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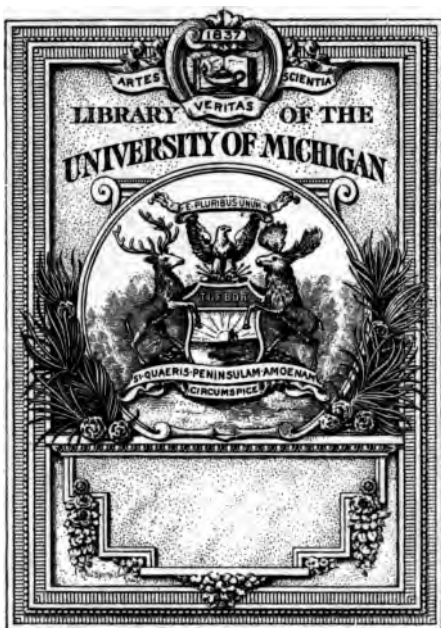
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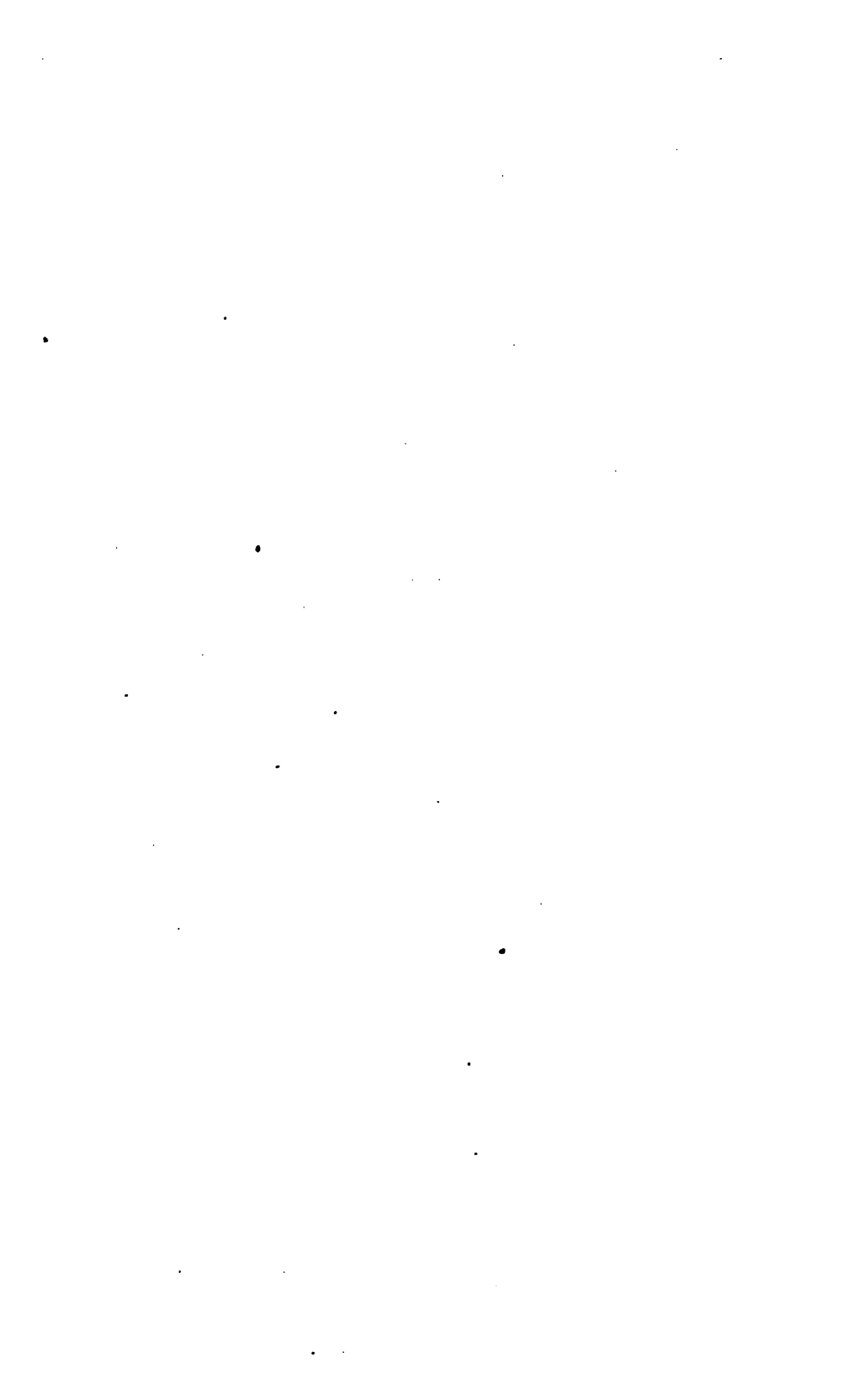
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THE  
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OF

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T H E  
PENINSULAR JOURNAL  
OF MEDICINE

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JANUARY, 1875.

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**Original Communications.**

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*THE VALVULAR SPECULA, AND SOME OF THE EVILS ATTENDING THEIR USE.* By C. HENRI LEONARD, M. D.,  
*Detroit, Mich.*

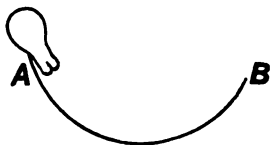
On enquiry of some of our instrument dealers, in this and other States, relative to sales of the different specula, I was surprised to learn the number of the valvular sold to country practitioners. Not only the bi-valve, but the tri-valve and the good-for-nothing quadri-valve were in quite good demand. Sims', or Bozeman's, for they are the same thing, rarely, very rarely, had a purchaser from the country. Only a few who made gynæcology a special branch of practice would invest in the "duck-bill."

Our text books still copy the worn-out absurdities of by-gone years, and so plate and descriptionize the three-bladed friend of Segelas, or the four-bladed Charriere, thus leading many astray in their choice of instruments. For the quadri-valve or tri-valve there can be no plea but from a tremendous vagina, rendered so by subinvolution following parturition. Even then it is in the

way, bulky and unwieldy : besides, an occasion where it can be used, does not present itself once a year to a common practitioner.

The mechanism of these instruments is not in accordance with the anatomical and surgical demands. Indeed, they are really harmful ; and to a certain extent are also some of the bivalves. If the vagina were a straight tube—if the uterus pointed directly into it, that is, in a line parallel with its long axis—and if the posterior wall of the vagina were not the chief supporting power of the uterus, then, and only then, would there be an anatomical plea for their employment. The great objection to them is that they distend so enormously the superior vaginal portion of the sexual passage, in order to bring the os uteri into view, whilst they leave their base no further open than when they were closed. If by any manner of means it were possible to inverse the procedure, and introduce the handles and leave the blades expanded at the vulvar mouth, then one might gain from their employment.

Anatomically this is their objection : They straighten a semi-circularly curved canal, not by equally depressing both ends of it (Fig. 1, A, B, A representing the uterus), so as to bring the mouth of the uterus into view at B ; but by forcibly dilating the upper part (which, of course, shortens the tract and obliterates, for the time being, the Douglasian cul-de-sac, A),



they cause a prolapse of the uterus until it can be seen from the mouth of a speculum at B. In short, the mechanical principle of the multi-valvular specula is to induce a prolapsus by an over-distention of the superior vaginal tract. The result of this is to really paralyze the tonicity of the superior circular vaginal muscular fibres, and those of the Douglasian cul-de sac, and so eventually induce retroversio and prolapsus uteri. Indeed, I doubt not that many of our prolapsi are due to no other exciting cause than the frequent introduction and over-expansion of the valvular specula. I have seen cases where this was the reasonable patho-instrumentology. I doubt not that some of my readers may

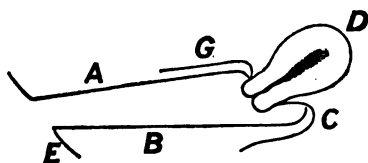
have had this experience : A patient presents herself, perhaps, with some slight abrasion, confirmed by examination, of the external os; no prolapse, or special tendency thereto, visible at the first examination. She is plethoric, a tendency to repletion of all the pelvic vessels, and so as the secretion of the epithelial cells is exceedingly rapid they do not undergo their proper development, the dilated capillaries and papillæ of the erosion are not readily covered with their normal epithelium. She calls at the office frequently for topical applications; a valvular speculum is introduced each time, and after a while we notice a tendency to prolapse, if not a positive prolapsus. The query now should be, Was it the course of the disease, or the speculum? As the woman had no special tendency to prolapsus at her first presentation, it is hardly more than fair to put part of the blame at the doors of our own officiousness. The speculum is a good thing; but its abuse is entirely another.

Had the vagina a special sphincter at its upper portion, as it has at its outlet, the evil results attending the use of the valvular specula would not be so great. I know Sims makes the assertion that it is his "belief" that the vagina has such a muscle at its upper end; but "beliefs" and practical dissection are two entirely different factors in the schedule of credibility. The physiological action of the uterus at the climax of the sexual act seems to me to be due rather to the turgescence of all the vaginal vessels, and especially those of the round ligaments, rather than to a special superior, or utero-vaginal sphincter. The analogy is seen in the physiological action of the corpus spongiosum of the male during sexual congress. I have made several careful dissections of vaginæ, some especially with reference to this point, but could discover nothing of what Sims asserts, confidently, will be found at some future day.

The curving of the posterior vaginal wall to form the Douglasian cul-de-sac, is also obliterated on the use of the multi-valvular, and most bi-valvular specula; its tonicity is impaired on the constant use of such instruments, and gradually the way is paved from a momentary to a chronic retroversio uteri, since it is by the tonicity of these fibres that the uterus is, in a great measure

held in its physiological anteverted position; just the same as you might imagine a piece of a watch spring, with the same curve, might hold it if taking the place of the walls of the cul-de-sac.

A few of our bi-valve specula are not so much open to these objections I have just presented. They seem to have been modelled by men who grasped the idea from the anatomical demands of an instrument. A bi-valve with the superior blade shorter by one-half to three-fourths of an inch—the greater leverage being upon the superior blade, so that the posterior is really the fulcrum and remains mostly, if not quite immovable, space being gained by pressing up the very movable posterior wall of the bladder—the vulvar portions with labia-supporting lips, the inferior blade having the greater antero-posterior curvature, and set farther up the long axis of the instrument, so as to conform to the contour of the living parts, will be a good model to guide you in your selection. The following line-diagram, Fig. 2,



will convey my meaning clearer to you; A being the superior blade; B, the inferior; E, its perineal border set further up the long axis of the instrument, and more sharply curved than its fellow above; C, its uterine extremity in situ in the Douglasian cul-de-sac; D, the uterus.

Aside from the special advantage of getting little or no distention of the utero-supporting vaginal spring (as the position of the posterior blade really supports the cul-de-sac, and prevents its obliteration) by the use of such an instrument, the only kind of a valvular specula I will employ, you cause a great deal less pain to your patient in this wise; the old style of bivalves had blades of equal length; when introduced they must both be pushed up into the cul-de-sac in order to give a view of the os uteri on their expansion, owing to the anatomical shortening of the anterior vaginal wall. In executing their expansion, the superior blade must crowd against the hyperæsthetic and congested cervix, and at last scrape over the denuded patches around the os, thus giving,



as in some cases where I have been forced, from circumstances, to employ the equal bladed specula, intense pain to the patient, so much so that they would sometimes cry out. By the use of such an instrument as I have recommended, this evil is done away with, there being no excuse for the superior blade to touch the uterus at all, its position being, as you see in figure 2, anterior to the cervix and supporting the superior vaginal wall, G.

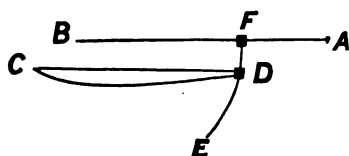
It is also of advantage to have one or both blades fenestrated at their vulvar extremities, so as to facilitate the introduction of a probe or sound into the uterine cavity.

There is even yet an objection to this instrument in cases of operation upon the cervix, and that is, you get but a minor increase of field at the vulvar portion on expanding the blades. Several very worthy gentlemen have endeavored to overcome this by constructing their instruments to spread laterally, which, in theory, is very fine, but in practice practically absurd. They seem to have forgotten that the vagina lies between the rami of the pubes at a point midway, or anterior to midway, from the tuberosity of the ischium, and the pubic amphiarthrosis, a point diagrammatically represented by the cross-bar in the capital letter A, the side bars of the letter representing the pubic rami, its apex, the pubic junction; and hence all lateral extension, to any great degree, is absolutely impossible, and so the futility of their specular modifications.

A perfect bi-valve, to my mind, should embody the excellencies in the instrument I have recommended, with an antero-lateral motion at the vulvar portion when introduced. By so doing you only imitate nature during parturition, in producing a distention of the ostium vaginæ by crowding back the perinæum; in other words, combine the mechanism of Sims' "duck-bill" with it, and you will have a self-retaining, assistant-dispensing, and roomy bi-valve.

One day, examining these latero-expanding bi-valves at Mr. Fenton's, my instrument maker at Cleveland, I pointed out to him their anatomical (if I may so use the term) defects, and suggested the antero-posterior, or perinæal motion, for the reasons that I have just given. Several months afterwards I received

from him, for trial, a speculum that had caught the principle I had suggested, but it had the matter overdone in trying to be too original. It was built of clumsy brass rods, or wire, thus taking up valuable space. This was Byrnes' speculum. The superior blade was only a brass rod bent to the shape of the letter  $\Omega$ , and hence would afford insufficient support to a lax anterior vaginal wall. Fig. 3 gives you a line view of its working principle.



B is the superior blade which slides in a slot at F, so that it may be lengthened or shortened at pleasure. C D is the inferior blade, that plays upon the perinæal extension F E. I

used it in three instances and with the following results: 1st. The "view" was excellent, and with little or no distention of the superior vaginal walls. 2d. The room afforded for manipulation of instruments at the vulvar orifice was all that might be reasonably desired. Against it I reported 1st. It was too clumsy, being built of such thick, rod-like stuff, and took up too much of the space its mechanism might give the operator. 2d. It furnished insufficient support to the anterior vaginal wall. 3d, and mightiest of all, its resisting force in order to gain the perinæal distention was gained at the expense of two small points on the pubic rami, thus causing very acute pain to the patient at these points. This objection was so great as to induce me to forego its use, save when used conjointly with anæsthetics. Had his speculum the blades of the bi-valve I have just been describing, with a depression made in the anterior one for the urethra (similar to that seen in Sims' uterine dilators), thus avoiding pressure upon this too often excessively tender organ, we would have the resisting pressure distributed over a larger area, and hence full as painless as our best bi-valve. Aside from this, it would be lighter, the blades thinner (and consequently space gained), the anterior wall would be perfectly supported, and, in fine, it would be an instrument that would admirably take the place of Sims' when an assistant was undesirable.

Neugebauer's speculum I have never used, and hence I have

only theoretical objections to it ; but these are sufficient to permit me to remain satisfied with what I have, until I have one made specially to fulfil the indications I have just given.

As final, let me add, that for examination or operation, where an assistant is no objection, there is no speculum that can take the place of that one hammered out of an old spoon down in Alabama, in 1845, by J. Marion Sims, and which he subsequently improved, and now is his world-famous "duck-bill."

No. 353 Woodward ave., 1874.

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*OSSIFICATION OF THE TRICUSPID VALVES OF THE HEART. A paper read before the Flint Academy of Medicine Nov. 10th, 1874, by BELA COGSHALL, M. D., of Flint, Mich.*

GENTLEMEN—The subject I present for your consideration this afternoon is Ossification of the Tricuspid Valves—a lesion which is extremely rare, and somewhat difficult of diagnosis. I do not intend to present an exhaustive article on this subject, nor offer anything especially new or novel in the line of treatment, but rather call your attention to the subject by offering a few leading ideas, and trust that the subject may be so fully discussed by the members of the academy, that whatever is deficient in this article may be supplied, and that some light may be thrown on this interesting and obscure subject.

I find by consulting the authorities that lesions of these valves are extremely rare, especially when the valves of the left side are not involved ; indeed there is but little literature on the subject, which fact has led me to select it as the theme of this paper, hoping that by comparing our experiences and ideas we may all be benefited.

Through the kindness of my friend Dr. Murray, I am permitted to present for your inspection, two pathological specimens from his cabinet, very clearly and beautifully illustrating the subject. In both of these the tricuspid valves are completely destroyed by calcareous deposits in their structure, the other valves having been perfectly normal in both cases, which is an exception to the general rule.

The one marked No. 1 is from a young man about 21 years of age, the history of which I am not able to furnish.

No. 2 is from a lady 43 years of age. Mrs. B., a very estimable lady of good physical development, has been troubled for the last four years with an affection of the heart, and has been treated by several of our ablest physicians. For the first two years she seemed to suffer a good deal, and consulted several physicians, who, I learn, had a good deal of difficulty in making a correct diagnosis; in fact, I think it was never clearly made out which valves were diseased. About two years ago she was on a visit and was taken with "a poor spell" (as the friends termed it). During this attack her friends supposed her dead, but she rallied, and from that time seemed better, and was about the house until about a month before her final sickness, which occurred last month.

About two weeks previous to her death I visited her in consultation with Dr. Murray and found her in a very critical condition. Her pulse was very rapid and extremely weak, her breathing short and hurried, and she had an anxious look. The lungs were congested with a very marked squeaking sound under the scapula; in short, she seemed near her end, but was nevertheless quite sanguine of her recovery, and remained so until the last. A *post-mortem* revealed the following:

The pericardium contained about  $2\frac{1}{2}$  to 3 ounces of serum of a bright yellow hue; her skin throughout was of a peculiar saffron color which I have never observed but in cases of heart disease. The heart was very much enlarged and weighed just one pound clear of clots. All valves, with the exception of the tricuspid, as stated above, were in a normal condition. The lungs and liver were both congested. A rather singular feature in this case was that No. 2 could lie down while No. 1 could not. The diagnosis is somewhat difficult, except to experts in physical diagnosis, owing to the fact that the systolic regurgitant murmur is quite frequently wanting, especially in the latter stages of the disease, owing to the diminished muscular power of the heart, weakened by dilatation as it usually is; the blood is thus not forced through the auro-ventricular orifice with sufficient force to produce a regurgitant murmur.

Sometimes a low, soft murmur is heard near the xiphoid cartilage, but this is usually associated with lesion of the mitral valves.

Flint says "a tricuspid regurgitant murmur is one of the rare curiosities of medical experience;" in fact, he says "he has never met with a case in which a tricuspid murmur existed without a corresponding mitral murmur." The occurrence of a regurgitant murmur is not positive proof of valvular lesion, for sometimes in dilatation of the heart we get regurgitation in consequence of the valves not keeping pace with the dilatation, and consequently there is an insufficiency which may give rise to quite a distinct murmur.

If these facts are not borne in mind we may be misled and may overlook the real difficulty, especially if called in the latter stages of the disease after the valves have been destroyed by cretaceous deposits into their substance.

The pulse is not usually as weak, irregular and unequal as in the other valvular lesions; this lesion also is not so apt to produce the peculiar and marked effects on the respiratory system, and is consequently not so apt to give rise to hæmoptysis and dyspnoea.

The disturbance from this lesion is most manifest in the venous system, which is easily accounted for by the fact that a portion of the blood is driven back through the auricle into the venous trunks, causing a turgescence of the vessels; this in connection with other important signs assist in making up our diagnosis. The strength of the venous pulse gives us an index as to the condition of the heart itself, whether we have marked hypertrophy or dilatation, both of which are apt to supervene, in consequence of the extra work this organ is called upon to perform.

