal action of the two forces.

## CERVICITIS WITH PROLAPSUS AND RETROVERSIO UTERI.

BY M. G. HOUGHTON, M. D., BOSTON, MASS.

WAS called to see Mrs. H—— in the fall of 1876, when I learned from the history of the case that for the two previous years she had been subject to neuralgic pains in pelvis, back, and abdomen, and left side of chest, and when on her feet a decidedly "bearing-down" pain.

Examination, digital, revealed procidentia and partial retroversion of the uterus, with the os uteri well down to the floor of the pelvis and vulva, and an enlarged cervix.

Speculum revealed slight erosion around the external os, and a sanious, pus-like discharge from the os and internal cervix.

*Treatment.* — Kept the patient mostly in the recumbent posture during the first week, though on either side, and requested her to turn on face instead of back when changing her position. Made an application of an unguent composed of *Lard* ℥<sup>1</sup>. *Iodoform*, grs. xv, to the os and internal cervix every day, and saturated a pledget of cotton with a mixture of *Glycerine* ℥<sup>1</sup>, Fl. ext. *Cimicifuga* ℥<sup>1</sup>, and passed the same up into the anterior cul-de-sac, which was also repeated every day.

Gave *Cimicifuga* 2x in solution, to be repeated every two hours, and a powder of *Helonine* ix every night.

Second week, improvement. Allowed the patient to sit up a portion of the time, but with the request to keep off her feet as much as possible. Continued treatment, excepting discontinued the *Iodoform* unguent.

Third week, uterus getting well up into place. Cervix much reduced in size, and very little or no discharge from the os. No neuralgic pain in pelvis or back, and no "bearing-down" pain. Continued *Cimicifuga* and *Helonine*, and the cotton pledget, though now saturated with a mixture of *Glycerine* ℥<sup>1</sup>, Fl. ext. *Hydrastis* ℥<sup>1</sup>. This treatment was continued about two weeks longer, which resulted in a cure; rarely some neuralgic pain in left chest, for which other remedies were given, with favorable results.

*A CASE OF POTTS'S FRACTURE WITH THE FOOT  
LOOKING INWARDS.*

BY H. M. JERNEGAN, M. D.

[*Read before the Massachusetts Surgical and Gynecol. Society at the September meeting.*]

IN December of 1873 I was called to attend a lady thirty-two years of age, who had fallen upon the ice so heavily as to disable her right foot. In questioning her as to the position of the foot at the moment of the injury, I found that the fright had bewildered her and she could only calculate that the foot was under her, and that the weight of her body came upon it. She stated that she heard it snap distinctly, like the report of a pistol, and that she was unable to step upon it upon arising. When I saw her she was upon the bed, lying upon the back, with the limb enveloped with cloths previously dipped in arnica and water. Removing the coverings I found the foot turned inwards, the sole presenting toward the opposite foot, and resembling somewhat in appearance a case of talipes varus. The ankle, however, was some distended with swelling, especially about and beneath the external malleolus, and there was some ecchymosis about both external and internal malleoli. The fibula was found fractured about two inches above the external malleolus, and not much displaced, though both fragments inclined some toward the tibia. The increase of the normal distance between the two malleoli I judged to be but slight, if there was any. The foot was easily restored to its proper position, and as the displacement of the fragments was not such as to demand any special postural apparatus, I was content with applying an internal straight splint, well cushioned, which served to preserve the normal pose of the foot and ankle, and ordered the continuation of arnica and water until the inflammation had suitably subsided for the application of the starch bandage, which she wore until the expiration of the fourth week.

I need but add that her recovery was attended by the usual drawbacks of fractures about this joint, and by no more than usual, and that now, after the expiration of nearly four years, the limb is quite as useful as formerly, though at times given to weakness and the seat occasionally of rheumatic pains.

The feature to which I wish to call the attention of the society

in this case is the position of the foot at my first visit, namely, a turning inwards, which was undoubtedly due, as well as the fracture of the fibula, to the forced adduction of the foot produced by the weight of the body coming suddenly in contact with the inner portion of the ankle and leg, while the foot rested upon its outer margin. Gross, in his "System of Surgery," says, "When the foot is forcibly adducted, the astragalus becomes the immediate cause of fracture, for this bone, turning upon its antero-posterior axis, escapes from the arched cavity formed by the tibia and fibula, and pressing against the other malleolus, breaks the fibula nearly at the same level as in the preceding case." — *Abduction of the Foot*, p. 992.

Four paragraphs further on he says, speaking of the symptoms of this fracture, "The chief signs will be slight eversion of the foot," etc. (page 993). Hamilton, in his work on "Fractures and Dislocations," after reviewing a record of cases under the heading of pathology, says, "In all of the fractures which have been produced by falls upon the bottom of the foot, and in all except one produced by a slip of the foot, the accident was accompanied with a dislocation of the ankle, the foot being turned outwards. In the one exceptional case mentioned, the dislocation may also have occurred, but the fact is not known. Both Malgaigne and Dupuytren have noticed a dislocation in the opposite direction, or a turning of the foot inwards, more often than a turning outwards. I cannot think their observations were carefully made."

Holmes, speaking of dislocations and of Potts's fracture, remarks, "The dislocation inward is also often accompanied by fracture of the tibia and possibly of the fibula also." In Hel-muth, we read, "In those cases of fracture of this bone where there is inversion, the internal malleolus is generally broken." We thus gather from a number of authors, one of whom is acknowledged as authority on fractures and dislocations (Hamilton), sufficient data to lead us to believe that a fracture of the lower fifth of the fibula is, as a rule, attended with a dislocation of the foot outwards, or eversion, while the exceptional inversion of the foot, or dislocation inwards, is accompanied by fracture of the internal malleolus. Malgaigne and Dupuytren, as remarked by Hamilton, have noted this inversion of the foot in fracture of

the lower fifth of the fibula, and that, too, unaccompanied by fracture of the corresponding malleolus; and the case which is now presented for your consideration, before being placed upon record, will simply serve as an illustration of the possibility that the observations of the two French surgeons were not altogether made devoid of care.

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*THE TWO HOMŒOPATHIES.*

(*Monthly Homœopathic Review.*)

BY DR. RICHARD HUGHES.\*

IN the year of our Lord 1790, when the eyes of all Europe were fixed upon the rapidly evolving drama of which France was the theatre, there was a man in Germany intent upon far different matters. This man was a physician, in the prime of his life; his name was Samuel Hahnemann. An accomplished scholar, both in medical and general letters; a profound chemist; the friend of the illustrious Hufeland, — he was utterly dissatisfied with the state of therapeutics in his day. One of its few bright spots seemed to him to be the treatment of ague by bark. He pondered much over the *rationale* of this curative action, — so simple, so direct, so effectual. How could other medicines be so used? How could other diseases be so treated? It occurred to him to try the effect of this bark in health; he experimented on his own person. He found that it set up a fever very like that which it cured. The relation between its disease-producing and disease-curing properties was that of similarity. Its operation, therefore, was an instance of that “*similia similibus*” which Hippocrates had recognized as occasionally holding good, and whose claims to notice and possibilities of fruitfulness as a therapeutic principle had been noticed by more than one writer. If it obtained in the present notable instance, the inference was obvious. Was it not possible that other cure work like that of bark in ague might rest upon such relationship between drug and disease, — might have been got from it occasionally in the past, might be got from it continuously in the future.

The question was a reasonable one; but it was only a question. It had to be answered by observation and experiment;

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\* Read before the British Homœopathic Congress, Liverpool, Sept. 13, 1877.

by reviewing the cures on record, and endeavoring to obtain new ones. Both were fully carried out. Hahnemann's *Organon* contains a copious list, drawn up from medical literature, of cures of disease effected by drugs which on no less satisfactory testimony were declared capable of causing similar conditions in the healthy. And his own experience, which was published from time to time, showed him that the power of similarly acting medicines was most undoubted, and their manner of curing greatly preferable. He now considered that the question had been answered affirmatively, the induction deductively verified; and, after suggesting it as a new method in '1796,\* in 1806† he confidently put forth *similia similibus*, ὁμοιοπαθεῖα, as the cardinal principle of therapeutics.

He had not gone far, however, in working out the method, when he found that to do so properly required a much fuller knowledge of pathogenetics than that possessed at the time. Records of poisoning and over-dosing were not scanty; but they referred only to a small number of very active substances, and to the large and crude effects of these. A few typical and severe diseases were here pictured, and served for the early application of the method. But if it was to be carried out systematically, if the variety of morbid conditions which come before the physician were to be "covered" by corresponding drug effects, his knowledge of the latter must be indefinitely increased. With Hahnemann, to perceive this need was to feel the obligation of supplying it; and to feel the obligation was to fulfil it. He at once set to work to "prove" medicines on his own body and that of other healthy persons. In 1805 he had collected sufficient material of the kind for publication; and it appeared in his treatise *Fragmenta de viribus medicamentorum positivis*, which contains pathogenetic effects of twenty-seven drugs, obtained from the ingestion of single full doses.

But yet another step had been taken before this time. In prescribing medicines according to the rule *similia similibus*, Hahne-

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\* In his "Essay on a new Principle for ascertaining the curative Power of Drugs" (*Hufeland's Journal* Vol. II. See Dudgeon's translation of his Lesser Writings, p. 295).