As a consequence of this venous congestion, anasarca and cerebral congestion or apoplexy occurs much earlier than in the other varieties of valvular disease.

In regard to the treatment, I wish to say but a few words. There are two leading ideas which must be kept in view, viz; 1. To arrest or retard as far as possible the organic changes

which are going on ; and 2, To prevent dilatation of the heart

Some practitioners are in the habit of resorting to the mercurial or alterative courses, hoping to arrest chronic inflammation and absorb the abnormal deposits, but generally with poor success. I imagine such treatment often augments the trouble by destroying the muscular power of the heart and hastening dilatation. We must expect hypertrophy of the heart, and as long as it continues in this condition we need not fear any immediately fatal result. The main indications are best subserved by a proper hygienic regimen, enjoining an avoidance of all excitement, severe laborious exercise and alcoholic stimulants ; keeping the general health in as good condition as possible, and removing the exciting cause, if possible. The observance of these precautions will do most toward preventing dilatation, which is the main thing to be considered, inasmuch as we do not usually get fatal results until the heart has given out by being weakened and distended. Of course we must be ready to treat any peculiar symptom that may arise.

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*A REMARKABLE CASE OF FASTING.* By A. A. WHITNEY, M. D., *Adrian, Mich.*

The subject of this article, A. H. C., was an American by birth ; male ; age 75 years ; occupation, farmer and cooper ; doing light work on the farm in Summer, and working at his trade indoors during the Winter. His father and mother both died of consumption. An only brother died at the age of two years, while one of three sisters is now living in good health at middle age.

In 1854 A. H. C. had a severe attack of Asiatic cholera, from which he finally recovered under some heroic method of treatment, after the usual remedies had failed.

About ten years ago, while feeding a threshing machine, his eyes became inflamed from the dust arising from some mouldy wheat. A doctor (?) treated them with an application of strong lunar caustic, which resulted in total loss of sight in one eye in a few hours, and in the other within three weeks. Following this,

in a few weeks choreic symptoms set in, and during the past two years they have been so marked that the spasmodic contraction of his face and extremities have been disagreeably prominent.

During the summer of 1874, he has had what he has called "bilious attacks" frequently and, in fact, since his attack of Asiatic cholera, he has had occasionally one of these "bilious turns," in which he was faint and sick at the stomach, with sometimes vomiting and sometimes purging. About Sept. 16, 1874, he had one of these attacks which lasted a few days, and though left weak, he was soon considered about well, and wanted to be out doors as usual. His going out was followed by a relapse. From a second recovery, he again suffered a second relapse, and from this he never recovered. This last attack was on October 7, and seemed the most violent of all. He vomited and purged till it seemed as though there was nothing left to be evacuated. All food and drink was immediately ejected from his stomach, and his medicine received no better treatment. He had been in the habit of taking salæratuſ water for what he called sour stomach, always preparing a cupful, and setting it by the bed nightly. When he felt sick at the stomach, or faint, or nauseated he resorted to the salæratuſ water, frequently with quieting effect. During his last attack, he repeatedly called for his favorite medicine, but it failed to relieve him, but, on the contrary, acted hurtfully.

Whether this has been an important factor of his later troubles my readers must judge. His physician was not aware of the quantities he had been, and was taking, and when it was discovered, it was immediately prohibited.

During the first eleven days of his last illness, up to October, 18, he took at different times a table spoonful of beef broth, a little toasted cracker, and, at one time, at his request, a small piece of toasted cheese.

In lieu of food he took large quantities of water, and when hot and feverish, large quantities of ice. Everything but the water was almost immediately ejected from the stomach, with retchings and exhaustion so extreme that it seemed tha he would die soon.

After the eleventh day he utterly refused to take food, broth or medicine, pushing from the bed those who offered or urged him to take either. He had it firmly in his mind that when the stomach wanted nourishment it would call for it, and although he had previously taken food, it was at the urgent request of his friends; now he determined to take the matter into his own hands, and so at this stage he refused everything, excepting ice and water, which he called for and drank, sometimes a pint or more at once, with avidity and relish. Ice being given him, he would put it into his mouth, and scarcely was it dissolved before he would ask for more. After taking this he would seem to be revived for a time. This continued for fifteen days, and during this time, in which he refused all food or medicine, he was quite feverish, and symptoms began to show themselves which indicated brain trouble.

He exhibited great strength, would say he was well and was going out of doors, when two or three men would be required to prevent his getting up. Sometimes he thought his head a bell, and striking it would say: "It would make a beautiful door bell; hear it ring!"

Nov. 2, he asked for oysters. Two raw oysters dipped in vinegar were taken and retained. He subsequently took a tablespoonful of beef tea, but took nothing else but water the rest of the day. The next time he took beef tea it was immediately ejected, and all subsequent attempts to take nourishment were followed by a like result, until five days after the oysters were given, three more were offered. These remained in the stomach, and feeling encouraged at this, in about ten minutes he called for beef tea. This last seemed to nauseate him, and the tea and oysters were vomited entire. He did not attempt to eat again for two days, when he wanted a little beef cooked rare. It was given, and he expressed the juice between his toothless jaws, and afterwards threw away the residue. He tried this a few times, but was obliged to give it up on account of its causing emesis. Two more oysters were tried in a day or two, but he failed to retain them, and these were the last of the oysters, or anything else in the line of food, that was attempted during the remainder of his sickness.



On Nov. 14, at 2 P. M., he commenced praying, and prayed incessantly till five. At 7 P. M., he again began to pray, and so continued without intermission till 3 P. M., on the 15th. He talked with so loud a voice that no one could sleep in the house that night. His delusion was, that he had a great work to perform in which the devil hindered him greatly, so he called on those around him to help him, and was annoyed greatly at the least noise. He wanted the house "as still as the silent house of death." During this time he did not take a particle of food or drink.

He made three attempts to commit suicide; once by tearing a towel into strips and making a rope, one end of which he fastened to the bed post, the other around his neck, and then threw himself out of bed. Again he tried to choke himself by tying the strips of cloth around his neck and twisting them with a stick he had taken a notion to have for the purpose of scratching his face and head. Being thwarted in a third attempt, he made no further endeavors in this direction. Meantime he had been growing weaker, so that now he was compelled to drink from a spoon. Gradually his powers failed, and he passed quietly away November 26, at 3 P. M., forty-nine days from the beginning of his last sickness. During the last four days of his life his mind was quite clear.

The remarkable feature of this case is, that during the whole period of seven weeks, only about two ounces of solid food, and a similar amount of liquid nourishment was taken into the stomach and retained; and there were varying periods of from ten to eighteen days where absolutely nothing but water and ice were taken.

On *post-mortem*, about an inch of fat was found over the abdomen in the region of the umbilicus, which gradually diminished in thickness in every direction from this point. The intestines and omentum were covered with fat. In health, he was not a very large or noticeably fat man. The kidneys were normal; the liver was dark and congested; the stomach was inflamed in the cardiac region, and the whole mucous membrane was softened, possibly from *post-mortem* change, though the examination was made a few hours after death.

## Proceedings of Societies.

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### *BAY COUNTY MEDICAL SOCIETY.*

BAY CITY, Nov. 13th, 1874.

The Society met at Dr. McPherson's office, the President, Dr. Marsh, presiding.

Dr. Burr read a report of an interesting case of paralysis following diphtheria, recently treated by him, premising the report by a few general remarks on the use of electricity. This case was noticeable from the fact that the paralysis was so extensive, involving nearly all the voluntary muscles of the body, being a greater degree of the affection than is often seen as a sequel to diphtheria. When treatment was commenced some weeks subsequent to the commencement of the disease, the patient was almost as helpless as an infant, and was very much emaciated. The treatment consisted in the application to the various portions of the body, but chiefly to the spine, of the Faradic current of electricity, and this was persisted in daily. An improvement in the symptoms manifested itself within a few days and progressed so rapidly that at the end of five weeks the patient was discharged. The patient was a young man, 17 years of age, and had been unsuccessfully treated previously by two physicians, one of them using electricity with an aggravation of all the symptoms. Dr. Burr attributed his success mainly to the manner of application of the electric current.

Drs. McPherson and Landon had seen several cases of this affection as a sequel to diphtheria, but none so extensive as this.

Dr. McPherson reported a case of rupture of the membranous portion of the urethra treated by himself and Dr. Landon. The patient was suffering at the time with gonorrhœa, and the injury was produced by a fall upon the perineum. There was no external laceration, but the internal wound could be easily detected by passing a sound. About one and one-half pints of blood

were lost. The patient suffered very much from suppression of urine, but after no little difficulty a catheter was introduced and the urine drawn off, much to the sufferer's relief. The catheter was kept *in situ* by cohesive straps, and the patient is now in a fair way to recovery.

Dr. Randall also reported a case of rupture of the urethra. His patient had been afflicted with a stricture for some time, to relieve which he had been accustomed to pass a catheter, and produced the rupture in this way. He bent a catheter out perfectly straight, wire and all, and then attempted to force this into the bladder. The consequence was a rupture of the membranous portion of the urethra, infiltration of urine, inflammation and sloughing of the scrotum, with all the attendant symptoms. The man had been treated previously by one of those "shining lights" of the profession for "swelled testicle," and when he fell into Dr. Randall's hands, nearly one-half of the scrotum had sloughed away by reason of improper treatment, and the testicles were almost entirely denuded. He had succeeded in checking the sloughing process, healthy granulations had commenced, and the patient was likely soon to have a covering for his testicles.

Dr. Randall read a very interesting paper on chloral hydrate. The paper gave a very accurate history of the drug, its physiological action, its use in disease, etc. It was very carefully prepared, and was received with the attention due its merits.

Dr. Landon spoke of the successful hypodermic use of the medicine in India in cholera, and thought this fact worth remembering.

Dr. Jolly had given it with good results in the early stages of child-birth, and Drs. Marsh and McPherson spoke of its successful use in *mania a potu*.

Drs. Landon and Jolly were appointed to read papers at the next meeting, which will be held at Dr. Burr's office, in December. The Society then adjourned.

W. R. MARSH,  
*President.*

W. H. BURR,  
*Secretary.*

*ALPENA COUNTY MEDICAL SOCIETY.*

We are pleased to notice the organization of the above society and the favorable auspices under which it starts off. We clip the following from a local paper :

The physicians of Alpena met at the residence of Dr. Wm. P. Maiden, by invitation, on Tuesday evening of last week, for the purpose of organizing a Medical Society.

Present—Wm. P. Maiden, M.D., James McTavish, M.D., A. L. Seaman, M.D., Geo. H. Shelton, M.D., A. E. Gourdeau, M. D., and J. F. McSween, M.D.

The Society was organized under the title of the "Alpena County Medical Society," and the following officers were elected :

President, Wm. P. Maiden, M.D.; Vice-President, A. L. Seaman, M.D.; Secretary and Treasurer, Jas. McTavish, M.D.

Drs. Jas. McTavish, A. E. Gourdeau and A. Jeyte were appointed a committee on constitution and by-laws.

Physicians of adjoining townships are invited to join the Society.

The Society adjourned till Tuesday evening, Dec. 1st, at Dr. Maiden's residence.

This is a step in the right direction, and it cannot fail to benefit, not only the profession, but the public whom they serve. It was a very pleasant meeting, and resulted in the promotion of general good will toward each other. At its close, Mrs. Maiden treated them to an oyster supper, which was ably and satisfactorily discussed.

*FLINT ACADEMY OF MEDICINE.*

A meeting of the Flint Academy of Medicine was held at Dr Willson's office, November 10th, 1874. Called 10½ A. M.

Members present : Drs. Fairbank, Willson, Chapin, Nicholson, Laing, Cogshall, and Howland, with Dr. Fairbank in the Chair.

Minutes of the last meeting read and approved.

Dr. Chapin, Chairman of the Committee on Seal for the Academy, reported that he had procured the same, which was accepted and committee discharged.

Dr. Chapin presented for membership the name of Edward Hurd, M.D., whose credentials were examined by the Board of Censors, found satisfactory, and Dr. Hurd was received as a member of this Academy.

Dr. Nicholson offered the following resolution, which was adopted :

*Resolved*, That hereafter the meetings of the Academy be opened at 10½ o'clock A. M. instead of 2 o'clock P. M., on the first Tuesday of each month.

Dr. Willson presented a case to the Academy of nervous prostration of three years' standing, accompanied by abnormal sounds of the heart. The patient was examined by several physicians present.

Adjourned till 2 P. M.

AFTERNOON SESSION.

Meeting called to order at 2 P. M., Dr. Willson, the President, in the chair.

Dr. Cogshall, one of the Essayists, read an essay on disease of the tricuspid valves of the heart, and presented some pathological specimens illustrating the same. Discussion of the subject of heart disease then followed, embracing the discoloration of the skin often seen in valvular disease of the heart.

[Dr. Cogshall's paper appears in the present number of the PENINSULAR JOURNAL.]

Dr. Willson read a somewhat lengthy synopsis of the August meeting of the Academy.

Adjourned, to meet at Dr. Fairbank's office the first Tuesday in December next, at 10½ o'clock, A. M.

J. C. WILLSON, M.D.,

*President.*

GEO. W. HOWLAND, M.D.,

*Secretary.*

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AMERICAN HEALTH ASSOCIATION.

The American Health Association held its annual meeting this year, at Philadelphia; commencing Nov. 10, and

continuing in session four days. The attendance was fair, fifteen different States being represented. We notice from the reported proceedings, that the efficient secretary of our State Board of Health, Dr. H. B. Baker, was in attendance, and submitted a valuable report upon the "Death-rate of each sex in Michigan," and took a prominent part in the discussions of the meeting.

We submit herewith a synopsis of the proceedings :

The welcoming address was delivered by Prof. Henry Harts-horn of Philadelphia, who also read a paper on "Infant Mortality in Cities," which was an able plea in favor of a general reform and the dissemination of knowledge in regard to infant hygiene.

Dr. J. R. Black of Newark, Ohio, read a paper on the "Influence of Hereditary Defects on Health," with suggestions for prevention and eradication. He argued that progress, whether of body or of brain, must be through organic structure. Enlightened and systematic attempts to eradicate constitutional defects have rarely, if ever, been made. The prevailing one-sidedness of our social and educational modes of dealing with the young, tends to originate and foster almost every hereditary defect, and until a radical reform in this is effected,—until man exonerates God from the consequences of his own ignorance and folly, and rightly interprets the significance of the punishments which cry aloud in the form of the many pains and diseases to which he is now so unhappily subject,—it is vain to hope that his physical and mental conditions will ever be materially improved.

Dr. Edward H. Janes of New York, read a paper on the "Health of Tenement Population and the Sanitary Requirements of their Dwellings." The cause of ill health among tenement populations are: want of sufficient air space, want of adequate ventilation, defective house drainage, damp walls, too close proximity of sinks and cess pools, and improper disposal of house refuse.

Dr. H. B. Baker made a report upon "The Death-rate of each Sex in Michigan," in which he compared, by life tables, the mortality in Michigan with that of the healthy districts in England. In making this comparison, Dr. Baker stated that he

believed that the use of these life tables was the only true way of making such comparisons. The usual way is by a percentage of deaths to persons living.

These life tables of Dr. Baker, compared with Dr. Farr's life tables of the healthy districts of England, were almost identical as to results, excepting as to extreme old age, which in Michigan seemed more favorable than England. These life tables were illustrated by two diagrams,—the first exhibiting for each sex, in Michigan and the healthy districts of England, the chances of life at every age; and the second diagram showing for these same localities the true expectation of life at every age.

Dr. Baker stated that nowhere in the United States had life tables been made from accurate State or National mortality statistics; these life tables exhibited by him were based on the statistics of Michigan, corrected by a plan devised by him, which he recommended for trial in other States. This method of correction is fully described in the Vital Statistics of Michigan for 1871.

Rev. Samuel Osgood, of New York, who delivered an eloquent address on the "Relations of Health to the Higher Culture," claimed that our vices and our follies in great part, come from what goes into our mouths. The health laws will be found to act powerfully upon the higher culture,—upon the intellect and will, upon the affections and the imagination, and to win new joy to the spirit, as the life of nature is more wisely studied and obeyed. Every great fight, whether at the point of the bayonet or of the tongue or pen, is carried by force, and not by theory or sentiment. Our schools and colleges need to find this out; and a large part of the great and growing disappointments of what are called our educated men, comes from this source,—want of practical force corresponding with speculative ideas.

Ezra M. Hunt, President of the Sanitary Commission of New Jersey, read an important paper on "The Relations of Building Ground to Health and Disease." He argued that the prevalence of typhus fever in that season, was greatly due to the noxious currents of air arising from filth-burdened ground, drawn into houses in currents, caused by heating the rooms. To remedy

all this, we must get the homes of the people on better foundations than water-soaked, air-polluted, filth-burdened ground.

Edwin M. Snow, Superintendent of Health, Providence, R. I., read a paper on "Does Small-Pox become Epidemic?" His conclusion was that it did not become epidemic, and only spread by contagion, when large numbers of persons are not vaccinated.

Prof. Edward Orton, President of the Ohio Agricultural College, read a paper on "Geology and the Water Supply of the Country." He pointed out that in building a house, the first thing usually done was to dig three holes in the ground, one for a cess-pool, one for a privy vault, and one for a well, which is frequently a drain for the first two mentioned; and all of these are not far distant from each other.

Dr. A. N. Bell, of Brooklyn, N. Y., read a paper on the "Perils of the School-Room," in which he showed up the pernicious condition of things in the way of poor ventilation, imperfect heating, lighting, seating, over study, etc.

Hon. Dorman B. Eaton, Chief of the Civil Service Commission, delivered an able address on the "Interests and Obligations of the State and National Governments Pertaining to Health Laws." He advocated a National Quarantine Board in order that we may not be compelled to fight cholera and small-pox in detail, and that railroad sleeping-cars should be prevented from scattering these diseases from one end of the country to the other.

Dr. Baker, on behalf of the State Board of Health of Michigan, presented a book of specimens of poisonous wall-paper gathered in this State by Prof. R. C. Kedzie of the Agricultural College. Several members spoke of the importance of this subject, and a committee was appointed to make further investigations. Dr. R. C. Kedzie was appointed a member of this committee.

Prof. S. D. Gross, of Philadelphia, made an eloquent appeal for the establishment, by Congress, of a National Bureau of Health. Many other valuable papers were read, and the discussions were also of unusual interest.

Joseph M. Toner, M. D., late President of the American



Medical Association, was chosen President for the ensuing year. The next annual meeting is to be held at Baltimore in November, 1875, and it is probable that a special meeting will be called next spring, in some city of the West.

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## Ophthalmology and Otology.

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*STRABISMUS SURSUM VERGENS, IMPROVED BY TENOTOMY OF THE SUPERIOR RECTUS WITH SUTURE, INCREASING THE EFFECT THROUGH THE LOWER LID; CURED BY ADVANCEMENT OF THE INFERIOR RECTUS. By H. KNAPP, M. D., New York.*

In the following case, a conspicuous disfigurement, without diplopia, induced the patient to request surgical interference.

He was a healthy man, 29 years of age, of New York city. He remembered that he saw double when a child. Seven years ago he first noticed that his left eye had an upward tendency, which kept slowly increasing for three years. Since then the eye has not changed its position. When the deviation set in, he saw double for three months, not afterwards. On examination, April 30th, 1873, found E. and S.  $\frac{3}{8}$  in either eye. When he looked straight forward, the left pupil was about six millimetres above the level of the right. This difference in height diminished when he turned his eyes upward, but even in the greatest elevation his right eye remained two millimetres lower than the left. Greatest adduction carried the corneal margin a little under the caruncle, greatest abduction to a point two millimetres distant from the outer commissure. The limit of the downward movements represented a line running obliquely from above and outward to below and inward. When he looked outward and downward, the corneal margin did not move below the horizontal middle line of the palpebral fissure; when he looked straight down, the corneal margin reached the border of the lower lid, and when he looked down and inward, the margin of the cornea went two millimetres below the free edge of the lower

lid. There was no diplopia, either spontaneous or by prisms and colored glasses. Nothing abnormal in the fundus.

I first made an extensive tenotomy of the superior rectus of the squinting eye, and increased its effect by a suture which was passed first through the conjunctiva, below the cornea, including as much conjunctival tissue as the needle would grasp, and secondly, through the lower lid at its reflection on the globe. A thread, armed with two needles, was employed for this purpose. One needle was passed through the conjunctiva of the globe and through the lid, the other through the lid only, both emerging on the outer surface of the lid, about four lines below the ciliary edge. The ends of the thread were tied over a thin tent of lint. The eyeball was so much drawn down, that half of the cornea was covered by the lower lid.

No notable reaction followed; the thread was cut two days after the operation; the left eyeball was two millimetres higher than the right, instead of six, as before. This effect, however, diminished gradually, and in six weeks after the operation the eye was four millimetres higher than its fellow, with a tendency to further elevation.

Seven weeks after the first operation, I made an extensive advancement of the inferior rectus, according to Critchett's method, with four sutures, immediately preceded by a second tenotomy of the superior rectus. After the operation the cornea was three millimetres lower than that of the other eye.

No great reaction followed. The sutures were removed on the third day. The eye was two millimetres lower than its fellow. In the course of two months it rose to the level of the other, and has remained in that position up to this day, five months after the operation. The patient has no double images, and his disfigurement is removed.—*Archives of Ophthalmology and Otology*, Vol. IV, No. I.

## Selections and Translations.

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### GUARANA.

"*Guarana*," sometimes called "*Uarrana*," also "*Narana*," the latter name signifying a climbing plant, and the former, it is said, to have been taken from a tribe of aborigines called "Guaranis." It is sometimes called *paullinia*, from the generic title of the plant from which it is obtained. It is also known as Brazilian cocoa. This substance is prepared by the South American Indians from the seeds of *paullinia sorbilis*, a climber belonging to the class and order octandria trigynia of the Linnæan system and the natural family of the sapindaceæ or soapwort order, growing in Brazil; it is also abundant in the province of the Amazonas, along the banks of the Tapajos, Rio Negro, etc., as well as in Guiana and Venezuela.

*Paullinia Sorbilis*, in a wild state, grows to a height of from thirty six to forty feet, but its seeds only are used by the natives. Those of the cultivated plant are reserved exclusively for the preparation of guarana for the market. The plant is best propagated from the cuttings, but may also be grown from the seed. It produces fruit from the third year after planting, and thenceforward requires to be pruned precisely as a vine. It flowers in July, and the fruit is ripe in November. The fruit is said to be nearly as large as a walnut, and contains five or six seeds. This is one of the rare specimens of the family, for you will remember that the fruits of plants of this order commonly have but two or three seeds. By careful cultivation each stem will furnish four kilos, or about nine pounds of seed annually, and will live for forty years. The fruit of the plant cultivated in the neighborhood of Mauke is preferred. The Manchees prepare it as follows: They remove the seeds from the capsules in November and dry them in the rays of the sun. After having slightly roasted them over a charcoal fire, they reduce them to a fine powder in stone mortars or in stones hollowed for the purpose; they

then moisten the powder with a little water and expose it to the dew by night. In this way they produce a hard paste, often increased in bulk by mixing seeds and fragments of seeds. They afterwards roll it into cylinders of twelve to sixteen ounces each, rounded at each extremity. These cylinders or rolls are dried in the sun or in the chimneys of their huts. They are sometimes called "guarana bread," and are so hard that they have to be broken with an axe, or reduced to powder by means of a rasp. The different manipulations by which the mass is rendered hard conduce to its preservation in a perfect state for many years.

For exportation, the cylinders are enveloped in cocoanut leaves and packed in baskets, and in this form guarana appears in the European markets, though it is said that the samples sent from the province of the Amazons to the Paris Exhibition resembled pine-apples in form.

Guarana, perfectly pure when fractured, has a marbled appearance, or rather the appearance of a piece of mosaic work, generally of a darkish or reddish brown color. The surface is of a shiny or greasy appearance, and the structure amygdaloid. In the middle of somewhat uniform masses are imbedded smaller morsels of two or three millimetres in diameter (one-twelfth to one-eighth of an inch), of which some are of a darker and others of a lighter shade than the mass itself. Almost all of these are covered over with a whitish layer, not clearly definable. The substance is very hard, and is crushed with difficulty in a mortar. The powder is of a bright brown or cinnamon color, but with very little smell. But when it has been closely corked up for some time, or when it has been left a few instants in contact with the sides of a hot vessel, it acquires a peculiar odor. Heated slightly in the open air, it has the smell and taste of roasted coffee.

True guarana is distinguished from the inferior qualities by its greater hardness and specific gravity; the powder being of a reddish gray, whilst that of the sophisticated product is of a whiter appearance. Guarana is for the Indians at the same time an indispensable aliment and a universal remedy. They live almost entirely on what is called "agua branca," a mixture of the pow-

der and cold water, somewhat resembling chocolate. They reduce the mass to powder by means of a particular kind of fish-bone or by sharp stones. The Indians have all the appearance of the freshness and vigor of those who live on animal food. They make use of it, medicinally prepared, with great success in the cases of diarrhoea and dysentery, so frequent and so serious in their country; and in convalescent stages it is used as a tonic and stomachic.

The Brazilians and civilized Indians learned from the Manchees the value of guarana, and at first bought it at very high prices. They employ it for the same purpose, modifying its bitter and styptic taste by means of sugar. It is now found in several Pharmacopœias. I have noticed it in the German Pharmacopœia. It is classed amongst the non-official preparations in the United States Dispensatory. It is considered specially efficacious in sick headache. Something over a year ago it was introduced into this country. It has been my privilege to see its effects in several cases of sick headache, and in each case it acted very efficiently and promptly; but I have searched the journals (American) in vain for cases treated by it; in fact, it has not come into very general use as yet.

M. Fournier gives as the result of his analysis of guarana, besides tannate of caffeine, the following principles: Gum, starch, an acrid, green fixed oil, a concrete volatile oil, scarcely soluble in water, a peculiar principle not precisely determined, and tannic acid. Although caffeine, theine, and guaranine are identical in composition, it seems more proper and convenient to apply to each their separate name, for in this way we are enabled to know the source of our alkaloid from its name, and if we apply the name theine to the alkaloid from tea, and caffeine to that from coffee, why not guaranine to that from guarana?

Caffeine or Guaranine is a compound which presents a high degree of interest, both from the metamorphoses of which it is susceptible and from the circumstance that it affords an ingredient in four substances, viz., the coffee and tea plants, the Paraguay tea, and the paullinia sorbilis, one or the other of which constitutes a portion of the daily diet of three-fourths of the human race.

The fact of its discovery in these different plants belonging to distinct natural families, is a highly interesting result of recent chemical investigations. That these different shrubs should have been selected by different nations for the purpose of yielding a beverage, when infused with boiling water (and in the case of paullinia with cold water) shows that the ingredient which they furnish is one which is adapted in a special manner to some craving of the human frame. The use of coffee as an article of diet appears to exercise an important influence in retarding the waste of the tissues of the body, since it was observed that during its use the proportion of phosphoric acid and of urea excreted by the kidneys was much smaller than when the coffee was omitted. When a solution of pure caffeine was substituted for the ordinary infusion of coffee, similar alterations were produced in the quality of the urine, hence it was concluded that caffeine, likewise, exerted a power of retarding the disintegration of the constituents of the animal frame.

Tea, as used among us, is known to exhilarate without sensibly intoxicating. It excites the brain to increased activity and produces wakefulness; thence its usefulness to hard students, to those who have vigils to keep, and to persons who labor much with the head. It soothes, on the contrary, and stills the vascular system, and hence its use in inflammatory diseases and as a cure for headache. Its exciting effect upon the nerves makes it useful in counteracting the effect of opium and of fermented liquors, and the stupor sometimes produced by fever. And we would suggest guarana as a good substitute; for in these cases the effect seems to be chiefly due to the alkaloid, and it is much more abundant in guarana, as we have already seen. It contains nearly three-tenths of its weight of nitrogen; a proportion which exists in only a very small number of other known substances.

2. It is remarkable as being present not only in Chinese tea, but also in Mate, or Paraguay tea, in coffee, and in guarana; and again we say, it is a very curious fact, that in countries so remote from each other plants so very unlike as all these are should have been, by a kind of instinct, as it were, selected for the same purpose of yielding a slightly exciting, exhilarating,

and refreshing beverage; and that these plants, when now examined by chemists, should all be found to contain the same remarkable compound body, which we call theine, caffeine, or guaranine.

3. The observed effects of this substance when introduced into the system, justify this conclusion, and form the third point, which is worthy of remark in regard to it. It is known that the animal body, while living, undergoes constant decay and renovation. The labors of life waste it; the food introduced into the stomach renews it. That which is wasted passes off through the lungs, the kidneys, the alimentary canal, the skin, or is in other ways rejected from the body of the animal. The solid matters contained in the urine are in some degree a measure of this waste; and especially the quantity of urea and phosphoric acid it contains, at different periods, is supposed to measure the comparative waste of the tissues at these different times.

Now the introduction into the stomach of even a minute proportion of this alkaloid—three or four grains a day—has the remarkable effect of sensibly diminishing the absolute quantity of these substances voided in a day by a healthy man living on the same kind of food and engaged in the same occupation under the same circumstances. This fact indicates that the waste of the body is lessened by the introduction of this alkaloid into the stomach—i. e., by the use of coffee, tea, or guarana. And if the waste be lessened, the necessity for food to repair it will be lessened in an equal proportion. In other words, by the consumption of a certain quantity of coffee, tea, or guarana, the health and strength of the body will be maintained in an equal degree upon a smaller supply of ordinary food. These substances, therefore, save food; stand to a certain extent in the place of aliment, while at the same time they soothe the body and enliven the mind by their tonic, happy-fying, yet harmless action upon the nervous system. Hence they are the poor man's friend, while they are the rich man's solace. In the old and infirm it serves also another purpose; for in a majority of cases, there comes a time in their lives when the stomach no longer digests enough of the ordinary elements of food to make up for the nat-

ural daily waste of the bodily substance. At this period the substances we have mentioned come in as a medicine to arrest the waste, to keep the body from falling away so rapidly, and thus to enable the less energetic powers of digestion still to supply as much as is needed to repair the wear and tear of the solid tissues.

Dr. Gavrelle, who was formerly physician to Don Pedro, in Brazil, and there became acquainted with the virtues of this medicine, called the attention of the profession to it some years since in France. He has found it advantageous in the diarrhoea of phthisis, sick headache, paralysis, tedious convalescence, and generally as a tonic.

The most convenient form of administration is the fluid extract, this may be given in doses of fʒss. to fʒj.

[The article from which the above extract is made, was written by Finley B. Pugh, M.D., and originally appeared in the *Richmond and Louisville Medical Journal*. Messrs. Parke, Davis & Co., of this city, who make an elegant extract of Guarana, have published it complete in pamphlet form, and will be glad to furnish copies free, on application.—ED.]

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#### *INUNCTION OF CACAO IN SCARLET FEVER.*

Dr. Bayles writes as follows in the *Berl. Central Zeitung*: “Inunction of lard in scarlet fever, first recommended by Dr. Schneemann, has for years in Germany been used successfully to diminish the heat of the surface and to hasten desquamation. Instead of lard I greatly prefer cacao butter, as it is more cooling and refreshing to the patient, besides having a more agreeable odor. But aside from these properties I have found that it is readily absorbed by the skin and thus serves as a valuable nutritive agent. It is also more readily applied to the skin on account of its greater consistency than either lard or oils. If the fever is very high the inunction may be performed over parts of the body every hour, and occasionally the entire surface may be treated in this manner.”

(As it has been proven that cacao butter is absorbed by the skin, and as it possesses nutritive properties besides its power of



reducing the general temperature, and allaying pain and restlessness, it might be worth while to use these inunctions in inflammatory diseases, continued fevers, and especially in the profuse sweating of phthisis and rheumatism.)

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*TREATMENT OF ECLAMPSIA.*

In the *Berl. Beit. zur Geburtsk. und Gynæcok.*, Dr. Jaquet recommends the following treatment for uræmic eclampsia and eclampsia from acute anæmia of the brain, viz.: The patient must be completely enveloped in a large sheet dipped in water of 72° Fah., and well wrung out. Then cover the patient with a large woolen blanket, merely leaving the head uncovered, upon which an ice-bag is to be placed. If labor should be far advanced, the lower extremities must be wrapped up separately to avoid uncovering during the birth of the child. Ten minutes after the application of this envelopment the skin reddens, and in about an hour a free perspiration sets in, continuing as long as the sheets remain on. This treatment used during pregnancy is followed by no ill consequences, likewise none need be feared after labor. After perspiration begins, the convulsions rapidly diminish, both in frequency and intensity, and the patient soon falls asleep. Chloroform, morphia, opium, or chloral hydrate may be used simultaneously. The patients never complain of a feeling of discomfort, even if the envelopments are continued for a longer time, nor was the life of the child ever endangered thereby.—*Chicago Medical Examiner.*

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*INFLUENCE OF ALCOHOL AND TOBACCO ON THE HEART.*

Nowhere can thoracic sounds be better studied than at a large recruiting depot. . . . It is indeed curious as well as interesting to note the vagaries in cardiac sounds alone. These, although in no way so varied as the causes to which they owe their existence, are sufficiently conflicting. Thus, frequently, between exciting and depressing influences of one kind or another, it is very difficult to say how far abnormalities are ascribable to temporary or organic derangements. Under such

circumstances, cases often occur apart altogether from the morbid sounds when the heart's rhythm is perverted. I can give no better definition than a muffing of the two sounds, or what might ordinarily be called "a variety of irritable heart," occurring, however, occasionally in subjects not naturally of an excitable temperament. From these persons it was very often readily elicited that they were given to an excessive use of tobacco, either by smoking or chewing, or the two combined, accompanied, in many instances, by drunken habits. The amount of tobacco consumed daily was, ordinarily, half an ounce, and often nearly a whole ounce. From constantly observing cases of this description, and invariably associating them with the above causes, I desired several recruits to abstain entirely from tobacco and alcoholic drinks for a week, and return for inspection. In three or four instances out of ten all the symptoms disappeared, whilst in the cases where there was little or no improvement it was more than probable that the injunctions were not carried out properly. I do not know if the want of clearness in the systolic and diastolic sounds is to be detected in every instance of the excessive use of tobacco or alcoholic drinks: but judging of the prevalence of the state in question among Londoners (chiefly in-door workmen and persons leading sedentary lives), it would seem to be pretty general.—*A. Lieth Adams, M. B., F. R. S., Surgeon Major, London Recruiting District, in The Lancet.*

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IN his pamphlet, "Shadows from the Walls of Death" Dr. R. C. Kedzie, of the State Agricultural College, after pointing out the dangers from the use of wall paper colored with arsenical preparations, and detailing instances in which serious mischief resulted from such use, gives the following remedy and test:

The question how to avoid such dangers becomes an important one. A sweeping rule may be given by saying use no wall paper of any kind. If persons dislike the naked white wall and are not satisfied with kalsomining (which may be tinted of any hue desired) the walls may be painted or frescoed to suit the taste. The oil will fix any color upon the wall in such manner as to obviate all danger of the color dusting into the room.

If wall paper is used, be sure that it is free from arsenic in any form. Test the paper for arsenic before you use it, and if the poison is present in any quantity, reject it entirely. The means of testing the paper may be found in any drug store in the State.

If arsenical paper is already on your walls, and if, for any reason, you do not wish to remove it, the paper should be varnished with a thin and transparent varnish, to securely fix the pigments on the paper. It will usually be cheaper to remove the paper entirely, and to replace it with paper free from poison, than to varnish the old paper.

METHOD OF TESTING.

The green arsenical colors are readily soluble in ammonia water. If a little ammonia water poured on the paper discharges the green color, or produces such a change in the color as indicates the removal of green, the paper should be rejected, as it probably contains arsenic. To identify the presence of arsenic in any paper, wet the paper with ammonia water, pour off this water on a clean piece of glass, and drop into this a crystal of nitrate of silver, or a small piece of lunar caustic. If a yellow precipitate forms around the crystal it indicates the presence of arsenic.

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*CARBOLIC ACID IN CONTAGIOUS DISEASES.*

M. Cornevin, veterinary surgeon at Montigny-le-Roi, has just published a memoir on the above, the conclusions of which may be summed up thus: 1. Carbolic acid exerts no specific action on virus, and nothing points to its employment in virulent diseases, properly so called. 2. In infectious diseases, and especially in charbon, it produces good results. The effects are more certain and more rapid in the horse than in the ox, and the digestion of the latter is often prevented by the acid. 3. In cases where purulent infection is to be apprehended, and even in those where it exists, there seems no special reason for recommending particularly the employment of the acid externally and internally, chloride or oxide of sodium having always appeared much more effective. — *Lyon Medicale*, — *American Practitioner*.

## Chemistry and Pharmacy.

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### *CROTON CHLORAL.*

This remarkable agent, which Dr. Liebreich discovered a few months ago, has never been quite satisfactorily understood by the medical profession. Dr. R. Engel has with others bestowed much attention upon the agent, and its chemical, physiological and therapeutic properties have now become better known. The croton chloral has never been manufactured in this country, but in Berlin it is now made upon an large scale. It differs in its physiological effects from chloral hydrate, and in many affections it will be found to possess advantages over that most valuable agent.

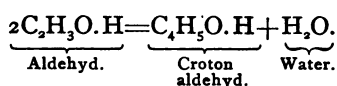
*Constitution.*—Ordinary chloral is an aldehyd ; it is the hydride of trichloroacetyl,  $C_2Cl_3O.H$ . Croton chloral is the hydride of trichlorocrotonyl,  $C_4H_2C_3O.H$ , or the aldehyd or crotonic acid,  $C_4H_5O.OH$ , in the radical of which three atoms of hydrogen have been replaced by three atoms of chlorine.

*Preparation.*—Kramer and Pinner were the first to obtain croton chloral by passing a current of chlorine into aldehyd during twenty-four hours. The action is very energetic at the commencement of the operation, so that it is necessary to surround the vessel containing the aldehyd with a refrigerating mixture, and it only towards the end that the temperature is raised to  $100^{\circ}C$ . During all the time of the action of the chlorine upon the aldehyd large quantities of hydrochloric acid are disengaged. The product obtained is submitted to fractional distillation, and a liquid is thus isolated passing over between  $163^{\circ}C$ . and  $165^{\circ}C$ ., which is croton chloral.

Wurtz had previously studied the action of chlorine upon aldehyd, and had indicated among other products of the reaction chloride of acetyl, and had shown that ordinary chloral is not

produced; but the formation of croton chloral escaped him. The reason was that Wurtz caused chlorine in excess to act upon aldehyd, whilst Kramer and Pinner passed a current of chlorine into the aldehyd until it was no longer absorbed.