† "The Medicine of Experience" (*Hufeland's Journal* for 1806. See translation, p. 497).

mann, of course, gave them singly, and without the complex admixtures so common in his day. He administered them, however in the usual doses. It is not surprising that his patient's symptoms, even though ultimately removed, were often in the first instance severely aggravated. It needs no argument to show that the ordinary doses of *arsenic*, against which even a healthy stomach needs to be shielded, would increase the irritation of one already inflamed : for which, nevertheless, the homœopathic principle would direct its being given. So Hahnemann found, and he reduced his doses accordingly. He did so by mixing his solutions or tinctures with definite proportions of some menstruum, as water or alcohol. The now well-known advantages of dilution came out in this process ; and he found that attenuation could be carried to an extent hitherto undreamt of without the remedial power of the drug being lost. Accordingly, in his treatise on the "Cure and Prevention of Scarlet Fever," published in 1801, we find him recommending *belladonna*, *opium*, and *chamomilla* in fractional quantities about equivalent to our third centesimal dilution, and defending his practice in "Hufeland's Journal" of the same year.

His complete method, constituted as now described, is set forth in the luminous essay entitled "The Medicine of Experience," published by him in the same journal for 1806. He there expresses his conviction that, "as the wise and beneficent Creator has permitted those innumerable states of the human body differing from health which we call diseases, he must at the same time have revealed to us a *distinct* mode whereby we may obtain a knowledge of diseases that shall enable us to employ the remedies capable of subduing them ; he must also have shown to us an equally distinct mode, whereby we may discover in medicines those properties that render them suitable for the cure of diseases." To obtain this practically useful knowledge of disease, he maintains, we must abandon all speculation as to its essence, and content ourselves with a faithful and detailed picture of its manifestations, with their predisposing and exciting causes when these can be discovered. To ascertain the properties of medicines we must experiment with them on the healthy human body, noting the symptoms which result in their order and connection. We must then, if we wish a permanent and curative effect, administer in

disease that drug whose effect most nearly resembles the morbid condition before us. To give, as is ordinarily done, remedies whose primary action is opposed to the diseased state we have to treat (as opium for sleeplessness), is mere palliation, and useful and necessary in but few cases. Finally, curative—because similarly acting—remedies must be given in comparatively small doses, lest excessive aggravation or undue reaction should occur; and so sensitive is the diseased body to their influence, and so purely dynamic their mode of operation, that doses of extreme minuteness—even to a millionth part of those ordinarily given—will often suffice for the end proposed. Such medicines, also, should be given singly; and the doses should not be needlessly repeated, each being left to work within its ascertained term of action. “If,” he sums up, “as is not unfrequently the case when there is a sufficient supply of well-known medicines, a positive remedy, perfectly appropriate to the accurately investigated case of disease be selected, administered in a suitably small dose, and repeated after the expiry of its special duration of action, should no great obstacles come in the way (such as unavoidable evolutions of nature, violent passions, or enormous violations of regiminal rules), and should there be no serious disorganization of important viscera, the cure of acute and chronic diseases, be they ever so threatening, ever so serious, and of ever so long continuance, takes place so rapidly, so perfectly, and so imperceptibly, that the patient seems to be transformed almost immediately into the state of true health, as if by a new creation.

I have brought these facts, dates, and quotations before you as the best mode of exhibiting the first of the “Two Homœopathies” I am proposing to discuss to-day. The therapeutic method they describe presents several aspects for consideration.

1. It would, I think, be impossible for any unprejudiced person at the present day, standing in the light of the medical knowledge now enjoyed, and having some acquaintance with the doctrine and practice current in Hahnemann’s time, to doubt that the reform thus proposed by him was a real and most beneficent one. Pathology, at the end of the eighteenth and the beginning of the nineteenth century, was a tissue of the most baseless hypotheses; the therapeutics associated with it were

a mixture of violence and confusion. Men were treating, as Hahnemann says, "unknown morbid states with unknown medicines," opposing fancies about the one to fancies about the other. In the stead of this most unsatisfactory system he proposed a method alike simple, intelligible, and innocuous. It consisted, as we have seen, in the following elements :—

1. The apprehension of disease by its symptoms, *i. e.*, as we say, by its clinical characters and history.
2. The ascertainment of the power of drugs by experimentation on the healthy human body.
3. The application of drugs to disease by a principle which at least insured directness of aim.
4. The administration of remedies singly, instead of in complex admixture.
5. Their prescription in doses too small to aggravate existing troubles or cause extraneous ones.

Who can doubt the blessing it would have been to mankind had such a method been adopted when Hahnemann promulgated it? Who can reckon the thousands that would have been saved from the murderous and poisonous doings universally prevalent in the days when bleeding and mercurialization reigned supreme in therapeutics? If the profession can go no further with Hahnemann, if even they feel his system imperfect for fully dealing with disease in all its forms, let them at least admit the vast advance it made upon the practice of its day, and its anticipation of much that is now regarded of unquestionable importance.

2. If this is the aspect which Hahnemann's original homœopathy has for the practitioners of medicine in general, it has no less important bearings for those whom adherence to his doctrines has formed into a distinct body.

The great majority of these, at least in the Old World, have been converts from the recognized modes of practice. The expositions of homœopathy which have satisfied their reason, the cures which have established their faith, have been of the kind we have seen in the earlier writings and practice of its founder. They have accepted his method as he himself then conceived it, — with its laws of similarity, its provings of medicines on the healthy, its single medicine, and its small dose ;

but they do not think they need follow him in the rejection of the pathology of their day, as he in that of his. They find him allowing the existence of certain specific diseases, always essentially identical, for which fixed remedies can be ascertained; and they think that the advance of knowledge has identified many more of the same kind. They prefer to work the rule *similia similibus* with pathological similarities, where these are attainable; though in their default they thankfully use the comparison of symptoms. Accepting his statement, that attenuation within the millionth degree hardly weakens the power of a drug for good, while it robs it of power to harm, they freely use such fractional quantities; but they rarely go beyond this limit, and as a rule steer closer to the other end of the scale. They do not mix medicines, but they often alternate them; and they supplement them more or less freely with such agents as — lying outside the range of pure homœopathic medication — are commonly called auxiliaries.

On the other hand, there are many — especially in America — whose views of homœopathy have been formed upon the later teachings of the master, of which I shall subsequently speak; and some of these have become more Hahnemannian than was Hahnemann himself. Among these colleagues of ours there has often displayed itself an intolerant spirit towards such as occupy the more independent position I have described above. My good friend, Dr. Lippe, of Philadelphia, is a leading spokesman of this party; and he is at present breathing out threats of exclusion and excommunication against all who cannot subscribe to the full homœopathic creed, as he conceives it. Hard words are used of these, of which “mongrel” seems the favorite; and they are bidden to depart from the associations of the true followers of Hahnemann, and to profane the name of homœopathy no more.

Now I must protest with all my might against such narrowing proceedings. If men have, *in bona fide*, cast in their lot with us; if they have sought membership in homœopathic societies, have written in homœopathic journals, and worked in homœopathic hospitals and dispensaries; if they are content, out of devotion to the common cause, to co-operate with their stricter colleagues in spite of what they must consider their extrava-

gances, surely the latter may be content to co-operate with them. All recognize the method of Hahnemann as their rule of practice; but some stop short at a certain stage of his elaboration of it, and think that beyond this limit it is unverified. Why should they not do so, if such is their deliberate judgment? And why should those who go further vilify them and refuse their fellowship? Their practice is surely good practice as far as it goes, — far superior to that of one who rejects the master's teachings altogether. Pathological similarity must be better than no similarity at all. It may be a pity to alternate, but it is less injurious than to mix. Auxiliaries may be used far more than is needful; but that is better than using nothing else.

And there is another important consideration to be submitted. Our best hope of winning converts to our system from the old school, and — which is better still — of obtaining its recognition from the profession as a legitimate therapeutic method, lies in the existence of the less distinctive homœopathy I have described. I believe it is vain to expect that unqualified liberty of opinion and practice which we demand. The day is far distant, to my thinking, when the members of medical societies and the readers of medical journals will take patiently the narratives of cures wrought by medicines selected because of minute symptomatic resemblance, and given in highly attenuated doses. But the occasional similarity of disease to drug, and the use of quantities of some fractional exiguity, are not so unfamiliar to medical men in general but that they may come to admit the possibility of such facts having a wider range than they before supposed. As a bridge over the gulf which divides the pure Hahnemannian school from that of modern medicine, I hail the existence of the more moderate homœopathy; and I have hope that upon it there will ere long be much passing to and fro between brothers too widely separated.

If I may give a word of counsel to those whose position I have now been surveying, it would be that they should follow up their own tendencies to the full by testing the capabilities of the mother tincture. Every now and then our brothers of the old school borrow a bit of practice from us, and (though sometimes the reverse is true) by giving larger doses than we have been accustomed to employ they outdo us with our own weapons.

We cry out, This is homœopathy ; we have been giving such a remedy for many years past. It is true ; and yet we have never got such results from it. Recent communications on the use of *phosphorus*, *silica*, and the alkaline sulphides illustrate what I mean. It is a pity that we should leave such developments of our principle to those who oppose and reject it, when we are ourselves placed on such vantage-ground for instituting them.

Hitherto I have been vindicating the legitimacy of the homœopathy taught by Hahnemann up to 1806 to be called by that name, and to be practised by professed acceptors of the system. But it is another question whether it is wise to pause there ; and whether, in declining to follow him further in the elaboration of his method, there may not be involved the neglect of a more excellent way.

It will be remembered that, when he wrote the "Medicine of Experience," Hahnemann was only fifty-two years of age. In the ordinary course of things, supposing health and strength to be spared him, there were at least twenty years of work remaining to him ere age should begin to dim his perceptions and enfeeble his faculties. Such work, moreover, if less original than that of earlier life, ought to be more matured ; it should naturally contain the ripest fruits of a man's thought and observation. Now the twenty-two years which followed 1806 were those of Hahnemann's greatest activity as a practitioner and a writer. To this period belong the first four editions of the *Organon*, the first and second of the *Reine Arzneimittellehre*, and the first of the *Chronischen Krankheiten*. He is at Torgan from 1806 to 1810, and at Leipzig from the latter year up to 1821, in both enjoying large opportunities of practice ; while from 1821 to 1828, at Cœthen, he has leisure to weigh the results of his experience, and to consider the problems of chronic disease presented by the sufferers of this kind who resorted to him there for treatment. It can hardly be doubted that whatever practical developments his method received during such a series of years are entitled to the most respectful consideration of those who accept that method in its essence.