The production of croton chloral under these conditions is easily understood, since Kekule has shown that acetic aldehyd, under the influence of various saline solutions, and more easily still under that of hydrochloric acid, is condensed, with the elimination of water, into croton aldehyd:—

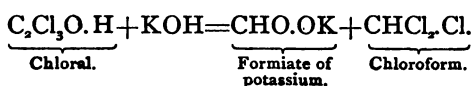


Further, aldehyd, under the combined action of heat and a little hydrochloric acid, may even be combined with other aldehyds, with the elimination of water, and new compounds be thus engendered which are themselves aldehyds.

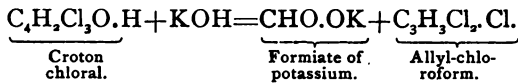
In the action of chlorine upon acetic aldehyd a substitution is commenced in the later, which results in the formation of hydrochloric acid. This acid determines, as has just been seen, the formation of croton aldehyd; upon which the substitutive action of the chlorine then goes on. The formation of croton chloral is thus readily explained.

*Physical and Chemical Properties.*—Anhydrous croton chloral is a colorless oleaginous liquid, having a peculiar odor, recalling that of ordinary chloral. It is insoluble in water, but, like ordinary chloral, it combines with water to form a crystallized hydrate. The hydrate of croton chloral crystallizes in white nacreous spangles. It is slightly soluble in cold water, more freely soluble in warm water, and extremely soluble in alcohol (Kramer and Pinner). It dissolves more readily in glycerine than in water (J. Worms).

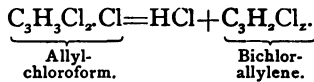
It is known that ordinary chloral is decomposed under the influence of caustic potash into chloroform and formiate of potassium:—



Under the same influence croton chloral breaks up into allyl-chloroform and formiate of potassium:—



But allyl-chloroform is excessively unstable, and decomposes rapidly into hydrochloric acid and bichlorallylene:—



*Physiological and Therapeutic Properties.*—According to Liebreich, croton chloral, administered internally, rapidly produces slumber similarly to ordinary chloral, but without its use being followed, as in the case of the latter, by lowering of the pulse and respiration. Even after the administration of very high doses of croton chloral the pulse is not reduced.

Liebreich thinks that it is not to the first product of decomposition (allyl-chloroform) that hypnotism is due. Allyl-chloroform, being very unstable, breaks up immediately, and he thinks therefore the action of croton chloral should be attributed to bichlorallylene. Moreover, Liebreich has found that bichlorallylene, when administered to animals, does not reduce the circulation or respiration. Comparing the effects of chloroform and chloral on the one hand, and bichloride of ethylene and bichlorallylene on the other, he considers himself justified in asserting that whilst the trichlorinated substances act upon the brain, spinal cord, and heart, the bichlorinated substances act only upon the brain and spinal cord. In none of his experiments has Liebreich recognized any hurtful effects on the stomach or any other organs; and he reports that he has employed it very successfully in cases of facial neuralgia, the pain ceasing frequently before sleep is produced. Jules Worms, however, asserts that croton chloral is not so generally tolerated as chloral, and Georges Gay says that its narcotic action is more uncertain.

Croton chloral is hypnotic in doses of from half to one gram. It may be administered in solution in water, or in glycerine. The following is the formula employed by Jules Worms:

Croton chloral.....	1 gram.
Glycerine.....	60 grams.
Water.....	60 grams.
Oil of peppermint.....	3 drops.
Simple syrup.....	25 grams.

In a paper contributed to the *American Practitioner* by Mr. Louis Diehl, of Louisville, he remarks that croton chloral hydrate differs from the ordinary chloral hydrate by its sparing solubility in cold water, and in the exceedingly irritant character of its vapor. Chloral hydrate, on the contrary, is freely soluble in water, and its odor when pure is not irritating. Nevertheless, nearly all commercial chloral hydrate has a more or less irritating odor, and it is inferred by Mr. Diehl that this is owing to the presence of croton chloral, formed either from aldehyd, contained as impurity in the alcohol, or from aldehyd generated by the action of chlorine. No experiments have, however, been made by him to prove the correctness of the inference.

Reporting upon a sample of croton chloral hydrate purchased in New York, the original source of which was unknown, he says. "It is a white powdery substance, of a pearly lustre, apparently crystalline, and when triturated in a mortar has the appearance and feels to the touch like pulverized valerianate of zinc. Its odor reminds of ordinary chloral hydrate and iodoform; does not seem more pungent than that of ordinary commercial chloral hydrate, and not as much so as that of some samples I have noticed. Its taste is bitter and aromatic, recalling the odor of iodoform. It is more soluble in cold water than I should have expected from the characteristic, "sparingly soluble," given it by its discoverers. Thirty minims of distilled water dissolve one grain readily. If another grain be added to this solution, heat is required to dissolve it, and upon cooling and standing a short time a copious crop of well-defined crystals is obtained. Subsequent experiments proved it to be soluble in between  $22\frac{1}{2}$  and 25 parts of water, at a temperature of  $60^{\circ}\text{F}$ . In alcohol it was found to be freely soluble."

From these experiments it follows that croton chloral hydrate (commercial) may be dispensed in aqueous solution of a strength

corresponding to two grains in the fl. drachm, and Mr. Diehl gives the following formula:—

Croton chloral hydrate.....	g. viij.
Warm water.....	fl. ʒi.
Simple elixir.....	fl. ʒviij.
Ft. solut.....	

Owing to the alcohol contained in the simple elixir, a larger quantity than two grains to the fl. drachm could, if desirable, be incorporated and held in solution by the above mixture.—*Boston Journal of Chemistry.*

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*Ars, ante omnia veritas.*

## Editorial.

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JANUARY, '75.

Our readers will observe that the present number of the JOURNAL appears under a management, which though not altogether new, is nevertheless a change from that heretofore conducting it. The establishment of a publication of this nature, necessarily involves an outlay of time and capital, which is more easily borne by many than by a few. The necessity for a large editorial staff is, however, in the present flourishing condition of the JOURNAL done away with. Thanks to the liberal manner in which the profession of the State have responded to the efforts of its founders to present a home publication which should be at once of a reasonable price, and up to the standard of professional requirement, the PENINSULAR JOURNAL OF MEDICINE is now a self-sustaining institution, and that at a much earlier date than was expected when it was started. Its present status is a guarantee of its future stability. It will be the ambition of the present management to maintain the creditable position the JOURNAL now occupies among the periodical medical literature of the country, so that they may merit a continuance of the patronage heretofore so liberally extended. In the future, as in the past, the JOURNAL will stoop to be the organ of no clique, will eschew all partisanship and devote itself to the legitimate demands of the profession,



## POST-MORTEM DISSECTION.

Most senseless, but withal quite natural, is the antipathy in the popular mind to the dissection of human bodies; and the fact that this dissection is conducted in the interests of the most humane of sciences, does not seem to divest it of its enormity. The excitement recently caused by the doings of "resurrectionists" in certain sections of the State, though it must be condemned on account of the inconsistency it implies, is nevertheless what must be expected from a people in whom, by hereditation and tradition, there is instilled an unwonted reverence for the perishable body—a reverence which is an outgrowth of a heathenish superstition, and a remnant of the dark ages which has become engrafted in human nature. This is inconsistent with the teachings of science, and is all the more inconsistent from the fact that it can find no justification in the teachings of that Holy writ, on which those most horrified at the "sacrilegious anatomists" ground their faith. Horror at the dismemberment of the body after death may be in part instinctive, but is probably largely owing to a superstitious dread, engendered by the teachings of the early days, in which the votaries to science were denounced by the anathemas and bulls of the church. Probably no branch of science has had so much to contend with as medicine, and this is owing to its dependence on the advance of anatomical knowledge, against the methods of attaining which the mind has been taught to recoil. The epitaphs on the tombs of the primitive christians demonstrate the feeling in their day on the question of post-mortem dissection; they invoke anything but blessings on the disturbers of the remains resting in the Roman catacombs.

The "*male pereat, insepultus jacet non resurgit cum Juda partem habeat, si quis sepulchrum hunc violaverit*" on the Christian tomb, and the "*Si quis violaverit ad inferos non recipiatur*" over the resting place of the heathen demonstrate the twin feeling on this question. Boniface VIII issued a bull prohibiting even the preparation of a skeleton, and the pious wish of King Robert, the Bruce, to have his heart deposited at Jerusalem, did not shelter the "cutting and embalming" from sacrilegious condemnation at the hands of Benedict XII. Luther ascribed the

majority of diseases to the influence of the devil, and dealt hard blows against the physicians. Thus, while the lowest empiricism received the sanction of the powers that were, the disciples of true science were regarded as dealers in the black art, and treated as sorcerers in league with his Satanic Majesty. All honor to those men, who, even in days when the consciences of men were enslaved, braved the vengeance of the Church, while laying the foundation of modern medicine! But we smile at the recital of those things, and commiserate the ignorance of our ancestors, forgetting in the meantime that in our boasted enlightenment we are guilty of inconsistencies on the same question, more glaringly absurd than those of ancient days. We recognize in medicine the most humane of sciences, and know it owes its position to the scalpel of the anatomist, and yet our statutes condemn to the felon's cell the luckless physician detected in providing the material for the prosecution of his studies. From the hospitals of our cities, and from the homes of all, goes up the cry of the maimed and diseased, and the great heart of humanity supplicates the physician to rush to the rescue; and yet our laws fail to provide means for the attainment of the requisite knowledge to meet these emergencies; and when the physician is detected in supplying himself with the proper material, he is branded as a criminal and an outcast. And furthermore, the same code which makes the securing of material, mouldering to dust in the grave yard, a crime, it imposes plenary damages on the luckless doctor, who, from his lack of proper anatomical knowledge, sets improperly the broken limb. The position of the doctor under these circumstances is far from an enviable one; he steers clear of the Scylla of the felon's cell to be engulfed in the Charybdis of heavy damages.

Our laws on these points resemble the Venetian, as enunciated by "Portia"—Shylock may take his pound of flesh, but woe to him if he sheds one drop of blood!

These remarks are not, however, intended to vindicate the professional "resurrectionist" who pursues his midnight calling from mere mercenary motives. We are law abiding, and would do no violence to feelings held sacred by the masses, but when all legitimate means fail, more questionable plans must be resort-

ed to ; rather dissect a thousand cadavers than suffer one life to be sacrificed to an ignorance of anatomy. Human bodies are necessary to the attainment of an accurate knowledge of human anatomy. Inferior animals, and more particularly the higher mammals, have done much to impart anatomical knowledge, and to elicit and demonstrate the general principles of physiology and biology ; but a knowledge of the intimate structure of man, can only come from the dissection of the human body.

There is a law in this State making ample provisions for the supply of anatomical material, but it is a dead letter on the statute book. There is sufficient material in this country for the supply of our medical schools, which could be secured without doing violence to the feelings of any, and if the desecration of grave yards is to be prevented, and the periodical and unseemly excitement caused by the doings of body snatchers, is to be abolished, it is only by a due enforcement of laws which the executive is sworn to observe.

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*A COLLECTING ASSOCIATION.*

The practitioners of medicine of all kinds and isms in Jackson county, have associated themselves together in an organization, to be known as the " Jackson City and County Physicians, Collecting Association," and have adopted the following preamble and articles of agreement, viz :

We, the undersigned physicians and surgeons of the city and county of Jackson, with a view of securing a uniform system for the collection of our fees for professional services, do hereby bind ourselves to the following articles of agreement, to-wit :

ART. 1st. We will, at the expiration of every month, deliver all our unsettled accounts into the hands of such persons as we shall hereafter appoint, (one or more in each town), and authorize said persons to collect and settle the same.

ART. 2d. We will require our collectors to report to the Association, the names of all persons who refuse to pay or settle their accounts satisfactorily.

ART. 3d. The names of all such persons shall be furnished to

every member of the Association, and every member shall be prohibited from rendering them professional services, until they shall have satisfactorily settled all past accounts.

ART. 4th. The collectors may, upon instructions from any member of the Association, remit a portion or all of his claim against those who, while willing, are too poor to make payment in full.

ART. 5th. This Association shall require the persons employed as collectors to furnish sufficient bonds for the honest discharge of their duties, and to report weekly to all who have accounts in their hands.

By order of the committee.

While sympathizing with physicians in their general inability to collect a just and equitable pecuniary recompense for their work among irresponsible people, we, nevertheless, cannot indorse the proscription of the black list. Were it carried out in good faith, it would in many cases work injustice and hardship. Mr. A. may be willing to pay a moderate fee to Dr. B., but declines to satisfy demands, which he may consider exorbitant, and the result is, that down goes his name on the black list. Mr. C. may be willing to propitiate the spirit of the Big Injun, presumably dwelling within the corporeal limits of some herb doctor, but alas! his votive offering may be too small, and down goes his name on the list of those, who will be obliged to flee to Washtenaw or Ingham, to find a neighbor to pour in the oil, and wine and bind up the gaping wound.

An organization of this nature exhibits a defective judgment of human nature; it is from its very nature impracticable, and contains in itself the elements of its own destruction. The Association will scarcely have been organized, before certain of its incongruous constituents will bolt and make capital out of it. The community moreover, will naturally oppose it as unwarrantable, and will retaliate on those who are most active in its support, and few will be able bear such pressure. There is also an element of humanity in the profession of medicine, which will not brook the provisions of an association of this nature, which will not allow the true physician to "stand upon the order of

his going" when the urgent summons comes, whether the patient's or the patient's husband's or father's account has been balanced or not.

In an association of this nature each member recognizes the claim of every other member as he does his own, and thus the physician, per force, recognizes as just the fees of charlatan and mountebank, when he knows the services rendered have been worthless, and worse than worthless.

We have no sympathy with an association made up of such heterogeneous constituents; even the plea of offensive and defensive alliance against a common evil does not justify it. The physician has no right to compromise the dignity of his profession by an association with illiterate and pretentious practitioners. The physicians of Jackson owe it to their brethren, to withdraw at once from this unholy alliance.

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*DR. RIDGE'S PATENT FOOD FOR INFANTS.*

This preparation, manufactured by Woorich & Co., Malden, Mass., is not, perhaps, as well known to the profession of the State as it should be. By the peculiar process of crushing and grinding used in its preparation, the entire kernel of wheat is reduced to an almost uniform fineness. It is thus rich in albumen and gluten, and when cooked by Dr. Ridge's patent process, which changes the starch to dextrine, and still further modified by the addition of other necessary ingredients, it makes a superior dietetic preparation. It is quickly prepared, easily assimilated and very nutritious. Every physician would do well to employ it in those cases where assimilation and nutrition in children and invalids are deficient.

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*OBITUARY.*

DIED.—At his residence, corner of State and Griswold Streets, on Friday evening, December 18th, Dr. Richard Inglis, in the 54th year of his age.

With Dr. Richard Inglis has passed away a model physician. In his death the profession of this city and state has lost an ornament. In all the characteristics pertaining to the true

gentleman and the able physician, he was conspicuous. During his residence of a quarter of a century in this city, he became endeared to the hearts and was welcomed as an angel of mercy to the homes of thousands. Few men win so much respect, and the death of few create such wide-spread sorrow. As a man and as a citizen he was distinguished for an uprightness of deportment and an unsullied character. As a physician he was a close observer, and noted for keenness of penetration, reliability of judgment and carefulness and conservatism in the administration of medicines.

On the evening following his death the physicians of the city met at the Mayor's office in the city hall, and passed the following resolutions of respect to his memory :

WHEREAS, Almighty God in His providence has removed from our midst in the prime of his vigor and wisdom our well beloved brother, Richard Inglis ;

*Resolved*, That while we bow in submission to the decree of infinite wisdom, yet we hereby express our sense of sore bereavement in his death.

*Resolved*, That though he can work no more with us, the remembrance of his earnest devotion to his profession through a quarter of a century, seen not only in his untiring diligence in caring for the suffering, but also in his zeal for the advancement of the science of medicine ; the rarely unselfish and gentle courtesy which marked all his dealings with brother physicians, and last, but not least, the unfaltering Christian faith which crowned all his virtues with an immortal lustre, may be to each one of us a constant spur to the faithful performance of our own work.

*Resolved*, That we express our hearty sympathy with the wide circle of friends who were wont to look to him as their helper in their hours of weakness and sickness, and their comforter in sorrow. And especially that we tender to the bereaved family of our friend a sympathy that our words cannot express.

The profession of the city in a body attended the funeral services and accompanied the remains to their resting place in Elmwood.

## Reviews and Bibliographical Notes.

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CYCLOPÆDIA OF THE PRACTICE OF MEDICINE. Edited by Dr. H. von Ziemssen, Professor of Clinical Medicine in Munich, Bavaria. Vol. I.—Acute Infectious Diseases, by Prof. Liebermeister of Tubingen, Prof. Lebert of Breslau, Dr. Hænisch of Greifswald, Prof. Heubner of Leipzig and Dr. Oertel of Munich. American editor, Albert H. Buck, M. D., of New York. New York: Wm. Wood & Co. 1874. Pp. 708.

The first volume of this great work, for the appearance of which the profession of this country have been on the *qui vive* since the announcement of its enterprising publishers of their intention to present an edition in the English language, is now before us. The advance in medicine during the last decade has made the want of such a work to be keenly felt, both in this country and in Europe. It has been impossible from any of our text books, admirable though many of them are, to arrive at an exact knowledge of the state of the science of medicine at the present day—the most advanced views of etiology, pathology and treatment. It is not strictly within the province of a text book to do more than to give the gist of views entertained by the authorities. To pursue a given subject at length it is necessary to resort to monographs, and to supply one's library with the many works of this nature, which appear from time to time, would involve too great an expenditure of both time and money for the generality of practitioners.

The position which the various authors contributing to the encyclopædia occupy in the scientific world is a guarantee of the merit of their writings, and not only does each give his individual views, but the experience of all the authorities is brought into requisition; for example in the article on typhoid fever, Louis, Wunderlich, Vogel, Griesinger, Hirsch, Murchison, Niemeyer, Trousseau, Budd, Buhl, Pettenkofer, Biemer and others are called upon.

The present volume is devoted to acute infectious diseases, and contains articles on typhoid fever, by Liebermeister; relapsing fever, typhus and cholera, by Lebert; the plague, by Liebermeister; yellow fever, by Hænisch; dysentery, by Heubner, and epidemic diphtheria, by Oertel.

Each of these subjects is treated in the most comprehensive manner possible, and the vexed questions in connection with each—the contagiousness or non-contagiousness of typhoid fever, the generation of the cholera poison, etc—candidly and dispassionately surveyed.

Judging from the character and style of the first volume, the work, when complete, will be one of the greatest acquisitions to modern medicine, and a monument to the indefatigable industry and spirit of research which produced it. There is little doubt that it will meet with that encouragement at the hands of the profession that the transcendent ability displayed in it merits.

The translators have acquitted themselves admirably, and the profession owes Messrs. Wood & Co. a debt of gratitude for presenting it in the English language.

When complete, the work will consist of fifteen volumes, one of which will appear every three months, thus embracing a period of nearly four years in its production, and placing it within the ability of all to secure it. It is sold only on subscription. Messrs. Boothroyd & Gibbs, of 191 Woodward avenue, have the agency for Michigan.