There are four points, it seems to me, at which we discern a distinct advance and elaboration on Hahnemann's part at this time.

1. The first has regard to the principle on which selection by similarity should be carried out. Of course, wherever all the symptoms of a disease are reproduced in the pathogenesis of a drug, there is no difficulty; and where no drug has them all, *cæteris paribus* the one which possesses the greater number would have the preference. But Hahnemann found after a time that this *cæteris paribus* involved a good deal. A mere quantitative dealing with symptoms proved insufficient; they must, he saw, be weighed as well as counted; they must be treated qualitatively. And now, in seeking to appreciate the relative value of symptoms, he was led to two important conclusions: viz, that peculiar and unusual features, both of drugs and of diseases, should count for more than common ones; and that subjective symptoms — and especially those of the mind and disposition — should preponderate over such as were objective and physical. These views led him to attach less importance than he had formerly done to the disease — as nosologically or pathologically defined — which was before him, and to think more of the special sufferings of each patient. The result was the doctrine expressed in the phrase “individualization,” with the provisos I have mentioned as regards the relative value of the symptoms present.

2. Up to 1806, Hahneman had affirmed nothing more about the minute doses he had been led to employ, than that they hardly lost any of the efficacy of the medicines, while they robbed them of power to injure. But as he went on attenuating the more potent drugs employed, and as he applied the same process to substances comparatively or absolutely inert, he seemed to find a real development of power to be brought about. While all physical and chemical qualities disappeared, such as odor and color, alkalescence or acidity; while all actively poisonous properties were lost, — the medicines gained a penetrating energy as curative agents hitherto unknown to him, and a tenfold wider range of action. Some of them retained this even up to the thirtieth or decillionth dilution; others seemed to act best in other potencies of the scale, as from the second to the twenty-fourth; very few were the better for no attenuation at all. Hahnemann's second point, as made at this period, was the positive efficacy of infinitesimal doses, as prepared according to his

manner; and their general superiority for the homœopathic treatment of disease.

3. Hahnemann had already warned against the needless repetition of doses. In the "Medicine of Experience" he had advised the duration of each drug's action to be ascertained, and the dose to be repeated accordingly. In the first edition of the *Organon* (1810), he substitutes for this rule, as based on an uncertain quantity, another, which directed that the effect of a first dose should be allowed to subside ere another (if necessary) was given. But, whether by one plan or the other, treatment by single doses became increasingly Hahnemann's ideal throughout this period. It shows itself in every piece of practice he mentions, and in every case he records.

4. It may be thought strange that I should name, as a fourth step of advance on Hahnemann's part, his doctrine of chronic diseases. It would be so, did I mean by so doing to indorse the psora-theory, in its definite dependence on the entity itch. Hahnemann was indubitably in error about the pathological significances of this disease, as was Autenrieth, and many another before him and after him. But, stripping his doctrine of all reference to this particular disease, it remains, in its essential substance, a most valuable induction from observation and guide to practice. It is the affirmation that, when disease becomes chronic, it is because of some morbid diathesis, some constitutional taint; that the manifestations of this condition must not be treated as if they were mere local affections; that even the ordinary internal specifics of homœopathy are mostly insufficient for their cure, and must be supplemented by new medicines, of a profound reach and long duration of action. It was this thought which led Hahnemann to introduce the so-called "anti-psorics" into medicine, which enriched the *Materia Medica* with *alumina*, *antimonium crudum*, *baryta*, *calcareo*, *graphites*, *kali carbonicum*, *lycopodium*, *natrum muriaticum*, *platina*, *sepia*, *silica*, and *zincum*.

What I have said about the distinction between the speculative theory and the practical doctrine of chronic disease applies to much else in Hahnemann's work at this time. His discovery of the efficacy and sufficiency of infinitesimals, for example, was mixed up with hypotheses of all disease being a derangement of the "vital force," and of a "dynamisation" effected in medicines

by the processes of trituration and succussion to which he subjected them. All this may be rejected, as it generally has been rejected; but the discovery remains. It is thus with the various explanations he suggested of likes being cured by likes. Few receive these, but that *similia similibus curantur* is acknowledged by all his disciples.

Dismissing, therefore, the theories of the master as of doubtful value and only speculative interest, let us fix our attention upon him in the sphere of his true greatness, and consider his practical rules. I can but very briefly indicate the facts and arguments by which they have been substantiated. In so doing, I shall draw chiefly on the writings of our deeply lamented colleague, Dr. Carroll Dunham. I feel that I am indebted to him for the conviction of the reasonableness of Hahnemann's fuller doctrine, as I was to Dr. Madden many years ago in respect of homœopathy generally.

1. And first, as regards individualization. It is pointed out that while a few leading symptoms are sufficient to enable us to diagnose the nature of a case, and for this purpose we may ignore the rest, it cannot be so when we are to treat it by the method of similarity. Every appearance the patient presents, every sensation he experiences, every circumstance of amelioration or aggravation of his sufferings, must have some pathological basis, and must be taken into account in the choice of a remedy. Just in proportion as a drug has been found capable of causing all these concomitants and characteristics, it will be the rapid and certain cure for the case in which they occur. If it is otherwise, then, although the drug may have produced the actual disease, nosologically speaking, by which our patient is attacked, yet it may not be essentially homœopathic to the form of the disease now before us. It may be fever we are treating, and our medicine may be truly pyreto-genetic. But suppose the pyrexia it causes is accompanied with great restlessness and anxiety, while the febrile sufferer under our care lies dull and listless, there is a lack of true homœopathicity between disease and drug. Adherence to the "totality of symptoms" would set us right, though we could not define or explain the difference between the two cases. Again, our patient may have rheumatic joints; but their painfulness may be either increased by continued motion or the reverse.

It is obvious that this distinction must depend on the presence or absence of an inflammatory condition of the parts, and must modify accordingly our whole management of the case. But, even though we knew not its significance, it would symptomatically guide us to the choice between *bryonia* and *rhus* as the medicinal remedy.

The individualization of each case, therefore, by the totality of its symptoms, is the only certain method of arriving at the true *simillimum* for it among medicines. The more we generalize, and refer it to a class, the less happy we shall be in our drug-selection for it. And, should there be no drugs which correspond to it as whole to whole, we should select that one which has caused any peculiar features it may have, if we have good reason to believe such remedy suited to the essential malady present. Correspondence at such special points indicates a very close relationship between disease and drug, far more so than if common characters only were in questions. Subjective symptoms outweigh objective ones in such differentiation, for they present less of the common than of the peculiar features of a case. They are, moreover, of great value, as being the earliest signs of disorder, before organic change has begun. They constitute the main phenomena of a malady at a stage in which it is still curable. I should have liked, had time permitted, to have read an extract from the "Address on Medicine," delivered by Dr. Russell Reynolds before the British Medical Association in 1874, enforcing the importance of subjective and mental symptoms. "We are bound to remember," he concludes, "that there are many affections of which they furnish the earliest indication, and there are not a few of which they are throughout the only signs."\*

2. And now as to the infinitesimal doses of this period, by which I mean the dilutions from the 3d to the 30th. Evidence as to their positive efficacy, and as to the comparative inertness of many medicines unless thus attenuated, is abundant. The best proof of the latter point is that in the practice of those who confine themselves to the lowest potencies, such remedies find little estimation or use. But a good deal of consideration is also

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\* See also Dr. Madden, "On Subjective Symptoms," in *British Journal of Homœopathy*, XXVIII, 458; and Dr. C. Dunham, in *Transactions of N. Y. State Hom. Med. Society* for 1863, p. 68.

due, I think, to the position of those who affirm the relative superiority of infinitesimal over more substantial doses. Besides Hahnemann himself, this class includes Dunham, Hoppe, von Grauvogl, and Chargé; and — to some extent at least, as evidenced by their practice — Tessier and his foremost disciple, Jousset. The first-named has shown, from the comparative statistics of Wurmb and Caspar's Hospital, that in pneumonia the action of the 30th decimal dilution was more certain and more rapid than that of the 15th and the 6th, while of the two last the 15th bore away the palm.\* There is, moreover, in the general tone of those who employ highly attenuated medicines, a confidence in their remedies, an habitual sense of power and success, which cannot be disregarded.

3. Regarding the use of single doses, instead of a series of them, allowing the medicine thus given to act undisturbed for a reasonable length of time, I can say little at present. When we find so scientific a physician as Professor Hoppe maintaining the reasonableness of this practice, and a veteran like Jahr saying that his best cures have been achieved in this way, which — he truly says — was that of Hahnemann and all his disciples for the first twenty years of homœopathy, it merits our best consideration.

4. And, lastly, as to the doctrine of chronic diseases. I think there can be no doubt of the immense benefit which has resulted therefrom in the past, in the tendency it has given us to look to the possible constitutional origin of local and superficial affections, and to treat them accordingly. This view, and our possession of the "anti-psoric" medicines, has placed us on the same vantage-ground towards all such affections, as, *e. g.*, the knowledge of the syphilitic origin of many examples of nervous disease has afforded in general medicine. There is a tendency in a certain school of homœopathists to think of all disease as local, and to neglect medicines which have not an absolute physiological action dependent on dose. Such, for instance, would be the result of my friend Dr. Sharp's system, if it were allowed to embrace the whole sphere of therapeutics. We need, I think, to be recalled to Hahnemann's sounder standpoint if we are not to lose many

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\* See *Amer. Hom. Review*, Vol. IV.

of the triumphs over chronic disease which have hitherto waited on the steps of those who have adopted his method.