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The *Atlantic* for January, 1875, beginning of thirty-fifth volume, is a brilliant number. Henry W. Longfellow, contributes two poems, one an impassioned elegy on Charles Sumner, the other a sonnet, "The Old Bridge at Florence." Bayard Taylor has an article, "Autumn Days in Weimar," full of new and curious reminiscences of Goethe and Schiller." "Mark Twain" indulges in humorous recollections of "Old Times on the Mississippi." Dr. Oliver Wendell Holmes writes of "The Americanized European." Frank B. Sanborn, under the title "The Virginia Campaign of John Brown," begins a series of papers,



of which this gives interesting details of the life of the old hero up to his assault on Harper's Ferry. Gardiner G. Hubbard, describes our postal system under title "Our Post Office," sketching pending measures for its improvement. Henry James, Jr. begins his serial novel "Roderick Hudson." Constance F. Woolson, tells the story of "Wilhelmina,"—scene laid in a Zoar community in Ohio. T. B. Aldrich, R. H. Stoddard, Miss Phelps, Mrs. Piatt, contribute poems—"Lost at Sea," "Youth and Age," "A Woman's Mood," "Enchanted." Literature is represented by a large number of book reviews, and T. S. Pery's article on "Fritz Reuter." Art, Music, Education, are editorial departments carefully supplied with criticism and discussion of current topics.

By subscribing now, one has the advantage of reading from the start serials by Bayard Taylor, Henry James, Jr., F. B. Sanborn and Mark Twain, begun in this number. The *Atlantic Monthly* is published by H. O. Houghton & Company, Boston, at \$4.00 per annum, *free of postage*. For *reduced rates*, see PENINSULAR JOURNAL commutation list on last page of this number.

CEREBRAL AMAUROSIS and its Connection with Diseases of the Kidneys. By J. H. Buckner, M.D., Cincinnati, Ohio. Pp. 8. 1874. From the author.

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THERAPEUTICS AND MATERIA MEDICA. A Systematic Treatise on the Action and Uses of Medicinal Agents, including their Description and History. By Alfred Stille, M.D., Prof. of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania, &c., &c. Fourth edition, thoroughly revised and enlarged. Two volumes. Philadelphia: Henry C. Lea. 1874.

This standard treatise on materia medica and therapeutics had been out of print for over two years, and the demand for a new edition was imperative. Amid the multitude of text books on the subject this old favorite will have lost none of its old time popularity. The present edition embraces many articles which

have come into vogue since the previous editions were issued, and is fully abreast of the times in every particular. The work is one which every practitioner should be possessed of, not only on account of its completeness but also because of its enunciation of Dr. Stille's theory of the action of medicinal agents. In his first edition, published in 1860, he opposes the theory basing the therapeutical uses of medicines on their physiological action only, as a mischievous error. He does not, however, condemn these physiological experiments, but rather encourages them as "fragments of scientific knowledge which may one day serve to bridge the chasm between theory and practice." The light of observation and study of the last fourteen years have only tended to strengthen his conviction on the subject, and to confirm him in the opinion "that clinical experience is the only true and safe test of the virtues of medicines." Starting out with this conviction—and few will deny its correctness, for physiological experiments, at best, can but furnish suggestions and explanations which require the confirmation of actual clinical observation—the author has given the profession a treatise which, from this side of the question, stands unrivalled in the English language.

The present edition conforms in nomenclature to the last edition of the *Pharmacopœia*.

The publishers have left nothing to be desired in the mechanical execution of the work.

CLINICAL LECTURES ON VARIOUS IMPORTANT DISEASES. Being a Collection of Clinical Lectures delivered in the medical wards of Mercy Hospital, Chicago, by Nathan S. Davis, A. M., M.D., Prof. of Principles and Practice of Medicine and Clinical Medicine in Chicago Medical College. Edited by Frank H. Davis, M.D. Second Edition. Pp. 285. Philadelphia: Henry C. Lea. 1874.

This is an eminently practical little work, and as an evidence of the manner in which it has been received by the profession, this second edition has been called for in but a little over a year after the appearance of the first edition. Dr. Davis takes his

reader right to the bedside of the patient, and discourses there in a lucid, conversational manner on the clinical history, symptomatology and treatment of the diseases under consideration. The practical nature of the work, the professional standing of its author, and the esteem in which he is held by his medical brethren throughout the whole country will secure for this edition a rapid sale.

CLINICAL LECTURES ON THE DISEASES OF THE URINARY ORGANS.

Delivered at University College Hospital, London, by Sir Henry Thompson, Surgeon Extraordinary to His Majesty the King of the Belgians, Prof. of Clinical Surgery, and Surgeon to University College Hospital. Second American from the third and revised English edition, with illustrations. Pp. 195. Philadelphia: Henry C. Lea. 1874.

The object of this work has been "to produce, in the smallest possible compass, an epitome of practical knowledge concerning the nature and treatment of the diseases which form the subject of the work." The subjects treated of comprise diagnosis, stricture of the urethra and treatment, hypertrophy of the prostate and consequences, retention of urine and urinary fistula, stone in the bladder, lithotripsy, lithotomy, cystitis, prostatitis, &c.

Sir Henry Thompson is an acknowledged authority on these subjects, and his clinical lectures, published for years in the London *Lancet*, have constituted a most interesting department of that valuable periodical. The plan of the present work is concise, but not to the exclusion of clearness and comprehensiveness.

WE are in receipt of the fifth registration report, and vital statistics of Michigan.

NEW JOURNAL.—We welcome to our list of exchanges the *Sanitary Journal*, published at Toronto, Ontario, and edited by Edward Playter, M.D. The *Journal* presents a very neat appearance, its selections are well made, and its editorials exhibit an ability competent to the consideration of this important branch of science. We wish the new comer a long and vigorous life.

THE NEW YORK MEDICAL RECORD.—With the January number this periodical will be changed from a semi-monthly to a weekly publication. The *Record*, as a semi-monthly, was one of our most valuable exchanges, and we are pleased to notice its prosperous condition as evidenced by this “new departure.” The subscription has been raised from \$4 to \$5, the publishers prepaying the postage. The subscriber, it will be seen, derives a manifest advantage from the change.

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PENINSULAR JOURNAL  
OF MEDICINE

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FEBRUARY, 1875.

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Original Communications.

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*REMARKS UPON SOME OF THE CAUSES AND CONDITIONS  
OF PYREXIA. Read before the WASHTENAW COUNTY MEDICAL  
SOCIETY, by PROF. A. B. PALMER, M. D., of the University of Michi-  
gan.*

In presenting a paper on a scientific subject to scientific men, and especially upon a medical subject which has afforded a theme for writers upon medicine ever since that science was cultivated, it would hardly seem necessary to say that in the ideas advanced, and often in the language in which they are expressed, it is impossible to be entirely original while properly expressing reliable facts and authoritative opinions, and especially if attempting, as is now proposed, to give a resume of some of the more modern investigations on a subject of such general interest.

No writer on medical science is presumed to make all the science he presents, any more than a writer of history is supposed to manufacture his materials. I should not have regarded these remarks as called for were this paper sure to be confined to your-

selves, but if, as is often the case with papers presented here, this should find its way into a medical journal, in anticipation of the possible carpings of envy or malice, or of impertinence and folly, I will further say that what I shall present to you is the result, to a large extent, of my reading of books and periodicals; to some extent, however, of my own observations and reflections; and that I have recently read what to me was a very interesting article in the *British and Foreign Medico-Chirurgical Review*, noticing the works of several recent authors on fever and collateral subjects, and that this article called my attention to this theme, and has materially aided me in its presentation. An attempt to trace each scientific statement to its origin would be as absurd as vain, and I shall pursue the natural course in such productions, giving credit where quotations are made, and acknowledging indebtedness to those who are laboring to add to science by original investigations. It is a matter of common observation that those who are most ready to make accusations of a want of originality in the productions of others very seldom have the ability or industry to produce anything valuable themselves; and some officious carpers can hardly be regarded as possessed of anything original except "original sin."

The general subject of fever is one of great interest, as we have so constantly to deal with it in practice; and the essential pathology—the causes and conditions of the febrile state, is one of much obscurity. Though modern observations and investigations have cleared up many points, others are still deeply in the dark.

Some light may be thrown upon this subject, and particularly upon the obscurities of idiopathic fevers, by studying the symptomatic forms of this state, and especially by studying those dependent upon perceptible injuries, the class of traumatic, or surgical fevers.

An increase of temperature, as we know, is the most important fact of the pyrexial state. The normal temperature varies often as much as  $1\frac{1}{2}^{\circ}$  in the twenty four hours, being highest late in the afternoon and lowest about day-break; but in fever—when the morbid condition of pyrexia is present—the variation

from the usual standard is more than this, or the elevation occurs at some other than the normal time.

Without disease the temperature, particularly of the surface, may be raised above the ordinary by increased activity, bodily or mental, of voluntary muscles or of internal organs, and these physiological facts must be borne in mind in the study of this subject.

A state of pyrexia follows with great certainty traumatic injuries or surgical operations, when of much magnitude. In all such injuries and operations a shock is produced, a disturbing impression upon the general system, and this shock, though diminished, is not entirely prevented by anæsthetics, though under their influence no pain is felt. This shock has doubtless some effect in causing traumatic or surgical fever, but other influences are present and have effect as well. The presence of microzymes have an effect in producing traumatic fever; it is more severe in hospitals, where such organisms abound, and antiseptic dressings, by destroying microzymes, or excluding the air in which they abound, lessen materially the amount of such fevers. These facts are sufficiently apparent, but respecting many points of this traumatic fever there are various opinions entertained by advanced pathologists.

Some regard it as a distinct disease, while others believe it to be but a modification or phase of common inflammatory fever, or of a common condition including inflammatory and surgical fevers and pyæmia. Those regarding it as a distinct fever are not agreed as to its essential cause. Some think it a reaction from the shock of the injury, others as dependent upon an inflammatory process, others as the result of the more continuous action of the wound upon the nerves, while others still think it dependent upon absorption of a poison from the wound.

Those taking this last view differ among themselves as to the character of that poison; some hold that one poison causes traumatic fever, inflammatory fever or septicæma, according to its amount; others that a separate poison causes these several forms of fever. Some think the poison causes the fever solely by the changes produced by it in the blood; others, that the poison acts

on the heat regulating nerve centres directly and of itself, thus producing fever; while still others, and chief among them, Lister, of Edinburgh, think that the decomposing material upon the surface of the wound or within the wound acts upon the nerves of the part locally, causing the general feverish disturbance by reflex action. Some of this diversity and indeed difference of opinion and practice in various cases arises from the too prevalent fashion of the times of too exclusively regarding the morbid anatomy, the structural and chemical changes effected by disease, and by overlooking too much the diseased action itself as existing in the living system. The increase of our knowledge respecting the anatomical and chemical effects and conditions of disease has diverted attention from changed vital processes which constitute the active disease itself.

By noticing all the facts as they exist, observing with care the living phenomena, it seems quite evident that the local irritation of various forms of matter is in some way capable of causing fever without any septic or decomposing absorption. Septic matter, and even simple matter not septic or undergoing decomposition, may cause fever from their local effect when applied to a sensitive surface, without being absorbed at all. But injection into the circulation of various materials, such as pus, the fluid of hydrocele, the blood of another animal or even water, causes disturbance of functions independent of any septic properties, causing fever often; and indeed, the injection of any of these materials may cause death. These facts should render us cautious about transfusions in disease, especially as the beneficial effects are, in many cases, at least, so doubtful. But the injection of decomposing organic substances, or Sepsine, is followed by similar, though usually more severe, results than of other matters. The symptoms from the injection of decomposing matter into the blood are different from those of traumatic fever. They are vomiting, diarrhoea, thirst, repeated chills and perspirations with intestinal inflammation; symptoms not only differing from traumatic fever, but from the symptoms caused by the injection into the blood of non-decomposing materials.

Billroth, however, regards traumatic fever as a minor degree



of septicæmia. His theory is that a morbid material is absorbed from the wound, affecting the nervous system through the contaminated blood.

But it seems from recent experiments upon animals, made with poisonous, decomposing materials, that effects depend more upon the local irritation produced than upon the amount of poison introduced into the system; but both conditions—local irritation from the poison, and absorption of it into the system—conjoin to produce the effects observed.

Common traumatic fever, whatever be its course, differs from purulent and septic infections, from phlebitis, phagadæna, erysipelas, and similar affections. Most of the fevers from unequivocal septic poisoning, like those produced by experiments in injecting decomposing matters, are accompanied by intestinal irritation and diarrhœa, which symptoms do not occur in simple traumatic fever.

From these and many other facts, it is evident the nerves have much to do, as well as the blood, in causing traumatic fever, and in causing other forms of fever as well; and when a poison changes the blood, or operates through that fluid, the impression on the brain and nerves is the more immediate cause of the fever phenomena. The injection of Croton Oil into the ear of a rabbit caused fever in two hours—before any putrefactive change or blood poisoning could have occurred. The fever must have been caused by the local irritation.

But how does the nervous system cause fever? It is asserted, as the result of modern experiments, that in the medulla oblongata there is a vaso-motor centre, the excitation or paralysis of which modifies the loss of heat; and also a calorific centre, the excitement of which diminishes, and the paralysis of which increases the production of heat. This centre thus controlling the heat in the system, the state of fever is regarded as a disturbance of the balance between the loss and the production of heat. If there is a nerve centre which controls the heat of the system, we must, of course, look to it for the immediate cause of that animal heat which constitutes fever.

According to this view, then, we are not only to look to the

nervous system for the essential proximate cause of fever, but to neurotic agents for remedies to modify it. We should bear in mind the more remote causes—the poison corrupting the blood and morbidly impressing this nerve centre, when such poison exists preventing, neutralizing or eliminating it if possible—but the longer I practice and observe, the more thoroughly am I convinced that certain agents, which impress the nervous system, are our most powerful and immediate means of arresting or modifying febrile and inflammatory excitement.

The first effect of a decided injury is a falling of temperature; but this is followed by a rise. Then comes a local inflammation with increased irritation of nerves, and this impression being conveyed to the heat-regulating centre causes fever, and this fever subsides when the wound improves, heals or granulates.

All these facts—this nervous element of fever and its capability of being excited by irritating impressions—suggest treatment, the object of which is to allay irritation, local and general. Opium and other narcotics internally, antiseptics and soothing dressing locally. When aconite and veratrum viride allay fever, they do so more by modifying the heat-regulating nerve centre than by diminishing the action of the heart. Though quinine probably acts as an antidote to poisons, particularly to that which causes malarial fevers, yet I believe it produces its effect of directly diminishing the heat of fever, as it does in free doses, by acting upon the heat-regulating nerve centres, thus modifying the temperature.

In all fevers we are to consider the increase of temperature, with the increased chemical change, and as a consequence the production of an increased quantity of effete matter in the blood; and also the heat-regulating centres in the nervous system, the disturbance of which is the immediate cause of the fever. Of course, the more remote causes acting upon the tissues and the blood, disturbing the heat-regulating nerve centres, are not to be overlooked. These are various nervous impressions, traumatic injuries, checked excretions, septic and specific poisons, etc.

As to type and character, all forms of fever, symptomatic and idiopathic, traumatic and septic, specific and non-specific, are

much influenced by the previous state of the patient. This shows the different degrees of susceptibility of the system to the morbid cause, and its different powers of resistance, and these differences are due chiefly to different conditions of the nervous system. Thus the depressed, the exhausted, and especially the intemperate, have more severe forms. In certain localities and seasons, some prevailing influences, the nature of which is not understood, give peculiar types to all forms of fever which occur. At some times and places more sthenic, and at others more asthenic conditions prevail. For want of more definite knowledge these peculiar conditions have been termed "epidemic constitutions of the air," but whether there are special morbid substances in the atmosphere, or whether the differences depend upon the peculiar balancing of the heat, moisture, electricity, light, ozone and air is not absolutely known.

A fever from a traumatic cause, or any local injury, may be accompanied by a fever of a general typhoid type. It is well known that putridity begets putridity, and one fever of a particular type seems capable of begetting another of a similar type. Whether this is effected by agents acting on the principle of fermentation, or by germ cells giving special tendencies to the cells of the body with which they come in contact, changing the more healthy nutritive processes to those more diseased, in various ways and degrees, the present state of our knowledge does not enable us positively to determine. Doubtless there are the closest analogies between healthy and morbid processes throughout. The cells in a particular gland of a reptile produce the snake poison; and the different embryonic cells, though apparently alike, build up peculiar tissues. So cells or germinal matter from one person who is diseased, conveyed to another, may multiply and produce morbid cells, and these may give all the leucocytes of the body a new direction, inducing the phenomena of disease—the disease being only a perversion or wrong process of nutrition. This, it is thought by many, is the method of contagion; while others regard distinct organisms—microzyms, acting as ferments—as the usual material of contagious diseases. Both these theories, for they must be regarded as

theories, may be true. In some cases the distinct organism and in the others the cell or germinal matter, normally belonging to the body, but, in a state of morbid action, may be the *materies morbi*. But unfavorable circumstances, depressing general influences, over-crowding, improper alimentation, etc., may excite peculiar diseases *de novo*, giving wrong action to cells, resulting in poisonous matters, which, in their turn, may beget similar poisonous materials.

Cell proliferation is a leading feature in most specific diseases; and such cell action and multiplication may be set in operation by other similar cells, by foreign organic germs or microsperms, or by unfavorable influences coming under neither of these heads. But in special diseased tendencies, whatever the influence may be, they probably operate by giving a particular direction to the leucocytes and cells of the body. These operate so as to produce various morbid processes, but generally they so affect the heat-regulating nerve centres as to produce fever.

Prevailing tendencies to special forms of diseased action often manifest themselves.

A medical man, from the southwestern part of Missouri, lately informed me that in his neighborhood, in a mining region, every inflammation was accompanied with a typhoid form of fever, with diarrhœa, tympanites, dry tongue, early sordes, etc., and when the inflammations were not arrested in their early stages fatal results were frightfully common.

A similar state of things, if it were known, exists in many large hospitals.

*(To be continued.)*

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*REPORT OF A CASE IN WHICH DEATH RESULTED FROM THE EFFECTS OF OLD ADHESIONS UPON THE PERITONEAL SURFACE. By C. H. LEWIS, M. D., Jackson, Mich.*

In the month of May, 1874, Mr. M., residing in a neighboring village, came into my office with his daughter, an unmarried lady, aged 23 years, to consult me in reference to her health. Her extreme pallor and fragile appearance suggested the existence of grave organic disease; and indeed her case had been

pronounced one of valvular heart disease, combined with some organic lesion in the lungs.

After careful enquiry, and examination, however, I could detect no evidence of organic mischief, in either heart or lungs. An anæmic aortic murmur could be heard, but no regurgitation.

From infancy she had possessed a very delicate constitution, and, when a child, had suffered two severe attacks of pneumonia; and, at eight years of age, an attack of inflammation of the bowels, in which her life had been despaired of. Six years ago, too, she was helpless for some weeks, from acute inflammatory rheumatism, and ever since this latter sickness, has been quite feeble.

At the time of consulting me, her most troublesome symptoms were these: Incessant pain, and sense of weight in the hips and back, a constant muco-purulent leucorrhœa, lancinating pains in the chest, with a feeling of suffocation, severe pain in the head, irritable stomach and nausea, obstinate constipation and frequent irritation of the urethra and neck of bladder, so aggravated as to prevent the voiding of any urine for a day or two.

Most of these symptoms were greatly increased at every approach of the menses, which had always been scanty, and for some time steadily decreasing.

About seven months before I saw her, Miss M. had fallen down cellar. This fall was immediately followed by a great increase of distress in the back and pelvis, and since its occurrence she had steadily failed in strength, flesh, and appetite, to such an extent, that her parents felt she could live but a short time, without relief.

My diagnosis was chronic inflammation and displacement of the uterus, and I expressed the opinion that any general means used for relief would be ineffectual, unless supplemented by local treatment, directed to the pelvic organs, provided that a physical examination of these organs should confirm my diagnosis.