The second of our "Two Homœopathies" is now before us. It is that which Hahnemann taught and practised between 1806 and 1828. With the further modifications which took place subsequent to the latter date I have nothing at present to do. The new points which a man makes after 74 have no *à priori* recommendation in their favor; and that the first of them here was the fixing the 30th attenuation as the uniform dose of all medicines, whether for provings or for curative purposes, does not invite us to welcome the rest. To make the Hahnemann of 1830-43 our guide is, I think, to commit ourselves to his senility. But the second homœopathy which I have been expounding to-day is the fruit of his ripest manhood, and I think it ought to be more cultivated than it is in England at this time. I doubt whether it is, at least in all hands, applicable to the exigencies of every-day practice and the treatment on a large scale of acute disease. But when there is more leisure, and especially when chronic disease comes before us, I think that our best hope of making certain and speedy cures, whose brilliancy shall recall the earlier days of our system, lies in our adherence to that (shall I call it?) higher homœopathy which the genius and toil of its discoverer have elaborated for us.

And as I spoke of the other form of our practice as having an irenical value, in that there was so little in it to repel our colleagues of the old school, so I must think it a great advantage in the more distinctive homœopathy I have now characterized that it will preserve the method of Hahnemann from absorption. That we individually should lose all we now have of separateness in name and position, and should merge in the general body of the profession, is for me a prospect full of satisfaction. My only dread would be lest our method should suffer in the process of amalgamation, — should be shorn of its integrity, and remain only in the specific remedies which it has up to this time discovered. Believing that its loss would be a disaster alike to medical science and to humanity, I plead for this fuller carrying out of its developments, in which its distinctive nature is and will remain unmistakable. Let the full homœopathy of Hahnemann be criticised and tested to the utmost, but let it not perish!

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# THE NEW ENGLAND MEDICAL GAZETTE.

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BOSTON, DECEMBER, 1877.

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WE take pleasure in presenting to our readers the following article, very kindly sent us by W. Y. Cowl, M. D., House Surgeon of the Ward's Island Homœopathic Hospital. The comparative statistics in the article are especially interesting as showing, as far as hospital practice at least is concerned, the superiority of our method of cure, not only the death-rate being proportionally less, but also the expense per patient. We are requested by Dr. Cowl to state, for the benefit of the students at the University, that there will be a competitive examination for Resident Physicians at the hospital next spring, when there will be eight vacancies to be filled. Notice of the exact time of examination will be given.

*THE HOMŒOPATHIC HOSPITAL, WARD'S ISLAND, NEW YORK.*

BY WALTER Y. COWL, M. D., HOUSE SURGEON.

THIS hospital, founded in September, 1875, by the Commissioners of Public Charities and Correction of this city, for the homœopathic treatment of indigent persons, unable otherwise to command such medication, and located in the large and commodious building on the eastern end of Ward's Island, formerly used for the New York City Inebriate Asylum and Soldiers' Retreat, has been receiving patients for the past two years, treatment being invested in a Medical Board of sixteen visiting physicians and eight visiting surgeons, and a house staff of successively four, six, and eight physicians and surgeons under the supervision of a chief of staff, who is the superintendent of the institution and its principal executive officer, assisted by an able corps of nurses belonging to the training school.

This general charity hospital, the first one placed under the care of homœopathic practitioners among English-speaking people, has been considered an experiment, and as such no effort has been spared by the resident and visiting staff, as well as by the laity of the city, to make it an assured success, which it is believed a reference to the following statistics will abundantly demonstrate. For the opportunity to show thus publicly the capability of homœopathic practice, and to possess those hospital advantages, equally with the old school, which

to our profession are so valuable, the Commissioners of Public Charities and Correction are ever gratefully to be remembered as the ones to first give an important governmental trust into the hands of the new school of medicine.

For the first twenty months the difficult and delicate administrative, as well as responsible medical position of chief of staff was most ably held by Selden H. Talcott, A. M., M. D., with successively Drs. Duncan McFarland, J. D. Madden, C. L. Nichols, and R. B. Sullivan, on the staff of 1875; Drs. F. A. Bishop, W. F. Decker, F. M. Earle, F. A. Hale, R. W. Mifflin, and A. P. Williamson, on the staff of 1876; and with Drs. Bukk G. Carleton, Chas. C. Boyle, Geo. Allen, E. R. Corson, Geo. W. Blodgett, C. W. Cornell, W. H. Stevens, and Walter Y. Cowl, on that of 1877. On the 1st of May last, Dr. Talcott accepted the responsible position of medical superintendent of the State Homœopathic Asylum for the Insane at Middleton, N. Y., resigning his successful labors in this institution, to the regret of all. At the same time was appointed as his assistant, Dr. A. P. Williamson, of the house staff, which had closed their year on April 1.

For the past four and a half months (since May 1), the hospital has continued its success under the administration of A. W. Holden, A. M., M. D., its present chief of staff.

As a positive statement from which comparisons may be made and inferences drawn, the following tables are presented, compiled from the reports of the Commissioners of Public Charities and Correction for the years 1875 and 1876, which contain the reports of the heads of the various institutions with full statistics. Besides the Homœopathic Hospital, Charity is represented as being a general hospital, similar to the former (having the same class of cases), and one in which excellent old-school talent is engaged. Bellevue, as it has the best of such talent, and moreover, is most widely known, even although strict comparisons cannot be made, for at present only acute medical and surgical cases are sent there.

#### HOMŒOPATHIC HOSPITAL.

First and second years.	Patients treated.	Deaths.	Death rate per cent.
Sept. 14, 1875, to Sept. 14, 1876 . . . . .	2,311 . . . . .	152 . . . . .	6.58
“ 1876, “ 1877 . . . . .	4,430 . . . . .	220 . . . . .	4.96

#### STATISTICS 1876.

A.	Bellevue.	Charity.	Homœopathic.
Capacity for beds Dec. 31 . . . . .	700 . . . . .	790 . . . . .	650
Census of patients “ . . . . .	647 . . . . .	765 . . . . .	486
“ “ Jan. 1, . . . . .	493 . . . . .	804 . . . . .	313

Admissions . . . . .	5,165 . .	7,817 . .	2,764
Patients treated . . . . .	5,658 . .	8,621 . .	3,077
Deaths . . . . .	698 . .	699 . .	187
Death-rate per cent . . . . .	12½ . .	8½ . .	6½

<b>B.—Expenditures.</b>		Bellevue.	Charity.	Homœopathic.
Total . . . . .	\$126,396 . .	\$133,506 . .	\$53,031	
Daily expense per capita . . . . .	\$0.4763 . .	\$0.3615 . .	\$0.2915	
Drugs, medicines, and liquors . . . . .	\$13,688 . .	\$13,478 . .	\$1,612	
Average per capita . . . . .	\$2.419 . .	\$1.563 . .	\$0.523	
Ratio per capita . . . . .	4.6 . .	3 . .	1	

<b>C.</b>		Charity.	Homœopathic.
Total deaths . . . . .		699 . .	187
Deaths from phthisis . . . . .		190 . .	104
Ratio per cent . . . . .		27.18 . .	55.60

DEATH RATES PER CENTUM.

General Hospitals.	Dept. Pub. Char. and Cor.	1875.	1876.
Bellevue . . . . .	New York City . . . . .	12.6 . .	12.5
Charity . . . . .	Blackwell's Island . . . . .	7.7 . .	8.1
Homœopathic . . . . .	Ward's Island . . . . .		6.1
Convalescents' . . . . .	Hart's Island . . . . .	9.7 . .	7.7
Infants' . . . . .	Randall's Island . . . . .	28.1 . .	31.5
Incurables' . . . . .	Blackwell's Island . . . . .	21.2 . .	24.4

The *rates of death*, as stated above, are the most positive of all hospital statistics, because of their certainty, depending, as they do, upon two absolute facts, one the number of deaths, and the other the number of patients treated. Neither opinion nor ambition can change these records; *cæteris paribus* that hospital employs the *best treatment*, the death-rate of which is the lowest.

That the Homœopathic Hospital has by far the lowest death-rate, of any of the charity hospitals at least, the above table shows. That it had lower death-rate during even its first year (notedly the most deadly) than any other American or known foreign hospital even at present, was stated by Dr. Talcott one year ago.

That *other things* than treatment are not in favor of this hospital can be easily shown with regard to Charity, if not entirely with regard to Bellevue.

*First.* In his report for 1876, the examining physician, who assigns all patients to the various hospitals, states that, "Principally acute medical and surgical cases were assigned to Bellevue Hospital," one case in every four being received from the ambulances. "Sub-acute and chronic medical and chronic surgical cases were as far as possible equally divided between Charity and the Homœopathic Hospitals."

“ All patients whose permits were marked for the Homœopathic Hospital at the Central Office were assigned thereto ; also patients who had notes of request from homœopathic physicians, besides their permits.”

“ Permits which had been signed for Bellevue and Charity hospitals were altered for the Homœopathic Hospital whenever patients manifested a predilection for homœopathic treatment, and *vice versa*.”

The above shows that this hospital receives no better class of cases than Charity or Bellevue, as was to be expected ; for age takes precedence always of youth. In fact, quite a proportion of the cases at Charity are venereal or parturient ones, which have a low death-rate.

*Second.* The average daily expense for each patient is, in Bellevue, forty-eight cents ; in Charity, thirty-six cents ; and, in the Homœopathic Hospital, twenty-nine cents ; *i. e.*, it costs the same for the support and treatment of six patients in Charity as for seven in the Homœopathic ; and the same for three patients in Bellevue as for five in this hospital.

*Third.* The average expense *per capita* for medicines and liquors is, in Bellevue, \$2.42 ; in Charity, \$1.56 ; and in the Homœopathic Hospital, \$0.52, being ratios of 4, 6, and 3 to 1 ; *i. e.*, the cost for medicine and stimulant is the same for one patient in Charity as for three in the Homœopathic ; and the same for two in Bellevue as for nine in this hospital.

*Fourth.* The fact that over half (fifty-five and one half per cent) of the deaths in this institution are from phthisis, while in Charity but twenty-seven and one half per cent are from this cause, shows that this hospital receives a larger number of cases of this disease — which mainly presents itself in the third, incurable stage — than Charity ; for the difference in death-rate precludes the idea that the success of treatment is in this disease reversed ; and in fact the statistics of the assignments of patients for the months of April, May, and June, 1876, at the Examination Office, compiled from the records by Dr. Williamson, show that whereas one hundred and sixteen cases of phthisis were sent to this hospital, only seventy-six were sent to Charity, when the latter was receiving three patients to every one received by the former. This is quite contradictory to the statement of the examining physician heretofore given, as well as to the fact, that, for the above three months, ninety per cent of cases received at this hospital were chronic, and but seventy per cent chronic of those received at Charity. For instance, to every thirty-five cases of chronic ulcer of the leg received at Charity, seventy were sent here ; to every thirty-seven cases of chronic rheumatism sent to Charity, sixty were received here ; and this as stated

before when the former was treating three times as many patients as the latter.

It is proper however to state, that, since the first three months of the hospital's existence, the class of cases has steadily improved as regards their clinical value.

Quite a large number of acute cases present, many of them of great interest, which either have not been apparent in the necessarily cursory inquiry at the Examining Office, or develop soon after the reception of the patient. Cases of obstetrics occasionally occur.

The regular course of winter clinics, medical and surgical, has auspiciously opened. Clinical lectures have been given on Posterior Spinal Sclerosis by Dr. Egbert Guernsey, on Arthritis in its various forms by Dr. Lilienthal, and on Hematemesis in its relations to various lesions by Dr. A. K. Hills. In the surgical clinics, amputation of the leg by Dr. Minor, amputation of the breast by Dr. Thompson, and operations for Recto-Vaginal Fistula, Prolapsus Recti, and extended webbed cicatrix of arm by Prof. Helmuth, have been performed, besides minor operations.

For the study of practical medicine and surgery, there is no place equal to a large general hospital for affording a practitioner that experience which gives him ability in diagnosis, prognosis, and the practical management of cases both mild and severe, besides a confidence in that ability.

To the student of pathology and histology there is no wider field.

This hospital will afford as much and more material for study and practice than there is time to fully digest, even though it contain many chronic cases that are generally considered unprofitable. But by reason of their chronic nature a greater number can be treated, and thus a greater experience gained, while time is afforded for the proper study of such cases as are critical or especially interesting. Thorough autopsies are held in about two cases out of every three that die, by members of the house staff. Since the appointment of Bukk G. Carleton, M. D. (until lately of house staff), on May 1, as Special Pathologist, full records of these autopsies have been kept, with those of all urinary examinations systematically made in the laboratory of the hospital. Interesting pathological specimens have already been prepared to the number of fifty, forming the nucleus of a collection which in time can be used to illustrate clinically many if not all the different morbid results of disease.

Positive records of those discharged, *cured, improved, and not improved* are not obtainable, wherewith to compare the results of different hospitals, and thus we have to rely upon the rate of death to indicate as it truly does the success of treatment.

As stated in the first table, the death-rate of the hospital has in its second year been reduced over one and a half per cent. Or, in other words, whereas during the first year, four patients died out of every sixty-one treated, in the second but three died ; thus making a rational reduction of twenty-five per cent in the number of deaths. This more than bears out the general experience of hospitals in their first years, which successively show an improvement in the death-rate.

While this hospital can, in all probability, never again show such a great decrease of the death-rate, made in spite of the fact that it has been almost twice as full during the second year as it was during the first, being in fact many times overcrowded, yet it can expect, with increasing popularity, to gain in material prosperity in every sense of the word. For according as institutions are old, tried, and found valuable to the well-being of society, will increased facilities, resources, and talent be theirs.

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WE have received a circular from Dr. J. B. Mattison, of "Parrish Hall," a private medical house for opium-eaters. The asylum is pleasantly situated near Prospect Park, Brooklyn, N. Y. It is devoted *exclusively* to the *habitués* of opium, and is under the direction of Drs. Mattison and Mathias.

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WE learn that Messrs. Otis Clapp & Son have taken a store in Providence, and intend, the first of the present month, to establish a branch pharmacy in that city. The location chosen is the best that could be desired, being situated on Westminster Street, under the new Music Hall ; and, with the facilities of this firm, the physicians and patrons of homœopathy in this city can feel assured that they will have a well-ordered pharmacy, and a permanent institution in the cause of homœopathy. The Messrs. Clapp have our best wishes for their success.

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## SOCIETIES AND INSTITUTIONS.

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### SEMIANNUAL MEETING OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

THE meeting was held at the Boston University School of Medicine, East Concord Street, Boston, Dr. O. S. Sanders, president, in the chair. Immediately upon the meeting being called to order, the records of the annual meeting were read and approved. The records

of various meetings of the executive committee were then read. The president of the Society delivered the usual address, the title being "The Student and the Doctor." The address was attentively listened to, and very favorably received, and it was voted that the thanks of this Society be tendered Dr. Sanders.

(The address is given in full in these pages.)

The following-named candidates having passed the Board of Censors, and being recommended by the executive committee, were elected to membership:—

W. H. Tobey, M. D., Boston; Anna W. Jackson, M. D., Boston; Asa D. Smith, M. D., Boston; J. Wilkinson Clapp, M. D., Boston; Wm. R. Bartlett, M. D., Boston.

Dr. E. U. Jones, of Taunton, presented a series of resolutions upon the death of the late Dr. Geo. W. Swazey, of Springfield; and, in this connection, Dr. E. B. de Gorsdorff read an interesting paper by Dr. L. McFarland, upon the life and character of Dr. Swazey.

Upon motion, it was voted that the above papers be tendered to the NEW ENGLAND MEDICAL GAZETTE for publication.

Dr. I. T. Talbot presented the following resolutions upon the expulsion, by the Massachusetts Medical Society, of Drs. S. M. Gale and Samuel Alden:—

"*Resolved*, That the Massachusetts Medical Society, in expelling two learned, honorable, and venerable members, Stephen M. Gale, M. D., of Newburyport, and Samuel Alden, M. D., of Bridgewater, because for more than thirty years they have believed in, and conscientiously and without concealment or deception, administered homœopathic medicines to their patients, committed a gross misdemeanor, in violation of the charter under which the society was founded, and sought thereby to restrain its members from exercising freedom of medical opinion and action in matters of vital importance to their patients.

"*Resolved*, That in the expulsion of these members, the society has acted in a reprehensible manner, in that, instead of expelling them for the practice of homœopathy, they have endeavored, without mention of the real ground, to blacken their characters and injure their reputation, by expelling them and entering on their records that they were guilty of conduct unbecoming and unworthy honorable men, thereby classing them with persons guilty of the greatest immorality and professional crime.

"*Resolved*, That while we hold these physicians in warm and tender regard for their great purity of character, professional integrity, and faithfulness in maintaining, against opposition, what they believed to be the truth, at the same time we hold those members of the Massa-

chusetts Medical Society, who, without remonstrance, allowed such injustice and iniquity, as not themselves blameless from participation in the grave misdemeanor which the society has committed.

“*Resolved*, That as this society encourages in its members the broadest scope of medical thought and opinion, and desires free and unrestrained interchange of opinions on all doubtful professional questions, confident that truth and science are gainers thereby, it calls upon all liberal-minded physicians, of whatever school or medical faith, to unite in every effort to redeem the profession from the baneful effects and influence of bigotry and intolerance, and to leave physicians untrammelled in their scientific researches, and free to exercise their benign art for the relief and cure of their patients in the best possible method.”

Which upon being referred to a committee were accepted, and it was voted to offer a copy to the daily press of Boston for publication.

The committee on *Materia Medica* being called upon, Dr. A. M. Cushing offered a few remarks upon sulpho-carbolate of sodium, stating that in one case under his observation it had caused an eruption like that of scarlatina. Dr. Cushing also reported a case where large doses of *Verat. viride* had been administered, causing alarming heart symptoms. Dr. H. L. Chase reported that he had made a partial proving of Salicylic acid. From doses of five grains of the crude drug he got no marked symptoms, but from doses of the third decimal attenuation he experienced soreness and pain in right deltoid and right gastrocnemius, changing on the next day to the left wrist and forearm. There was some soreness to touch, and great soreness upon moving the limb. No heat. The succeeding day the same pain upon the palmar surface of the left forefinger, when the pain appeared in one part it disappeared in the part previously painful. He had used the remedy with success in muscular rheumatism, but did not think it corresponded to articular rheumatism. In the Bureau of Clinical Medicine the following papers were communicated:—

1. Letter from Dr. J. H. Sherman.
2. Cases from Practice, by Dr. R. E. Jameson.
3. Cases from Practice, by Dr. T. A. Capen.
4. Ante-natal Scarlatina, Dr. J. H. Osgood.
5. Diphtheria as affected by burning Petroleum, Dr. W. C. Cutler.
6. Case of Fracture, Dr. E. P. Cummings.
7. Case from Practice, Dr. E. P. Cummings.
8. Diphtheria as affected by burning Petroleum, Dr. F. G. Oehme.
9. Lycopin in Palpitation, Dr. W. B. Chamberlain.
10. Phlebitis in a Child, Dr. Forbes.
11. Diabetes, Dr. J. K. Warren.