About a week later I visited the young lady at her home, and made a vaginal examination, which was attended with great difficulty, and productive of severe pain, on account of the exquisitely tender condition of the vulva and orifice of the urethra.

The finger had hardly passed the vaginal orifice before it touched the cervix uteri, which was in a condition of soft hypertrophy, and as sensitive to the touch as the eyeball. Carefully, and slowly insinuating the finger around the cervix, it almost immediately encountered the enlarged and tender body of the uterus, which was retroflexed in an extreme degree, and crowded down hard upon the floor of the pelvis—almost in contact with the cervix. With the finger in the rectum I recognized the tumors, formed by the cervix and fundus, and was able to trace their continuity, from the extremity of the cervix, far up on the globe of the body, so as to leave no doubt of the position and shape of the organ. The recto-vaginal septum at the points of pressure, was thickened, indurated and tender.

In view of the severity and long standing of the local disease, the impoverished condition of the blood, and the great impairment of the nervous system, my prognosis was very guarded. I was careful not to promise a cure; but since at that time I knew of no other cause for the disturbance of the stomach, except sympathy with the suffering uterus, I hoped that relief to the local difficulty might restore the digestive functions, and, accordingly encouraged them to hope for an amelioration of her condition, under a protracted course of properly conducted treatment.

On the 1st of June, the young lady, accompanied by her mother, took lodgings in the city, and placed herself under my care.

I immediately instituted such local treatment as she could bear, and at the same time regulated the action of the bowels, administered tonics to the extent of the tolerance of the stomach, and relieved the neuralgic pains in the chest, by the induced electro-magnetic current. For a time, the case made quite satisfactory progress.

At first, the only local treatment which the tenderness of the parts would admit of, was the daily use of the hot water douche, and vaginal suppositories of iodoform, and ext. belladonna. After the local tenderness had been, in a great measure, removed by these agents, I was able to use the speculum, and make such

applications as seemed to be indicated; and, after a time, succeeded in lifting the uterus to its natural position—though it would not, as yet, remain there. Then, by painting the cervix and the vaginal walls, twice a week, with tinct. of iodine, as strong as could be borne, and continuing the use of the douche, medicated with mild astringents, I had the satisfaction, after about three months, of knowing that the uterus retained its normal position, and was not over sensitive; the leucorrhœa had entirely ceased, and the pains in the chest had almost entirely disappeared.

The general tone of the system was somewhat improved, and increased color had been imparted to the lips. However, the improvement was only temporary. The pain in the back and the irritability of the stomach soon began to increase. For two months before death even a teaspoonful of the blandest fluid produced nausea and acidity, and was speedily rejected; and the nutrition of the body, such as it was, was maintained almost entirely by nourishing enemata. All the remedies which are ordinarily of service in such a condition, failed me.

Sometimes the vomited matter contained bile, and, at such times, a few small doses of calomel, triturated with sugar, and dropped on the tongue were well borne, and produced bilious evacuations from the bowels, with complete relief to the bilious condition of the stomach, but without diminishing its irritability.

At the same time, the bladder and urethra became more irritable, and for about six weeks no urine was passed, except through a catheter. Most of the time, the urine was scanty and high-colored, and often followed by a discharge of mucous and pus; but with this exception no abnormal ingredients were found in it; and, whenever an injection of water into the bowels was used, the quantity of urine was, within a few hours, greatly increased.

For four months before death the menstrual flow was absent, but at every period—and sometimes between—there occurred severe cramping and expulsive pains, which increased in severity with each recurrence, until nothing but the inhalation of chloroform would control them. Fearing there might be fluid pent up

in the uterine cavity, I resorted to the use of sponge tents, and dilated the canal sufficiently to admit of passing to the fundus a No. 10 bougie. This operation was followed by the discharge of about a teaspoonful of dark, fluid blood, and by an offensive watery discharge, lasting two or three days, and afforded complete and permanent relief to the paroxysms.

The constant pain in the region of the lower lumbar vertebræ, and pelvis, persisted to the last, and required the hypodermic use of morphine and atropine from three to four times a day.

There was extreme tenderness over the entire abdomen, and across its lower portion, a constant and distressing sense of stricture.

As the emaciation increased, the central portion of the abdomen, from the ensiform cartilage, nearly to the pubes, felt as hard as a stone; and with the finger laid never so lightly anywhere upon this surface, the pulsations of the aorta were more distinctly felt than those of the radial artery at the wrist.

On the 15th of December my patient died from inanition, and the exhaustion of pain, leaving me firm in the belief that the pyloric extremity of the stomach was involved in a scirrhus growth.

An autopsy was held eight hours after death. Before making any incisions, other physicians present could distinctly feel and define the scirrhus-like mass through the abdominal walls.

Upon opening into the cavity, however, no malignant disease was revealed, but the intestines were found closely bound to each other, and to the back and sides of the cavity, by old bands of adhesion, so strong that not a fold could be raised until liberated by the knife.

The entire omentum was involved in the adhesions, and so firm was the mass as to produce the feeling of a solid body, and like a solid body, transmit the aortic pulsations. Here was the explanation of the feeling of hardness and of the sense of stricture, complained of across the abdomen.

The intestines, when separated from the mass, bore a nearly natural appearance, and were empty, except for a few hardened fæces, lying loose in the cœcum; the vessels of the mesentery were, however, much engorged.



While the colon, in its entire course, and all the upper portion of the small intestines were thus bound together, a part of the ileum, making a mass sufficient to fill a pint bowl, was more free, and by the pressure from above, or by the fall, or by both, was displaced into the pelvic cavity. I think that in replacing the uterus, as I did several times, with the patient on the knees and breast, this displaced mass of intestines was also carried up out of the pelvis, and their replacement probably contributed very largely to the relief which this operation afforded, for she was accustomed to say at such times, that she felt as if a ton's weight had been lifted from her back and hips. There were nowhere any marks of recent peritoneal inflammation.

The uterus was in the natural virginal position, and appeared slightly atrophied. The ovaries, too, were in their natural positions, were slightly under the usual size, and remarkably bloodless and blanched.

Not the slightest fault could be found with the heart, its envelope, or appendages; indeed it was the most natural in its appearance, of all the organs of the body.

The liver was somewhat enlarged, and unnaturally pale. Its surface was covered with patches, lighter colored than the rest, and presenting somewhat the appearance of fatty degeneration, but in texture it was quite natural, and under the microscope presented nothing of fatty or heterologous infiltration. The left lobe, both thickened and enlarged laterally, had crowded the stomach more to the left than is natural, but overlapped its cardiac extremity—and, being itself tied by adhesions to the posterior wall of the cavity, confined this portion of the stomach pretty closely between itself and the prominent dorsal vertebræ; so that every movement of the diaphragm in respiration must have produced friction between the opposite mucous surfaces. In the recumbent position, upon the back, the force of gravity would naturally increase the friction; and the irritability of the stomach was increased in this position, which she was obliged, however, to maintain, on account of the great increase of pain in the back produced by turning upon either side. She often asked to be bolstered up, in a nearly upright position, because this seemed to afford some relief to the stomach.

The portion of the gastric mucous membrane thus compressed was found to be highly inflamed, while the remainder of it was paler than natural.

The lungs were healthy, but, like most of the organs, quite pale, and under the normal size. The opposite surfaces of the pleura, and particularly those of the right side, were loosely connected by a most beautiful lace-work of delicate adhesions.

The spleen, pancreas and kidneys were healthy. The general emaciation of the body was extreme; and yet, in cutting through the abdominal walls, I was surprised to find a deposit of fatty tissue nearly an inch in thickness.

I could not learn of any sickness which could account for the condition found in the abdomen subsequent to the inflammation of the bowels, which occurred when she was eight years of age, or fifteen years before her death.

That adhesions formed so long ago should have caused such serious mischief at this time, and not sooner, seems to me remarkable; and it is also an interesting query, what prevented the absorption and appropriation of the fat upon the abdominal walls, to support life during the long period of semi-starvation through which she passed prior to death?

Possibly an examination of the thoracic duct might have thrown some light upon this point; but unfortunately, being hurried in the autopsy by the near approach of the time for the removal of the body, this matter was overlooked until too late.

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*BROMHYDRIC ACID.* By DEWITT C. WADE, M. D., *Holly, Mich.*

It is still a very open question, how, and in what form, medicines enter the circulation, and one, I believe, in which scientific investigation has not kept pace with the other departments of study. I have no doubt that the time will come when physicians will prescribe only such circulatory medicines as those that are already prepared to do their work. Do we not suppose when we prescribe an easily decomposed salt, that we obtain the desired effect only after the decomposition takes place? Let us examine a little the chlorides, sulphides, iodides, and

bromides. We do not give chloride of sodium for the purpose of introducing chlorine into the circulation. Why? Because chloride of sodium is not decomposed by the acids of the stomach, and consequently it retains all of the characteristics of chloride of sodium, and is excreted as such. The result is different with the sulphides, iodides and bromides. The acids of the stomach do decompose them, and set at liberty halogens sulphur, iodine or bromine. Now, what is the result of this decomposition? It is this: When a sufficiently powerful acid is used to decompose either of these salts in the presence of water, and without the presence of a metallic oxide, the result will be the formation of chlorhydric, sulphydric, iodhydric or bromhydric acid. The following familiar formula will illustrate this chemical action:  $\text{Fe S} + \text{S O} + \text{H O} = \text{Fe O S O}_3 + \text{H S} + \text{H O}$ , that is, sulphydric acid will result. Sulphide of iron is insoluble without decomposition, and cannot as such enter the circulation. If administered as a medicine, the acids of the stomach would decompose it; the freed sulphur would unite with the hydrogen and form sulphydric acid, which is soluble in water, and would be thus absorbed. The water of all sulphur springs holds in solution this acid. Iodide of potassium is soluble in water, and may be introduced into the circulation, undecomposed, by other avenues than by the stomach, or by first neutralizing the acids of the stomach. But iodide of potassium is not given for the purpose of obtaining an effect as such; it is given to introduce iodine into the system. If iodide of potassium were as stable a salt as chloride of sodium, it would rarely be prescribed, and never, intelligently, for the purpose of realizing the specific effects of iodine. Perhaps the difference of action of sulphate of magnesia and sulphuric acid will fully illustrate the result of administering a salt that cannot be decomposed in the system. But as long as iodide of potassium is decomposed and the iodine liberated, why not continue to give it? Because it is unscientific to make unnecessary use of the stomach as a chemical laboratory, when we know that its operations are variable, especially during sickness; because we never know how much of the halogen is liberated, and as a consequence we will either have

an excess of it, or of the salt; because if we have any way to know how much of the halogen will be necessary to affect our patient as we desire, it is unscientific to give more or less, at least we consider it so with most drugs; because if the salt is absorbed and eliminated without decomposition, as may occur in some conditions, the result will be a disappointment that will be very mysterious to many prescribers. For these reasons I propose to prescribe the halogens in the form in which I believe they are taken up.

I will now give the result of my experience with bromhydric acid. I commenced its use September 10, 1874, and by reference to files, it appears in sixty of my prescriptions. According to my observations, it fully represents the action of bromine in the system, and I prescribe it instead of the bromides. Its effect to modify the cerebral action of quinia and morphia is the same as that of bromide of potassium. To illustrate, I will relate a conversation. The patient had taken bromhydric acid and quinia:

*Patient*—Doctor, you didn't give me any quinine, did you?

*Doctor*—No. (?)

*Patient*—Well, I know you didn't, because I never could take it without it making me perfectly crazy.

Effects may be expected from the acid that are not obtained with the bromides. For instance, it appears to affect the stomach similarly to the other mineral acids—increasing the appetite, aiding digestion, and acting as a general tonic—therefore, having a wide range of applicability. Bromine is known to be a powerful anti-septic, and its hydrogen acid, combined with quinia, cannot be too much extolled in septicæmia. The acid is a grateful refrigerant and sedative, administered with syrup in fevers, with which, among other combinations, may be made the bibromide of mercury as an alterative. In fact, the acid alone is a powerful alterative. It will be seen that bromhydric acid, with these therapeutic properties, ought to establish for itself a position in the *Materia Medica* that will entitle it to recognition by the whole profession; yet, to-day, it has never been used, to my knowlege, by any physician but myself.

The chemist prepares the acid by decomposition and distillation, which, taking into account the expense, and its liability to spoil by long keeping, would render the presence of a good article in every druggist's prescription case impracticable. I have therefore devised the following formula for its preparation: One equivalent of bromide of potassium, two equivalents of tartaric acid, and only sufficient water to dissolve each. Mix the solutions and let it stand in ice water twelve hours; decant and add water to make a fluid ounce for each eighty grains of bromine. This is the reaction:  $KBr + \text{C}_4\text{H}_4\text{O}_6 + \text{H}_2\text{O} = \text{K}_2\text{C}_4\text{H}_4\text{O}_6 + \text{HBr} + \text{H}_2\text{O}$ . The bitartrate of potassium (cream of tartar) that is precipitated is slightly soluble, but is not an impurity that in any way affects its therapeutic properties. Thus prepared, bromhydric acid represents ten grains of bromine to each fluid drachm, is of a pale straw color, intensely acid, but not caustic, resembling, in this respect, the other dilute mineral acids, dissolves the salts of the alkaloids readily, and may be administered in a great variety of combinations. Medium dose, half a drachm, well diluted.

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*SOME PATHOLOGICAL DETAILS OF THE "REMARKABLE CASE OF FASTING" &c. By WM. E. JEWETT, M.D., Adrian, Mich.*

[The following will be of considerable interest to those of our readers who remember the account of this case which appeared last month. We print it, also, as an act of justice to the writer, from whom we expected full details at that time. However, having received Dr. W.'s account, and having accidentally received the impression that he was Dr. J.'s partner we published it, never suspecting that it was sent without consultation with the real medical adviser in the case.—Ed's.]

In the January number of the *PENINSULAR JOURNAL* was an article with the heading, "A Remarkable Case of Fasting,"—by A. A. Whitney, M. D. The most noticeable feature of this article was the rather verbose details of the patient's life, and a few data of his last illness. For obvious reasons, the pathological phenomena were so lightly discussed, that the article was of

little professional value. I think it due to the profession to add, what I alone—as his medical attendant—could do, with respect to the pathological features of the case.

I had attended Mr. Comstock for some months previous to his last illness, and had prescribed for his gastric irritability. I at once interdicted the use of the salæratu water, for years his almost daily medicine. He did not, however, entirely cease its use until the last few weeks of his life.

After the cessation of the alvine evacuation on the eleventh day—and he had but one passage after that—the most noticeable symptom was an extreme gastric irritability. The tongue was for some days thickly coated with a dark, yellowish fur, and very dry. This coating gradually cleared off, leaving the tongue of a dark red color, dry and smooth, which condition continued until death. There was no indication of a diseased state of either lungs or heart. At first the pulse beat strongly, at the rate of seventy per minute; but by degrees it became weaker and higher, probably the effect of vital exhaustion. The respirations were deep, regular and normal at first, and only changed with the wasting of the vital powers. The kidneys performed their function very fairly; the urine rather highly colored and scanty, but not to an abnormal degree.

The brain symptoms and suicidal mania were no doubt superinduced, appearing as they did after fifteen days of virtual fasting. There was no tenderness in either hepatic or splenic region, and at no time a tympanitic condition of the bowels; although there was more or less tenderness there. Judging from these symptoms, the most prominent of which was the constant and extreme sensitiveness in the gastric region, I concluded that in that region alone was the seat of the disease. Like a lamp goes out when there is no oil, he gently passed away at 3 P. M., Nov. 26th, 1874, having partaken of but two and a half ounces of solid food, and of but very little liquid nourishment for a period of forty-eight days.

I conducted a post-mortem examination about six hours after death. The subject was greatly emaciated, and I was therefore surprised to find adipose over the abdomen three-fourths of an

inch in thickness. There was also a great amount of adipose on the mesentery. The stomach contained about half a pint of an aqueous solution of vitiated bile. The intestines were entirely empty. The liver was not abnormally dark or congested. No evidence of disease was found except in the stomach. The mucous coat of the stomach was almost entirely gone; presenting to the touch a greasy hardness so unlike the velvety softness of the healthy organ. There was no congestion, yet I think its absence due to the conditions under which he died, for during his illness, until the last week, there was evidently a considerable degree of congestion. There may be a difference of opinion respecting the long continued use of the salæratu water causing, either wholly or in part, the destruction of the mucous membrane of the stomach. From the fact of it being thus degenerated together with the form of his death, it seems to me to be a logical sequence. His age alone, 74 years, could not have affected so remarkable a change in this organ while the other vital organs retained sufficient vigor to prolong his life to such a length. The secretory glands of the stomach were without doubt involved in the destruction. There was little or no digestive power, consequently the simplest food was an irritant, and so increased the already irritated condition of the muscular fibres as to cause its immediate rejection.

Nothing as yet has been said regarding treatment, which, except to relieve, proved abortive. The most of the time he could not retain the simplest medicine. For days together he would refuse to take anything. In fact, the case seemed so hopeless after the first two weeks that I gave but little except to palliate his sufferings.

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## Proceedings of Societies.

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WAYNE COUNTY MEDICAL SOCIETY.

WEDNESDAY, Dec. 16th, 1874.

The Society met at its rooms, No. 13 Merrill Block, at 8 P. M.  
The President in the Chair.

The subject for the evening's discussion, phlegmasia dolens, was introduced by Dr. Richards, who gave a detailed history of a case he had recently treated. The swelling in this case commenced in the popliteal space, extended in both directions until the entire limb became involved, and was preceded by a suppression of the lochia. The urine was scanty and produced an excoriation of the parts it came in contact with. The patient was plethoric, and the doctor preceded other remedies by a calomel purge. Treatment consisted of the administration of muriate tinct of iron and quinia with a tonic regimen.

Dr. Shurly regarded phlegmasia dolens as a septicæmic disease, originating in the uterus, and manifesting itself in the iliac vein before extending to other parts. Its occurrence in plethoric women is very rare. His treatment is at first largely expectant with counter-irritation; after which he applies a roller bandage of flannel. After the subsidence of acute symptoms the administration of the faradaic current, by causing contraction of the muscles, facilitates venous circulation and obviates occlusion of the veins. Supporting treatment is demanded in the vast majority of cases.

Dr. Gustin thought that in delicate women the veins are less apt to become obliterated than in the more robust. After subsidence of the more acute symptoms he orders iron and port wine.

Dr. Rouse—The disease is not necessarily an attendant on parturition, inasmuch as well authenticated cases are reported of its having occurred in non-pregnant females and even in males. He regards it as pyæmic or erysipelatous in its nature, but has no definite views as to its pathology. Regards diuretics of much service, although most dependence must be placed on quinia and iron. Should regard friction of the limb towards the body as inadvisable, from a danger of causing emboli it might give rise to.

Dr. Mulheron—The pathology and etiology of phlegmasia dolens are very obscure. The various names which have at different times been given the affection—phlegmasia lactea, œdema lacteum, anasarca serosa, milk leg, white leg, crural



phlebitis, etc., illustrate the various views which have at various times been entertained of its pathological nature. Regards it as a disease caused by the entrance into the system of a poison generated in a wound. It followed the bite of an adder, in a young lad, and it occurs so frequently in the parturient female because of the large denuded surface left in the uterus after the removal of the placenta—a most favorable condition for the development of the poison. Freshly drawn blood, to which pus has been added, coagulates very rapidly, and the poison of phlegmasia dolens probably acts by precipitating the fibrine of the blood. He had lately treated a typical case. Gave internally tr. ferri. mur. with occasional doses of morphia to relieve the pain which at times was very severe. Applied locally a liniment :

R. Linimenti Saponis.....	℥iij.	
“ Chloroformi.....	℥ss.	
Tr. Aconiti Rad.....	℥ij.	
Ext. Belladonnæ.....	℥ij.	
Tr. Opii.....	ʒvj.	M.

with gentle friction commencing at the toes. He thought the danger suggested by Dr. Rouse to be more theoretical than real. Great relief was experienced by the elevation of the limb.