Dr. Cushing had never had a death from diphtheria in a house where gas was burned in place of kerosene.

Dr. E. P. Cummings had for several years thought the burning of kerosene was injurious in cases of diphtheria, and in such cases prohibits its use.

Dr. F. H. Underwood and Dr. Martha L. Flanders did not think the burning of kerosene caused diphtheria.

Dr. D. G. Woodvine called attention to the fact that many of the petroleum oils were not properly purified.

The Bureau of Obstetrics being called upon, a paper was read by Dr. M. P. Wheeler, upon the vomiting of pregnancy.

Dr. J. H. Sherman spoke of the plan of slightly dilating the *os uteri*, as giving relief to the vomiting of pregnant women.

Dr. E. P. Cummings had often found *Arsen.* effectual in the vomiting of pregnancy; and Dr. L. D. Packard had frequently used *Podophyllum* in similar cases.

Dr. A. M. Cushing reported as delegate to the Vermont Homœopathic Society.

(The paper by Dr. McFarland is now undergoing revision by the author, and when completed will, with the obituary resolutions, be published in the GAZETTE.)

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## REVIEWS AND NOTICES OF BOOKS

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THE LIVER AND ITS DISEASES. By Wm. Morgan, M. D. Homœopathic Publishing Co., London.

A small work of two hundred and fifty pages, containing a short account of the "history, anatomy, chemistry, pathology, physiology, and treatment, both allopathic and homœopathic, of each disease of the liver."

The only practical value of this work seems to lie in the facility with which one could, in a hurry, glance at the leading points in any diseased condition of the organ to perhaps reassure himself as to diagnosis. The book is too condensed to be of use to the student, and the treatment too loose and non-specific to be of value to anybody.

AN INDEX OF DISEASES AND THEIR TREATMENT. By Thomas Hawkes Tanner, M. D., F. L. S. Second edition. Philadelphia: Lindsay & Blakiston.

This work is almost too well known to demand any further recommendation. The second edition is presented in the same form as the preceding, having been slightly enlarged, and altered only so as to meet the requirements of new knowledge.

The book, as its name implies, is an Index, giving in alphabetical order the names, synonymes, symptoms, and treatment (allopathic) of diseases in general. To this is added an Appendix containing formulæ for old practice, disinfectants, antiseptics, constituents of different baths, and a chapter on "Climates for Invalids."

It is an exceedingly useful book, and should be in every practitioner's library.

WALSH'S PHYSICIANS' HANDY LEDGER. Ralph Walsh, M. D., Washington, D. C.

An account-book designed as a companion to "Walsh's Visiting List." A new idea, admirably carried out. The pages are ruled and labelled for every month and each day of the month; the opposite page is devoted to surgical and obstetrical attendance, and miscellaneous charges.

We like the arrangement very much, as it gives, at a glance, every man's account *in detail*.

WALSH'S COMBINED CALL-BOOK AND TABLET.

The arrangement of this "Call-Book" pleases us very much. It is ruled for thirty-five patients a week, and contains extra pages for obstetric record, vaccination engagements, death record, etc. We think the book should receive a hearty welcome from physicians.

THE HOMŒOPATHIC PHYSICIAN'S VISITING LIST. By Robert Faulkner, M. D. Boericke & Tafel.

One of the best visiting lists we have seen. A valuable and convenient feature of the book is a duplicate page for the record of daily prescriptions. It also contains Marshall Hall's method in asphyxia, a list of leading poisons and their antidotes, and a homœopathic repertory.

#### BOOKS RECEIVED.

MATERIA MEDICA FOR THE USE OF STUDENTS. By John B. Biddle, M. D. Eighth edition, revised and enlarged. Philadelphia: Lindsay & Blakiston. 1878.

## OBITUARY.

*DEATH OF DR. ELIAL T. FOOTE.*

MANY of our readers will learn with regret of the death of Dr. Elial T. Foote, of New Haven, Conn., which took place at his residence, on Saturday, Nov. 17, 1877. The deceased was one of our most prominent physicians. He had attained the ripe old age of eighty-one years and six months. For a few years past he had retired from active life, owing to the advancing infirmities of age. He was a man of ability and decided convictions, firm in his adherence to his views, and an able defender of his chosen grounds, whether in politics or in medicine. During the war of the rebellion he was active and earnest in lending his voice and presence where aid and sympathy for the Union cause were being developed; and he was a fearless and able controversialist, who unflinchingly met opposition, whether with voice or pen, and sustained what he deemed to be just, and his opinions were formed upon deliberate and exhaustive investigation and conscientious determination. He was a friend to the poor and suffering, ready to lend his ear to the tale of woe or the appeal of the distressed; and they ever found him governed by kind impulses and a Christian devotion to duty. He was a leader in the homœopathic school of medicine, having served as President of the American Institute of Homœopathy, and filled various other offices in medical societies. He was active in the cause of temperance, and often prominent on local occasions of public interest. He was the father of Dr. Charles Foote, who died a few years ago in the midst of a most successful practice, and beloved by a large circle of deeply sorrowing friends, including many of those most esteemed in the community. The death of his son was a sad blow, which had a lasting influence upon the parent heart, — the sundering of a fond tie, the memory of which years could not efface. The deceased came to this city from Jamestown, N. Y., where he also had a large practice and was a man of much influence, having represented that district in Congress. The funeral took place Monday, Nov. 19, from the late residence of the deceased, on Chapel Street, New Haven, and the remains were taken to Jamestown for interment.

## ITEMS AND EXTRACTS.

THE PHYSIOLOGICAL ACTION OF CANNABIS INDICA—Maximowitsch concludes, after a series of experiments upon man and animals, that cannabis indica does not affect the brain alone, but acts also upon the peripheral nerves of the trunk, diminishing their conductivity, and thus to a certain extent isolating them from their centres. Thus in man it produces coldness and numbness of the extremities, anæsthesia, and a condition closely resembling catalepsy. The conductivity of the nerves is so much lessened that irritation can no longer be localized. The larger nerve trunks are more or less isolated from the peripheral nerves; we have, therefore, not only an excitation of the psychical spheres, but also the occurrence of hallucinations of vision and audition; when the eyes are closed, sounds seem much louder; and the hashish-eater has continually before him a sea of light with various colored figures (caused by irritation of the optic nerves).—*Maryland Medical Journal*. (*St. Petersburg Med. Wochenschrift*, No. 11, 1877.)

A NEW CANCER TREATMENT.—At a recent scientific meeting held at the New York Medical University, a paper was read upon a new method of treating cancer. The discovery consists in applying to the surface of the sore the *chloride of chromium*—a new salt of this rare metal—incorporated into stramonium ointment. This preparation, in a few hours, converts the tumor into perfect carbon, and it crumbles away. Specimens of cancers thus carbonized were inspected by a number of physicians present, which had the appearance of charcoal, and were easily pulverized between the fingers. The remedy causes little or no pain, and is not poisonous.—*Medical News*.

THE USE OF WATER TO RELIEVE PAIN.—The hypodermic use of water for relieving pain continues to afford an interesting object for experiment. The evidence in its favor could not be stronger, although little attempt is made to explain to us why or how water should quiet pain. Dr. Lafitte, of Nantes, has used water subcutaneously since 1872, when he succeeded in immediately relieving pain in a woman who was suffering most acutely from lumbago. Eight grams of distilled water was injected, and the pain did not return. In cases of sciatica, supra-orbital and facial neuralgia, as well as in intercostal neuralgia and rheumatic affections of the joints, he has found water injected subcutaneously quite as useful as morphia. Dr. Pillet speaks highly of

hypodermic injections of water in lumbago and intercostal neuralgia. Dr. Lelut says that for the last three months he has used the pure water injections, with the best results. He relates how he came to use it. His servant one day upset the bottle containing his morphia solution for subcutaneous injections, and, to conceal her clumsiness, filled the bottle with ordinary water. Dr. Lelut, not knowing this, injected the water into the thigh of a patient who was suffering severely from sciatica, and whom he was treating by the subcutaneous injection of morphia. The patient was astonished at the instant relief of the pain, and said, "What kind of a liquid is this you are using which causes me no uneasiness, or no sickness at the stomach, like the former?" Since then Dr. Lelut has used nothing subcutaneously but water.

Dr. Dresch praises the usefulness of this injection, especially in muscular rheumatism. He also tells of a case of osteo-sarcoma of the thigh, in which he used daily sixty ctgm. of morphia subcutaneously, chloral, cicuta, and other remedies, and where hypodermic injections of water succeeded in relieving the pain quite as well as morphia, without producing the disagreeable constitutional effects of that drug. Dr. Dresch does not use simple water, but prefers peppermint water.

Dr. Burney Yeo, of London, says he found subcutaneous injections of water useful in relieving the pain of a patient suffering from thoracic aneurism. — *Western Lancet*. (*Maryland Medical Journal*)

THE TREATMENT OF EPILEPSY. — According to Kunze we possess in curara a remedy by which cases of epilepsy of very long standing can be cured. He uses a solution of seven grains of curara in one drachm fifteen minims of water, to which two drops of hydrochloric acid have been added. At intervals of about a week he injects eight drops of this solution subcutaneously, and he has found that in some cases where convulsions had occurred for some years, a complete cure was effected after about eight to ten injections. — *Deutsch Zeitsch. f. prakt. Med.* 1877, No. 9.

FOR most surgical purposes, Dr. W. M. Chamberlain recommends in *The Medical Record* for September 29, 1877, the use of gutta-percha tissue, which is now made in sheets about a yard wide, and as thin as fine French writing paper. It is unaffected by the heat of the body, but softens at a somewhat higher temperature. It is insoluble in water, but soluble in ether, chloroform, and alcohol. Dr. Chamberlain advocates its employment as a substitute for plasters of all kinds in wounds or lesions of the hands. For instance, a cut upon the finger may be

treated by winding smoothly a narrow ribbon of the tissue around it. A lighted match passed just above its surface will seal the band by fusion and leave a neat, light, clean, and impervious cover to the wound. So if a broad patch of abraded skin is to be shielded from the air, a piece of the tissue somewhat larger is laid upon it and sealed in position by tracing the margin with a camel's-hair pencil dipped in chloroform. — *Boston Medical and Surgical Journal.*

PHYSIOLOGY OF THE SECRETION OF MILK. — The influence of the nervous and circulating systems on the secretion of milk has been studied by Röhrig. It is generally admitted that the specific elements of milk are formed from the epithelium of the mammary glands. The dissolved and transformed protoplasma of the epithelium, mixed with the transudation of the blood, is milk. But there is very little known of the physical agents which cause and influence the secretory activity of the gland. Most observers have attributed the principal influence upon the secretion to the nervous system, though no special nerves were known which might act upon the glands. No researches had been made pertaining to the question whether changes of pressure in the circulatory system have any influence upon the secretion of milk. The author, who became interested in this matter, arrived at the following results, from a number of carefully made experiments: The existence of specific secretory nerves is very improbable. There can only be recognized in the breast: (1) Sensory reflectory nerves. (2) Motor nerves, of which some cause the erection of the nipple, while others act upon the contractile elements of the milk ducts. (3) Vasomotor nerves, which influence the calibre of the vessels. The latter are in relation with the secretion of milk. As soon as they are cut the arteries become dilated, on account of which more blood is carried to the capillary vessels of the breast, and, consequently, filters into the alveoles, which then take up the more solid parts that constitute the milk. Röhrig found further that the degree of pressure determines the secretion to a certain degree. Now, strychninized blood acts as a powerful stimulant upon the vasomotor centres, in consequence of which the smaller peripheric arteries contract, and the blood pressure increases largely. By these facts he was induced to study the action of injected strychnine upon the secretion of milk, and observed, about thirty-five minutes after the injection, there was secreted sixteen times more milk than usual. But after a while the function of the gland decreased rapidly. The secretion of milk becomes likewise more active by digitaline and caffenin, but the strongest action upon the glands is

that of jaborandi. Reverse to the action of these remedies is that of chloral, which was expected beforehand, on account of the fact that it diminishes the pressure in the blood-vessels. These results may give some indications for gynæcological practice, especially in cases of galactorrhœa and agalactia. — *Abstract in the Detroit Review of Med., Vol. XI, No. xii, of a paper in Virchow's Archiv. (Practitioner.)*

TEMPERATURE IN FEBRILE DISEASES. — Dr. Hans Wegscheider (Virchow's *Archiv*, February, 1877), writing on the distribution of temperature in febrile diseases, says: —

1. There is no constant relation between the internal temperature, as measured in the axilla, with the general temperature of the surface. We saw the first rise, while the temperature between the toes fell, and *vice versa*.

2. Two completely symmetrical parts of the skin, as between the toes, show no proportionate course in their temperature; not only do they differ by not rising or falling to the same level, but one may rise while the other remains stationary or falls, and *vice versa*.

3. There is greater variation in the temperature-curves in the same part of the skin in the same person in fever than in health; but in fever there is a striking fall of temperature, notably lower than in the healthy state. However, in those people who suffer from cold feet, the temperature is often as low, or somewhat lower.

4. It follows from the last, that there is a greater difference in fever between the temperature of the axilla and that of the periphery than any changes of local temperature which may occur in health.

From all the foregoing, he concludes that the vessels of the skin in fever are in an abnormally irritable condition.

He did not find any noteworthy differences between the temperature of the two axillæ in unilateral affections of the thoracic organs. At any rate, in pleurisy there was no constant relation. In one case, in which both pleuræ were affected, the side with the greatest effusion had the lowest temperature. His observations on pneumonia were too few to give a definite result, but the differences he observed were not so great as Landrieux has asserted. — *London Medical Record, July 15, 1877. — Monthly Abstract. (Toledo Medical and Surgical Reporter.)*

THE EMPLOYMENT OF CATGUT TO STOP BLEEDING FROM BONES — Dr. Riedinger, in a paper with the above title, calls attention to the difficulty that is often experienced in checking hemorrhage from the nutrient vessels of the bones, after amputations and resections. Cauterization does not always succeed, and the introduction of small tampons

of wax is contrary to the principle of antiseptic dressings. He recommends, as a substitute, the introduction of one or more bits of catgut into the vascular canal until it is completely obliterated. This is a method which he has himself employed with success, the hemorrhage being arrested at once. One great advantage of the catgut is that it is completely absorbed from the midst of the tissues, and does not interfere in the least with union by first intention. This has been proved by experiments made on dogs. (See Record, No. 300.) — *Centralblatt für Chirurgie*, No. 16.

GASTROTOMY SUCCESSFULLY PERFORMED IN A CASE OF RUPTURE OF THE UTERUS. — Dr. Hart, of Nieuwer Amstel, in Holland, relates a case of spontaneous rupture of the uterus, in which the patient's life was saved by gastrotomy. She was thirty-seven years old, and was the subject of pelvic contraction. Of three previous labors, the first had been completed naturally after lasting three days; in the second and third the foetus was extracted with difficulty by forceps. The fourth labor had advanced so far that a segment of the head was engaged in the pelvis, and Dr. Hart was about to use the forceps, when suddenly, while an examination was being made, violent uterine action took place, and considerable hemorrhage occurred from the vagina, after which all pains completely ceased. The foetus gradually receded, and, after a few minutes, was out of reach, slight sanguineous discharge continuing. The pulse rose to one hundred, but remained full.

Nine hours after the rupture took place, gastrotomy was performed, Dr. Hart having been obliged to defer the operation in order to perform craniotomy in another case. The pulse had then risen to one hundred and twenty-six, and there was severe abdominal pain. The foetus and placenta were found entirely within the peritoneal cavity, the former lying in a dorso-anterior position. The uterus was firmly contracted. In the supra-vaginal portion of the cervix, anteriorly, there was a transverse rent three centimetres in length. As no bleeding was taking place, and there was not sufficient room between the rent in the uterus and the bladder, no sutures were employed, but the pelvis was carefully sponged out. Convalescence was uninterrupted, the temperature never rising above  $38^{\circ}$  C. ( $100\frac{2}{5}^{\circ}$  F.), and the patient was able to go out of doors thirty-three hours after the operation.

Dr. Hart contrasts the success of this case with the results in a series of thirteen cases collected by Prof. Lehman. In none of these was gastrotomy performed, but in most the foetus was extracted by version or the forceps. All the patients died within a few days. — *Nederlandsch*

*Tydschrift voor Geneeskunde*, 1876, No. 42, and *The Obstetrical Journal of Great Britain and Ireland*, June, 1877. (*Maryland Medical Journal*.)

THE Paris correspondent of the "Lancet" of July 28, 1877, records the opening of an abscess of the brain with the knife, by Drs. Tillaux and Proust. The patient was convalescent from an attack of illness, when one day he was taken with right hemiplegia and aphasia. He had necrosis of the parietal. Drs. Proust and Tillaux, after considering the particulars of the symptoms, thought that the phenomena were due to pressure exerted by the necrosed bone, or even to the existence of an abscess in the dura matter or in the cerebral substance. An incision was made, two splinters were removed, the dura mater was laid bare, and found thickened and covered with fungous growths. It was then decided to wait a few days to see whether compression had caused the symptoms; but the aphasia and paralysis persisted, and Dr. Tillaux, in order to avoid the longitudinal sinus, widened the opening made in the skull, and having selected a suitable spot, cut the dura mater, and thrust the bistoury into the cerebral substance. A jet of matter came away, and a grooved sound was used with the result of obtaining a teaspoonful of matter. A thread was then put in. Immediately after the operation the patient recovered his speech, and declared he felt much better. Paralysis has not disappeared. There was evidently some encephalitis round the abscess, but the patient's life was saved. — *Boston Medical and Surgical Journal*.

THE "Lancet" states that an important report from the British consul-general at Algiers has recently been published, relative to the growth of the *Eucalyptus globulus* in Northwest Africa. The evil consequences that followed the destruction of forests in the neighborhood of Tunis and Algeria have been the subject of serious concern, and it is found that the planting of the *Eucalyptus* is the best practical remedy. The tree grows quickly, and attains in Algeria, in six or seven years, the dimensions of an oak of twenty years growth, producing at the same time hard, dense timber, — so dense indeed that, until properly seasoned, it sinks even in salt water. Marked improvement has taken place in the sanitary surroundings since these trees were planted. They appear to destroy the miasma by absorbing the moisture of the soil, and so assisting to drain the marshes. More than one hundred thousand *Eucalyptus*-trees have been planted in two years by the managers of the Mokta-el-Hadid iron mines, the result of which is that their workman can live at the place all the year round. — *Boston Medical and Surgical Journal*.