Dr. Peter Stewart—The disease is liable to attack any portion of the limb primarily. Tenderness along the course of the sciatic nerve is quite a common symptom. He formerly bled his patients and should do it still in a plethoric subject; these, however, seldom present themselves. Regards the lymphatics as being the most common seat of the difficulty. Thinks constipation during pregnancy frequently stands in a causative relation to the disease. Commences treatment by “unlocking the secretions” by the administration of an alterative. Gives large doses of opium. Has found much benefit to follow the external application of :

R. Ferri Sulph.....	℥ii.	
Aq. Font.....	Oj.	M.

Has seen cases in which permanent disability and enlargement of the limb have followed an attack.

The Committee on Membership reported favorably on the application of Dr. C. H. Leonard, who was accordingly elected a member of the society.

The subject selected for discussion at the next meeting of the Society was "Chorea," with Dr. Richards to introduce it.

J. J. MULHERON, M. D.,  
*Secretary.*

PETER STEWART, M. D.,  
*President.*

#### *FLINT ACADEMY OF MEDICINE.*

A meeting of the Flint Academy of Medicine, was held at Dr. Fairbank's office, Tuesday, Dec. 1st, 1874.

Members present; Drs. Buckham, Fish, Clark, Millard, Fairbank, Stevens, Hurd, Cogshall, Willson and Howland. Dr. Willson in the chair.

Minutes of the last meeting read and approved.

A petition to Congress, sent to the Society by Dr. Brodie, of Detroit, was read by the President, and signed by the members present.

Dr. Hurd read an essay on puerperal convulsions, with the history of a case in his practice, and his treatment.

In the discussion which followed, Dr. Buckham said he had been so fortunate in his practice as to meet with only three cases, but was in favor of using the lancet at once.

Dr. Cogshall said he had met with a number of cases in his short practice. He at first used the lancet, but would not now use it after the patient had had several convulsions. Should the convulsions not yield to the ordinary remedies, he would induce premature labor. Where there were premonitory symptoms he would endeavor to ward off the attack by the use of bromide of potassium and black cohosh, and should these fail, he would resort to the lancet.

Dr. Stevens said he had had a case in which convulsions were frequent at the term of pregnancy. They were controlled at the

time, but he was afterwards called in and found the convulsions complicated with ascites. He used the lancet, and gave ergot to relieve the cord, as he believed congestion existed in those cases. The contractile powers were good after the use of ergot.

Dr. Millard said he would like to know why bromide of potassium was given to diminish the calibre of the smaller vessels, when it produced the opposite effect, according to an essay recently written in France and translated by Dr. Sager.

Dr. Fish thought the condition of the patient should be taken into consideration. With excitability of the nervous system the bromide of potassium is indicated. He referred to a case he had several years ago, in which he resorted to the lancet, and bled freely. The convulsions ceased, and afterwards the patient was delivered of a dead fœtus.

Dr. Cogshall thought that in most of the cases the child died during the convulsions.

Dr. Clark thought that in cases where it was indicated, there is no substitute for the lancet.

Dr. Fairbank said in cases where the patient was young and vigorous he would use the lancet freely. The convulsions generally ceased at once when the congested cord and brain were relieved.

Dr. Willson said he had had four cases. In two cases the children were born alive. Two cases yielded to the lancet and chloroform; the others did not. Used fl. ext. stramonium in five drop doses. The fourth case did not go on to full term. The patients all recovered under treatment.

Dr. Fairbank said he had had a very peculiar case in which upon pressure a little above and to the right of the umbilicus, he felt what seemed to be a pulsating tumor. On pressure, severe pain was felt, and the pulse in the wrist and neck ceased. He would report further upon the case at the next meeting.

Dr. Stevens promised a paper upon the subject of "ruptured perinæum" for the next meeting.

Dr. Millard moved that Dr. Buckham be requested to furnish the Academy with an essay, now due, on the toxæmic effects of urea.

On motion, it was resolved to adjourn, to meet at Dr. Chapin's office on the first Tuesday in January, 1875, at 10½ o'clock A. M.

G. W. HOWLAND, M.D.,  
*Secretary.*

J. C. WILLSON, M.D.,  
*President.*

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*WASHTENAW COUNTY MEDICAL SOCIETY.*

The Washtenaw County Medical Society held its 35th regular meeting at Cook's Hotel, Ann Arbor, Dec. 29th, 1874, the President, Dr. Rexford, in the<sup>1</sup> chair. Members present: Drs. Rexford, Batwell, Kinne, Webb, Sager, Frothingham, A. B. Palmer, W. B. Smith, Kapp, George, Ewing, Munger, Hilton, Rose, Prescott, Breakey, Jackson, Brown. New members elected: Drs. Dunster, Lincoln, Choate, Leiter and Taylor. Visitors from Jackson County Medical Society: Drs. Nims, Barnum, Lewis, Turner and Raymond; also Drs. Curtis of Wayne, Pier of Iowa and Hearty of Ohio.

The Secretary read a letter from Dr. Abram N. Van Tyne, of Chelsea, stating that it would give the writer great pleasure to meet with the society and participate in its deliberations, but that his age and consequent infirmities prevented him from doing so; that he was in his 78th year; had almost relinquished practice, yet felt a warm interest in all that is being done to promote medical science, and desired to retain a name on the membership roll of the society.

On motion, Dr. Van Tyne was made an honorary member. A circular and letter from the Committee on Memorial Monument to the late Dr. Pitcher, soliciting aid therefor was read.

Dr. Breakey, of committee appointed to confer with Board of Supervisors on the subject of county charges, reported that the Board had acceded to the request of the committee and had adopted the scale of fees recommended for post mortem examinations in legal investigations.

Dr. W. B. Smith in lieu of the usual Vice-President's address, reported two cases of acute rheumatic arthritis complicated with periostitis. He remarked that:

"We usually meet with the chronic form of rheumatic arthritis in practice, and that is the usual form that we find described in the books. The cases that he wished to report to this society are of the acute form of rheumatic arthritis, occurring after well-marked cases of inflammatory rheumatism. In the first case a young girl of seventeen years of age, of a strumous diathesis, was taken down with inflammatory rheumatism in the ankles and knees of both legs, sometimes the pain and swelling extending to the hip, and also to the joints of the upper extremities. At the end of the third week the pain became very much more severe and confined to the left knee, the fever running very high, swelling very hard, and the limb very much increased in size. This continued for about four weeks. At the end of the second week he opened the limb and gave vent to a profuse discharge of pus and bloody, watery substance. In about two weeks from the opening of the limb, in probing he found a small fragment of bone about the size of a kernel of wheat from the head of the tibia. At this time the febrile symptoms had nearly abated. The discharge continued, and a large number of fragments of bone continued to come away for about a year, after which the discharge ceased, and the patient made a slow recovery with an ankylosed knee joint.

Case 2d. W. C., aet. 18, German, of a rheumatic diathesis, father and mother both have suffered from repeated attacks of inflammatory rheumatism. The boy had had several slight attacks. In July last, after a hard day's work, he was taken down with rheumatism—the pain shifting from one joint to another. The ankles, knees, wrist and elbows were the principal joints involved; there was a good deal of fever. Was put upon the usual treatment for rheumatism and with good results, everything indicating that in a few days he would be able to be out-of-doors. At the end of the tenth day the fibrile symptoms increased very rapidly, the pain being most intense, swelling rapidly, increasing in the left knee joint. Notwithstanding the most heroic treatment this continued to increase for about two weeks, indicating very extensive inflammation of the knee joint, and periostitis of the head of the tibia. The pain then shifted

to the right knee which began to swell, very much to the relief of the patient, who was willing to bear the pain any where else provided he could have a little rest from pain in his left knee. But this was of short duration, for after two days the pain returned to the left knee with renewed energy—it being more intense than before, he not experiencing any relief from the large amount of anodynes that he was taken. After a week of intense suffering, Dr. McLean being with me, the limb was opened just below the knee joint. There escaped a large amount of blood and water in which was mingled a dark substance like ground pepper, which was gritty when rubbed between the fingers. In passing the finger into this opening there was found extensive caries of the head of the tibia, it being possible to pass the finger directly through the body of the tibia, about one inch from the head. The operation afforded him ease only for a day or two, when he began to show symptoms of delirium which increased for a short time, he gradually becoming comatose and died in a few hours—his sickness having lasted about five weeks.”

Dr. Smith also reported two cases of scarlet fever with malignant sore throat—one a boy of five, the other a girl of three years—both terminating fatally in about 48 hours. The temperature in the first remaining at 105 throughout, and beginning at 105 in the second, but dropping to 102. The pulse in both being disproportionately low, not going above 110 in the first case, but in the second running up to 140 on second day. In the family of the first case the disease did not spread, in that of the second, two other children had scarlet fever in a mild form.

Dr. Batwell reported two cases of secretion of milk in the non-pregnant female, complicated with uterine disease.

(A report of Dr. Batwell's cases will appear separately in the March number of the JOURNAL.)

Dr. Dunster remarked that these cases were comparatively frequent in women suffering from uterine disease, that they were similar to cases of secretion of milk in infants of both sexes, of which he had seen a great many cases in the large children's hospital under his care in N. Y.

Dr. Frothingham reported two cases of lithotomy which he had performed during the summer. The first patient was a young gentleman from Indiana, aged 20 years. He had been troubled with the symptoms of vesical calculus from an early age. He could remember that at about the age of twelve, when he began to indulge with the other boys in the sport of swimming, that the pain in the bladder and penis was so great that he was often obliged to lie down for a while before he could walk home. He had suffered greatly for the past few years, and had been under the care of several physicians, none of whom had suspected the nature of his disease. The first examination made by Dr. F. revealed the true nature of his case, the sound coming in contact with a small dense calculus. A peculiar feature of his case was that the urine was normal in its appearance, and two examinations made during the week that intervened between the first examination and the operation, showed an acid reaction of the urine, no blood, pus, or crystalline deposit, and one quantitative analysis had shown that none of the solid constituents of the urine existed in excess. So far as an analysis of the urine was concerned it rendered no aid in the diagnosis of the kind of calculus with which he had to deal. But judging from the feel and sharp ringing sound obtained by examination, he had judged it to be composed of oxalate of lime or uric acid, and decided to remove it by lithotomy instead of attempting the more fashionable operation of lithotrity. He made the operation on the 29th of May, removing the stone by the lateral operation, which he believed to be the best method of operating, whether the stone was large or small. The stone proved to be a mulberry calculus, one inch in its long diameter, and, upon chemical analysis, proved to be composed entirely of oxalate of lime, and was very hard. The character of the stone showed that an attempt at lithotrity would have been worse than useless. He had, since his operation, been shown some fragments of a stone precisely like this, which had been removed by lithotomy, performed after the stone had been once crushed by the lithotrite, the pain and irritation caused by these sharp angular fragments being so great that it became necessary to remove them by a more speedy operation.

The patient from whom Dr. F. had removed this stone made a speedy recovery, returning to his home in three weeks after the operation perfectly well, and had remained so to the present time.

The next case was operated upon by him on the 16th day of July last. This patient had suffered from the stone for the last three years; a diagnosis of his disease was first made by Dr. Helber, a few weeks before the operation. The patient for several weeks had suffered extreme pain, half grain doses of morphia administered every three or four hours, afforded but slight relief. An operation was recommended and performed by Dr. F., who removed a large uric acid calculus, measuring  $3\frac{1}{8}$  inches in length,  $2\frac{1}{4}$  inches broad, and  $1\frac{5}{8}$  inches thick, weighing nearly four ounces. The patient made a good recovery, and is now well.

Dr. F. also reported a case of typhoid fever, which he believed had resulted from contagion. The patient, a lad of 16, had been exposed by sitting much with a young man who had been sick with this fever. Shortly after the young man recovered, this lad was taken down with the fever, which ran a course of twenty-two days before convalescence commenced. After the patient had so far recovered his strength as to be about the house and sit with the others at the table, a relapse occurred. This second attack was ushered in with a chill, and followed with the same train of symptoms as the first attack. The diarrhoea was somewhat more profuse, and the eruption more abundant, but came out as a single crop, instead of appearing in successive crops as in the first attack. The body temperature was  $105^{\circ}$  every afternoon, and varied  $103$  to  $103\frac{1}{2}$  in the morning. He died on the eleventh day of the second attack, of exhaustion. He said that he mentioned this case for the purpose of bringing the question of contagion before the Society, and he would be happy to learn the experience of the different members upon the subject. There were many who doubted the contagious nature of typhoid fever, and he thought it a question that ought to be well discussed, and definitely settled, for if it was a contagious disease, it should govern our choice of nurses for such



patients, and those most susceptible to the influence of the poison should be kept away from those affected with this disease.

Dr. Palmer said, the fact of one case of fever occurring in a house some few weeks after another, does not prove the contagiousness of the disease, or that the one was taken from the other. Both were exposed to the same influences of privies, cellars, water, or whatever might have caused the first case. Still he would not deny that a poison was produced in typhoid fever, which might be communicated; he only said that one, or several such cases did not prove it. He believed that typhoid fever, whether communicated or not, was constantly originating *de novo*; especially from filth, and perhaps from other causes. That it was not particularly contagious seems to be proved from many facts. One he would mention—the case of the Maplewood young ladies school in Pittsfield, Mass. He, with others, had examined carefully into the history of that local epidemic, occurring in 1864. Out of 77 young ladies attending the boarding school, 51 were attacked with a severe form of typhoid fever—so severe, that 13 died. A few, (two or three only) passed through the disease in the institution, but nearly all, during the premonitory stage, were taken to their homes in different parts of the Eastern, Middle and Western States, and passed through the disease in nearly fifty different families, and of all the hundreds of persons that must have been exposed to them, only one had typhoid fever. A young sister of one of the ladies had a mild attack, some two or three weeks after the first; but this was regarded as a co-incidence, by many, rather than as a consequence of the exposure. This local epidemic of fever, one of the most remarkable recorded in the history of typhoid, was clearly traced to the foul state of the privies of the establishment. A poison capable of producing typhoid fever, is no doubt produced in foul privies. He believed the disease depended upon a peculiar poison, generated in filth, and was inclined to the opinion that the poison was multiplied in the bodies of the sick, and might be, especially by the intestinal discharges, conveyed to others. But he did not believe that all, or a majority of typhoid fever were communicated from one person

to another, by feces or otherwise. There were differences of opinion in the profession on the subject—Dr. Budd, in England, leading the contagionists; but it was not an easy question to positively decide. He attended the young man from whom Dr. Frothingham's patient was supposed to have taken the disease. The case was a peculiar one. It commenced in a distinctly intermitting, or at least remitting form, a chill, high fever, and sweat, occurring much more severely every second day—while on the alternate day the patient was up and about, coming to his office the first time, he saw him a week after the attack. He had been under the care of a homœopath in the meantime. A laxative, and quinine interrupted the periodicity, but typhoid symptoms remained, and were fully developed. In the latter stages, symptoms of pyæmia were markedly present, with points of infarctions in the lungs, and small cutaneous and subcutaneous abscesses later; but with a final good recovery. Prof. Dunster had seen the patient several times, when he (Dr. P.) was not well, and also with him, and, he believed, agreed with him as to the character of the case. The symptoms of peculiar blood poisoning was very marked—repeated chills, high temperature (105° F.), profuse sweats and diarrhœa, and the evidences of the local condition in the lungs were pain, bloody sputa, dark and grumous, with dulness at points, and a mingling of crepitation with bronchial respiration.

*To be Continued.*

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## Ophthalmology and Otology.

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*EMBOLISM OF THE LOWER BRANCH OF THE ARTERIA CENTRALIS RETINÆ IN THE RIGHT EYE. LEFT EYE BLIND FROM OLD EMBOLIC DISEASE. By DR. LANDESBERG, of Elberfeld.*

H. S., aet. 60, consulted me Dec. 7, 1872, stating that upon awakening in the morning he had found himself nearly blind in the right, his only useful eye. The whole visual field appeared to

him veiled and interrupted by dark spots (scotomata), which he sees sharply defined. Large objects appear only in their outlines, and are seen smaller and more indistinct in their upper halves. He must have become blind during sleep, as he was engaged up to a late hour the previous evening, and the sight of the other eye had been lost two years before.

Central fixation was absent, and in attempting to count my fingers he moved his eyes and head as if seeking a sensitive point in the retina, and in this way succeeded in counting them at about 4', and in spelling Jaeger No. 22.

The form, mobility and intra-ocular pressure of the eye were normal. The pupil was regular in size and shape, but reacted sluggishly upon concentrated light.

Ophthalmoscopically the dioptric media were clear; the papilla was pale-red in its upper half, and dull-white in its lower. The small lateral vessels of the disk were visible in the upper but not in the lower half. The superior arteries and veins were normal in course and distribution. The inferior main branch showed no change before leaving the margin of the pupilla, but at its first bifurcation suddenly increased in calibre and appeared somewhat more prominent than the papilla; but from that point the two branches became pale and thread-like, and continued in their course as light-red (glistening) threads, the ramifications of which were lost in the cloudy retina. The accompanying veins were thick and partially tortuous.

The left eye was completely amaurotic, its papilla shining white and depressed, its small vessels were only noticeable as fine streaks. All the retinal arteries appeared very small, their branches obliterated, and were indicated simply as greyish lines. The veins were slightly larger than the arteries, yet smaller than the corresponding vessels of a normal eye, and upon some of them were irregular white patches. The retina was atrophic, and in the neighborhood of the macula were scattered a few pigmentary deposits. These changes were undoubtedly the results of an old embolism—which the patient's history also confirms—sight having been lost suddenly in the course of another disease and remaining unimproved by medication.

The man looks sickly; his muscles are exceedingly weak; he has suffered for years from rheumatism, and has been the subject of asthma with emphysema. His gait is shuffling and uncertain, but there are no symptoms of tabes dorsalis.

Some years ago he suffered from endocarditis, which resulted in insufficiency of the mitral valve with compensatory hypertrophy of the right ventricle.

The treatment prescribed was rest, with the application of Heurteloups and a foot-bath containing aqua regia. It produced considerable improvement.

Dec. 11th. Vision increased to  $\frac{5}{40}$  and patient has central fixation. The general haziness of the visual field has disappeared, and the black spots are less dense. Ophthalmoscope shows no change in the affected artery, but the retinal infiltration no longer exists.

Dec. 20th. V. =  $\frac{5}{20}$  and patient can read single words of Jaeg. 10. The visual field in the lower part is perfect, but in the upper half there is a peculiar sector-like defect, the apex of which nearly reaches the point of fixation.

Dec. 28th. V. =  $\frac{5}{20}$ , single words of Jaeg. 4 read with difficulty.

Jan. 3d, '73. V. =  $\frac{5}{15}$ , reads Jaeg. 4 with ease. The haziness and black spots no longer trouble the patient, and the fundus and visual field remain unchanged. Some time later I examined him again and found the picture of the fundus unchanged, and the same sector-like defect of the field with V. =  $\frac{5}{20}$  and Jaeg. 4—*Archives of Ophthalmology.*

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*PARESIS OF ACCOMMODATION WITH APPARENT MYOPIA.*

By A. SCHAPRINGER, M. D., *New York.*

Mr. R., aged 39, states that his eyes, especially the right one, soon grow tired while reading or writing, and he experiences at the same time an unpleasant drawing sensation.