THE "Lancet" for September 1, 1877, gives an account of the researches of M. Catillon, regarding the physiological action of glycerine. It was found that given in moderate doses it acted as a laxative, diminished the elimination of urea, and improved the appetite. The maximum quantity of glycerine required to exert its beneficial action is from one half ounce to one ounce daily, this quantity producing the full laxative action and diminishing the elimination of urea, while improving the appetite and promoting nutrition. The experiments do not appear to lend much support to the use of glycerine in diabetes, but they indicate certain properties which may be of use in the relief of some symptoms of that disease. — *Boston Medical and Surgical Journal.*

DR. POPE, London, presided Sept. 14 at the Homœopathic Congress held in Liverpool. In his opening address, the president gave a *résumé* of the historical position of homœopathy, and, referring to the proposed union with the allopaths, declared that if this union involved any sacrifice of the principles for which they had contended, the effort to accomplish it would and ought to prove abortive. In seconding a vote of thanks to Dr. Pope for his address, Dr. Wyld affirmed that his letter, which had started the union controversy, had produced good results, as evidence of which he stated that in a few weeks most of the allopaths in Manchester would be prepared to meet with the homœopaths in consultation. After the reading of a paper by Dr. Hughes, Dr. Moore, Liverpool, condemned the sectarian title of the London School of Homœopathy, and moved a resolution expressing regret that the executive had adopted a special instead of a general title. This was seconded by Dr. Hayward; but an amendment by Dr. Nankivell, Bournemouth, that the name of the school remain for the present unchanged, was carried by forty-five votes to fourteen. The members dined together at the Adélphi Hotel in the evening.

THE USE OF PEROXIDE OF HYDROGEN FOR THE PREVENTION OF THE SPREAD OF SCARLET FEVER AND SMALL-POX. — Dr. John Day, by request of the mayor of Melbourne, in October, 1875, drew up a report, which was subsequently published by order of the local Board of Health, on fifty-one cases of scarlet fever which had been treated by him between April, 1873, and April, 1875. These comprised all the cases of scarlet fever which had come under his charge during that period. They were all treated in a similar manner. Each patient was freely rubbed over the whole surface of the body three times a day, with a preparation composed of one part of ethereal solution of per-

oxide of hydrogen (erroneously called ozonic ether) and seven parts of pure lard, well incorporated without the aid of heat. The inunctions were continued for about three weeks. No other remedies were prescribed, except in a few cases where the throat symptoms were severe, when a gargle, composed of two drachms of ozonic ether in eight ounces of water, was ordered to be used every second hour. These fifty-one cases occurred in thirty-eight different houses, and in four houses only was there any extension of the disease. There were no deaths. Since the above-named period Dr. Day has attended sixty-four cases, occurring in fifty different houses, and in three houses only was there any extension of the disease after he had commenced his treatment. He had been less fortunate, however, in his results, having had six deaths. Peroxide of hydrogen contains a larger amount of oxygen than any other known substance, and moreover one half of its oxygen is loosely combined and in a highly active condition, ready to combine with any organic matter with which it may be brought in contact; so that it would appear to be an agent specially suited for the destruction of the poison-germs of scarlet fever, small-pox, and other epidemic diseases. Dr. Day has recently slightly modified his formula for the external application, and now generally prescribes it as follows: Ozonic ether, four drachms; pure lard, four ounces; benzoic acid, twenty grains; otto of roses, four drops: to be carefully mixed without the aid of heat. The benzoic acid, in addition to its being a powerful antiseptic, possesses the property of allaying cutaneous irritation, a symptom often very distressing to scarlet-fever patients. The otto of roses gives an agreeable odor to the preparation. He also prescribes throughout the whole course of the disease a mixture composed of two or three drachms of ozonic ether in half a pint of water; the dose ranging from a teaspoonful for a child twelve months old, to a tablespoonful for an adult, to be taken every second hour. This is used for the double purpose of benefiting the throat symptoms and disinfecting the breath. Dr. Day has so much faith in the disinfecting properties of peroxide of hydrogen that he recommends all his friends and patients who are in a position to afford it to use freely that which, for want of a better name, he calls oxygenated perfumery. It is made by adding ozonic ether, in the proportion of about a drachm to the ounce, to any kind of perfume, according to individual taste. He gives the preference either to Rimmel's toilet vinegar or eau de Cologne. Letters, newspapers, and articles of clothing may be disinfected by sprinkling them over with oxygenated eau de Cologne, or with any other oxygenated perfume. From a theoretical point of view it might be supposed that peroxide of hydrogen would act more powerfully as a

disinfectant in small-pox than in scarlet fever, in consequence of the curious property that pus-cells possess of exalting its chemical activity, and giving it the oxidizing powers of ozone. — *Medical Times and Gazette, March 10, 1877.*

INJECTION OF AMMONIA INTO THE VEINS IN COLLAPSE. — Mr. F. C. Shaw states that he saw a patient under the care of Mr. Fitzgerald, of Melbourne, who two days previously was thought to be dying; and who had been suffering from profuse suppuration. On being seen, the pulse and respiration had apparently ceased. Mr. Fitzgerald at once injected thirty drops of a solution of equal parts of liquor ammoniæ fortior and water; the patient was violently convulsed, but soon sat up in bed and talked rationally. The good effect lasted some eight hours, when he again showed symptoms of collapse, and a similar dose was injected by another surgeon, a large portion of which must have found its way into the subcutaneous connective tissue instead of into the vein; and no effect was produced. Mr. Fitzgerald then again injected successfully. The convulsive movements were more violent than before, but the ultimate effect was most satisfactory, and no return of the alarming symptoms appeared. He made a good recovery, except that a large slough occurred at the part where the fluid had been injected under the skin. In injecting, the vein should be fairly exposed and raised on a probe. This treatment, Mr. Shaw remarks, seems to produce a most direct and powerful stimulation of the heart, and might be worth a trial in cases of impending death from chloroform. — *British Medical Journal, April 7, 1877.*

SAWDUST PADS AS A DRESSING. — Mr. Callender states that Sir Joseph Fayrer having asked him to try Surgeon-Major Porter's plan of using sawdust pads as a dressing (vide *Practitioner*, May, 1877, p. 382) when there is a discharge of pus, he determined to test their value fully. The sawdust is obtained by preference from the Memel pine; that from the red deal may also be used, either of these containing a large amount of terebene. The dust from hard wood will not answer, as it does not absorb freely. It must at first be sifted to remove large fragments, and the fine dust is then enclosed in muslin of such quality as will just prevent its escape. The bag is shaped according to the requirements of the case, and when three fourths full is closed, and quilted to prevent shifting of contents. The pads are applied either to side splints or to cover an ordinary back splint, as for a compound fracture of the leg. or over abscess wounds, or over suppuratory surfaces, or over dying or dead tissues. Mr. Callender gives the details

of a number of cases in which successful application was made of pads so made, and states that the Sisters of the wards in which they are used are satisfied with them on account of their cleanliness, and for the manner in which they keep the bed-linen from being soiled by the discharge of serum or of pus. They are easily made to fit as required, and they are inexpensive. It is as well when the discharge is considerable to change the pads every two or three days, but when, in addition to the pad, carbolized oil dressing is used, they can be left for a longer period. Mixed with shot, so as to give weight to the appliance, these pads may be used to make pressure when such is desirable, as over some forms of abscess, or to prevent redistension of an emptied sac. — *Lancet*, June 23.

THE ADMINISTRATION OF PHOSPHORUS. — Dr. S. M. Bradley, of Manchester, observes that the marvellous power which phosphorus possesses over trifacial neuralgia is likely to be doubted by many who prescribe the drug in the solid form of pills, since these generally pass through the system unchanged. Previous solution in tolu balsam, or other solvents, does not lessen this tendency, and to obtain the real action of the drug it must be given in the liquid form. Now, there is no good pharmacopœial preparation of this invaluable drug, but the homœopaths prepare a solution of a fairly reliable and uniform strength of one per cent. Accordingly Dr. Bradley is now always in the habit of directing his patients who require phosphorus to take their prescription to a homœopathic chemist, who makes it up without demur. He writes in plain uncabalistic English, "One ounce of mother tincture (ethereal) one per cent in strength. Take two (or four up to eight) drops three times a day in water." — *British Medical Journal*, April 7, 1877.

INHALATION OF PHENIC ACID IN CATARRHAL AFFECTIONS OF THE RESPIRATORY ORGANS. *By Moritz.* — In a French journal the following *résumé* appears, translated from the Russian: The author noticed that the exhibition of phenic acid in vapor diminished the frequency of bronchial catarrh, and one of his colleagues, Assendelfft, made the same observation. Moritz therefore tried its use on two young children suffering with whooping-cough, and in a few days they were well. He afterwards tried it in a case of measles; the cough diminished, and the patient was much calmer at night. In two surgical cases, with tendency to pulmonary congestion, the cough disappeared completely. On the contrary, this treatment proved deleterious in two phthisical patients on whom he tried its use.

In the general discussion which followed the reading of this paper, Sehwers agreed with Moritz that phenic acid controlled cough, be it administered by injection or inhalation. Masing had remarkable success with it in a case of whooping-cough of three months' standing. Schmitz and other members of the Medical Society of St. Petersburg stated that they had derived excellent results from the employment of this agent. — *Maryland Medical Journal*.

ON THE DIAGNOSIS OF THE LONGER DIAMETER OF PULMONARY CAVITIES. By Gerhardt (*Verhandlung der Physik. Medicin Gesellschaft, in Wurzburg, 1875*). — Returning to an idea which he had once announced, the author established the fact that the tympanitic sound of pulmonary cavities can augment or decrease according to the sitting or recumbent posture of the patient. This difference depends altogether upon the change of position which the contents of the vomica undergoes, and it is one of the most certain signs of the existence of a cavity. Thus, he says, imagine a cavity whose greater axis is parallel to the body, and suppose it to be one third or one fourth full of liquid. It is evident that the column of air would have less height when the patient was standing than when reclining. The reverse would take place when the axis was directed horizontally. This difference may be wanting when the cavity is perfectly full or empty. It can also be modified or exaggerated by the patent or occluded state of the bronchi opening into the cavern, and also by their relative position to the cavity.

Gerhardt was able to confirm in ten cases, by post-mortem examination, the diagnosis of the longer axis of the cavity, which he had made during life.

All these cases occurred in phthisical patients except one, who had a dilated bronchus. — *Maryland Medical Journal*.

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## PERSONAL.

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