In moderate light his right pupil appears larger than the left, but on stronger illumination they contract nearly equally.

Patient says that six weeks ago his right eye was struck by the

cork of a champagne bottle, which apparently produced only a black eye; the above mentioned symptoms, however, have since appeared.

With his left eye he reads Jaeg. No. 1 at 6", with the right only at 8-10" with great effort, which he cannot sustain for any length of time. Distant vision only = Sn. XL. with either eye. *Convex* glasses do not improve sight, but with *concave* No. 48 vision proves to be normal in both eyes.

I ordered a weak convex glass for reading and writing, the application of the constant current to the eye, and on account of his supposed myopia, concave No. 48 for distance.

A few days afterward he told me that with his convex glasses he could work with great ease, but the concave glasses were no use to him, as he saw as well at a distance without as with them. Again testing his vision for distance I was astonished to find that he could read Sn. XX at 20' without the aid of any glass.

In this case, evidently the muscle of accommodation of the right side was partially paralyzed. The whole work of accommodation now devolving on the non-paralyzed portion, this was placed under similar condition as an intact muscle in a hyperopic eye, and the consequence was a permanent state of partial contraction. There was, at the same time, an associate spasm of the muscle of accommodation on the left side. This spasm disappeared by the use of convex glasses, a similar result being so often met with in hyperopia.—*Archives of Ophthalmology.*

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#### NEURO-RETINITIS FROM LEAD-POISONING—RECOVERY.

By A. G. SINCLAIR, M. D., 70 Fort St. West, Detroit.

On August 15th 1874, I was called in consultation to see a case of rapid failure of sight, following a severe attack of lead poisoning. The patient, a type-setter, twenty years of age, was then convalescent, and treatment had already been suspended.

On examination, I found vision reduced to  $\frac{1}{10}$  in both eyes; pupils, somewhat dilated, reacted but sluggishly to light. The

ophthalmoscope revealed a well marked case of neuro-retinitis—optic disk swollen, prominent, of a reddish-grey tint, with no distinct line of demarcation between it and the swollen and hazy retina. The retinal vessels almost entirely hidden by the exudation until they pass beyond the limits of the disk. Here the veins are seen to be dilated and tortuous, and, in places, concealed by the infiltration. Several small spots of extravasated blood were also observed in the vicinity of the disk.

Treatment: Artificial leech to both temples; iodide of potassium internally; mercurial inunction; confinement to bed in a darkened room.

19th. But slight change observable, local depletion repeated; balance of treatment continued.

23d. Vision increased to  $\frac{1}{4}$ . The ophthalmoscope shows a decrease of the infiltration in and around the optic disk. Treatment continued, with the repetition of the leeching.

28th. Vision =  $\frac{2}{8}$ .

Sept. 3d. V. =  $\frac{2}{8}$ . Inunction suspended; potassium continued; leeching repeated.

10th. Patient permitted to leave his room wearing colored glasses.

29th. Patient discharged, with vision =  $\frac{2}{8}$ , that is to say, normal.

## Selections and Translations.

*ON THE USE OF CHLOROFORM IN OBSTETRICS.—By DR. FRIEDERICH v. SCANZONI. Translated for the PENINSULAR JOURNAL by SIMON HERRES, M.D., Rogers City, Mich.*

[Continued.]

The second question which we undertake to answer is, which parturient disturbances may be lessened or removed by anæsthetization with chloroform?

a. After what is mentioned above on the influence of chloroform-narcotism on the parturient organ, we may infer that it is especially beneficial in those cases in which we have to deal with an excessive activity of the pains; and, really, this means deserves always to be employed as soon as the contractions of the uterus appear in too quick succession, and with such force that we have reason to apprehend deleterious consequences to mother and child from a precipitated delivery. To prove the idea just advanced, we shall only mention one of many observations in which the beneficial action of chloroform-narcotism was very evident.

This observation relates to a primipara, aet. 32, with an uncommonly wide, slightly inclined pelvis, and a very broad, unyielding perinæum. A quarter of an hour after the first perceptible pain, the bag of waters was ruptured, and about ten minutes later the large, hard head of the child was pressed so violently forward by the excessive and rapidly succeeding contractions of the uterus and the abdominal walls, that the uncommon narrowness and unyielding nature of the vulva, led us every moment to expect a rupture of the perinæum. With difficulty we succeeded in inducing complete chloroform-narcotism, after which the pains altogether ceased for about one quarter of an hour, and after the lapse of this time, though at greater intervals and with lessened energy, the pains again set in, so that they slowly pressed the head into the vulva, and in a sparing way dilated it so much that a few small incisions at the posterior circumference of the labia major were sufficient to prevent the threatened rupture.

We recognize in the irritation of the vascular and nervous systems, and in the extreme painfulness which, as a rule, accompany precipitated labors, still another reason for the immediate use of the means now occupying our attention, and it is only to be regretted that, on the one hand, such cases, especially in private practice, generally terminate without the interference of the physician, and that, on the other hand, the induction of complete narcotism is not unfrequently frustrated by the restlessness of the lying-in woman, an observation which we have our-

selves made in several cases in which the expulsion of the child occurred before the anæsthetization of the patient could be effected.

Spiegelberg also mentions the so-called precipitated labors as a decisive indication for the use of chloroform, because by means of it the necessary quietude is established, the violent expulsive efforts of the patient lessened, the too rapid expulsion of the child obviated, thus guarding the perinæum against injury, and obviating the other detrimental consequences accompanying a too sudden emptying of the uterus.

β. In addition to the anomalous character of the pains referred to, clonic convulsions of the uterus, known as convulsive pains (Krampfwehen), and recognized by unusually painful contractions of the uterus, flashing through that organ in isolated sections, and in different directions, and, as a rule, accompanied with a protraction of the termination of labor, call for anæsthesia. Every experienced accoucheur knows that the means most lauded for overcoming these anomalous pains—warmth, opium and venesection—in a great number of cases, are completely ineffective, and that such cases are at once most painful to the parturient woman, and annoying to the attending physician. It was all the more pleasing to us when, from various sources, our attention was directed to the fact, and we were convinced that in chloroform-narcotism we have an almost certain means of overcoming these spasmodic contractions. The frequency with which these pains present themselves in practice, and in order to give a final decision, prompted the collection of a sufficient number of observations, the consideration of which forced upon us the conviction that chloroform-narcotism is capable of moderating the partial convulsive contractions of the uterus; but that its action is not quite satisfactory, inasmuch as it succeeds in relatively rare cases only, in changing the short, abrupt contractions limited to isolated sections of the uterus, into diffused contractions, spread over the entire organ. As we more frequently succeeded in achieving the latter object by other means, we now advise, in this spasm of the uterus, the administration of opium internally, or by enema, a warm bath, or, finally, lukewarm



injections into the vagina, and a resort to anæsthetization only when these means prove inefficacious, or when the excessive painfulness of the throes, or the restless, impatient behavior of the female necessitates a moderation of the irritation, and a temporary lessening of the violent pain, to accomplish which chloroform-narcotism is certainly more effective than all the other means at our disposal.

It is worthy of remark that Levy, of Copenhagen, has also noticed that these convulsive pains, overcome by chloroform inhalations, return with the abatement of the narcotism, and on this account, he also, in such cases, prefers the means usually employed to chloroform.

c. We have also frequently had occasion to try the action of chloroform in the spasmodic strictures of the uterus, a condition easily recognized by the convulsive narrowing of the os uteri externum.

On the employment of this means under these circumstances, we have always noticed soon after the appearance of the narcotism a considerable relaxation of the orificial margins, formerly rigidly stretched and unyielding. We could not, therefore, but be completely satisfied with the success of the drug in this relation, but we must not forget to mention that in another respect it did not answer all demands.

It is known that spasmodic stricture of the os uteri ext. is frequently accompanied by a defective development of the activity of pains in the body and base of the uterus, and that the protraction of the labor from this cause is only overcome when we succeed in exciting the upper part of the uterus to powerful contraction, which of itself is frequently sufficient to overcome the obstacle caused by the unyielding os uteri. If now, under these circumstances, we apply chloroform narcotism, it will moderate the spasmodic affection of the orificial margins, or may even remove it, but it will not overcome the second obstacle protracting the labor, namely, the feebleness of the contractions of the upper section of the uterus; and this observation, which we have frequently made, explains the fact that during nar-

cotism, if maintained from one to two hours, the act of parturition makes little or no progress. We have also repeatedly noticed that the relaxation of the spasmodically contracted margins of the os uteri, secured by the narcotism, immediately disappeared as soon as the inhalation of the chloroform was suspended and the action of the narcotism thus lost.

From these observations, we would administer chloroform in stricture of the os only when the other means usually efficacious have failed to be of service. But even under these circumstances we would limit the duration of the narcotism to half an hour, which is sufficient time in which to ascertain the influence of the drug on the contractions of the upper section of the uterus. If these do not possess sufficient energy for the termination of the labor, other means must be resorted to, such as the colpeurynter, warm vaginal injections, etc., which should be employed before resorting to *secale cornutum*, as this agent is advisable only after complete subsidence of the spasmodic stricture of the os, and when feebleness of the pains is the only protracting cause of the labor.

*(To be continued.)*

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*Ars, ante omnia veritas.*

## Editorial.

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### *AMERICAN AND FOREIGN MEDICAL JOURNALS.*

The relative merit of American and English medical periodicals has recently been engaging the attention of some of our American exchanges. With probably but one exception the merits and demerits of each have been fairly and dispassionately canvassed, and with commendable honesty the preference

accorded our foreign contemporaries. The causes conducing to this superiority, which is year by year becoming less, are quite obvious. Literature as well as science has, in Europe, reached a certain fullness of growth, whereas, in America, they are comparatively in their infancy, having only within late years received an impetus. In the former country the seats of learning are enriched by the accumulations of ages. Wealth, leisure and governmental patronage have there, for centuries, lent their fostering care. In America the vicissitudes incident to a new country have interposed formidable impediments, and workers in scientific directions have, for the most part, been obliged to labor single handed, with no assistance aside from their own individual efforts, to keep the wolf from the door. The struggle, in a new country, is one for subsistence, and the æsthetic and the purely scientific, which yield no pecuniary returns, necessarily give way to the practical and the money-making. The virtues of poverty are a myth, and where success has been attained under the threatenings of the bailiff, it has been through the individuality of the worker, and in spite of his surroundings. Advancement in other than the purely practical is proportioned to the affluence of both nations and individuals. The cultivation of the "exact sciences" requires a mind exempt from the harassing vicissitudes inseparable from a struggle for existence. The influence exerted by a favorable condition of circumstances, may be seen by a comparison of the eastern and western portions of our own country. The East has, in a measure, overcome the obstacles at which we have hinted, and is in the enjoyment of the fruits of the struggles of its early settlers, while the West is principally peopled by pioneers who have not yet got through the trials of a pioneer life. As a consequence of these different conditions, the East excels the West in the more purely scientific, and contributes more abundantly to standard and ephemeral literature. The same causes which have contributed to produce the disparity between the East and the West have in turn placed Europe in advance of the East. To acknowledge the superiority of Europe in this direction, does not necessarily imply a derogation of American ability. On the

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contrary, in the directions in which circumstances have favored, the profession of this country have made advances which challenge the admiration of the world, and demonstrate the mental calibre of Americans to be not one whit inferior to that of any other people. We might instance the advances in surgery; through the opportunities furnished by the late war, American surgeons stand unexcelled, if not unrivalled by any other, and have won the encomiums of their European brothers. Virchow, one of the greatest of Germans, and Erichsen, of England, have lately paid the profession of this country the highest of compliments. As the hindrances to progress are removed, the growth of science here will vie with the advancement made in other directions.

It becomes the scientific student to acknowledge worth wherever found; science knows no political or geographical boundaries. While national pride is commendable, it is wrongly directed when it blinds the eyes to good in others. We stated, at the beginning of this article, that there was an exception to the general fairness with which the merits of foreign and home periodicals is being discussed. This exception comes from a quarter whence it should least be expected—the *Nashville Journal of Medicine and Surgery*, whose senior editor is president of the American Medical Association. The animus manifest in its remarks are, to say the least, very reprehensible. It takes issue with the *British Medical Journal*—than which an abler or more truly dignified publication does not exist, the organ of and controlled by the British Medical Association—and in a single editorial makes use of the following, which for egotism and unseemly prejudice is fortunately seldom equalled:

“Whenever we corner a home contemporary in a certain latitude, there is sure to come a wail from over the water, as though medicos on both sides were connected by a naval string instead of telegraph cable only. We have occasionally copied these lamentations for the amusement of our readers, under the head of “Henglish Onesty.” One has just come over, with the *British Medical Journal*, with which we do not exchange, and its managers can only see ours when it is sent to them for a purpose.

Managers of English journals are, for the most part, myths ; no one knows who they are, no one cares who they are. A publishing house gives a medical corner to an advertising sheet, and dubs it a "Medical Journal," picking up some poor fellow lying around loose, with a medical education—only this and nothing more—to run the concern, allowing him enough broken victuals to

— "pit his painch in,"

as will prevent soul and body from singing out to each other that good old phrase "good-bye"! No one knows him. Possibly a descendant of the axe-man employed in ancient times to prevent a redundant population of the island, and, like his distinguished ancestor, he is only abroad when masked. We never send our JOURNAL to such snobs, and we repeat, that they can only get it when it is sent to them by others, and it is never sent without a special purpose. This purpose is, that one on this side of the water may get what, in his imbecility, he believes, a blow from the other side that will finish us. Poor fool, he forgets, or never knew, that a man, to be done for and wiped out, must do that little job for himself, which one is not very apt to do, who, with a few friends, organized a medical school, walked into it, and during the first decade, taught more than three thousand pupils—an achievement without precedent in the annals of Medicine—and of his own accord retired from active service, carrying with him the confidence of the host he had in part taught, and the warm friendship of every colleague. And this while such men as Gross and Flint were on one side of him, and Dickson and Stone upon the other. One who has sustained a medical journal here for a quarter of a century, where one never had been sustained before a quarter of a year, and of whom such men as Eve and Buchanan, and Winston and Jennings, and Lindsley and Watson, ordered the record upon the College books, that "he has conducted the JOURNAL with a faithfulness and ability highly gratifying to his colleagues, and eminently calculated to elevate the profession." Moreover, a managing editor, who had passed through its files, says that more editorials have been quoted from it than from all the journals in America

put together, and of which an eminent New York medical editor says, "conducted with unsurpassed ability."

"And as to style, we will say with Sterne and Ovid, not because of it, possibly, but because of unearthed truths connected with it, we may be read when our critics shall have crumbled into native nothingness, and their fustianized imbecility disappeared forever. To be bought at their estimate, and sold for their worth, would be to sacrifice the difference between something and nothing. They can neither elevate themselves or depress others. *We have succeeded!*

"Of course we regard these blows as the highest compliment the medical Lilliputians who give them can bestow; and the more pompously vindictive the trans-Atlantic cold-victual man is, the more acceptable the compliment. The craven cry of "help me, Cassius," on this side of the water, is music to our ear, only surpassed in liquid sweetness by the responsive bellow of the insular little John Bull."

"Like the maggot-fly, he deposits his ovum, and is off, leaving its product to the chance of circumstances, while punishment seeks him in vain at his chop-house, armed with the fossil remains of yesterday's chicken, flanked with a mug of ale and a cold potatoe."

"He regrets that he has not space to transfer some of our editorials to his pages. We, too, regret it exceedingly, both on the account of his readers and ourself. When on the verge of apoplexy from a heroic effort to digest his platitudes, even our dull lucubrations would become restoratives, and do good like a medicine, filling them brimful of appreciation and praise."

"Our British critic condescends to admit, as a general thing, that American medical writers are toning down to "the Anglo-German" model. It is only a backwoods fellow, like ourself, who has not been sufficiently pumice-stoned to carry off native angularities to suit his notions of style—has not been toned down to "hifalutin rowdysim"—"Anglo-German"! It used to be Anglo-Saxon! But that was before Germany overran France, and sensibly left the captured Emperor of the French to the mercy of British surgeons, and a quick exit, rather than imitate the captors of his great uncle, who tied him to a rock in an un-

friendly clime to perish by degrees. Toning down to the British standard! Bah!

“Toning down”! God save the mark! When he has toned down to this, the American will find the reflection a chronic felicity that he cannot, by any sort of possibility, tone any downer.”

While we admit there is room for improvement in our ephemeral medical literature, we earnestly protest against allowing the above to go abroad as even an average sample, notwithstanding it has the imprimatur of the President of the American Medical Association. In referring to this exhibition on the part of our Nashville contemporary, the *Boston Medical and Surgical Journal* makes use of the following, which we quote as a fitting conclusion to this article.

“It was long before the irritation which followed the publication of Martin Chuzzlewit subsided in America, but now that we look back at the matter, we are able better to discriminate between the true and the false, than was to be expected at the time. Mr. Dicken’s fault was not in drawing the offensive characters he did, but in implying that they were fair specimens of Americans, and that there was no better class worthy of notice. After reading the above extracts, who shall assert that Elijah Pogram and Hannibal Chollop were caricatures? Thank Heaven, they are not our representatives.”

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The “*Popular Science Monthly*” for February, has the following table of contents:

The Personal Equation—by Prof. E. S. Holden; Bacteria and their Effects—by L. A. Stimson, M. D.; Animals not Automata—by Rowland G. Hazard; Celestial Chemistry—by Prof. T. Sterry Hunt; Reply to the Critics of the Belfast Address—by Prof. Tyndall; Water Supply of Islands—by Prof. F. C. Hill; Marcy’s New Results in Animal Movements—by Ely Van De Warker, M.D.; Reason against Routine in the Study of Language—from the French of Claude Marcel; A Short Study of Bird’s-nests—by C. C. Abbott, M.D.; Sketch of Francis Huber—by Mrs. S. B. Herrick.

*ARCHIVES OF ELECTROLOGY AND NEUROLOGY.*

We would call the attention of our readers to this publication, edited by Dr. Geo. N. Beard, of New York. It is devoted to the consideration of nervous diseases and electro-therapeutics. The importance which these subjects have assumed within a comparatively short time, has rendered necessary a periodical of this nature, and the manner in which it is conducted, shows it to be in the proper hands. Electricity has within the last few years assumed a wide range of applicability in the treatment of disease, and general practitioners should no longer allow its use to be confined to the specialist.

The present number of the *Archives* is a very valuable one. An article on "The Elements of Electro-Therapeutics," by the editor, being a series of letters addressed to inquiring physicians, is of much practical interest—answering questions which suggest themselves to those entering upon the study of the subject.

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We take this opportunity of thanking our friends for the many congratulatory communications we have received during the past month on the improved appearance of the January number of the JOURNAL. Such evidences of interest on the part of our readers are very gratifying indeed, and they are all the more so for being accompanied, as they have been, with so many new names for our subscription list. The effect of such encouragement on us will be to stimulate us to increased effort that the PENINSULAR JOURNAL OF MEDICINE may occupy the position we design it shall among the periodicals of the country.

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THE question of sanitary science is one in which we fear the generality of physicians is too little interested. The question is one, however, which forces itself upon our attention, inasmuch as the prevention of disease is as imperative to the physician as its cure. As dealing specially with this important branch of medicine, we recommend to our readers the *Sanitarian*, edited by Dr. A. N. Bell, of New York. The ability which characterizes this journal, as well as the field it occupies, deserves recognition by the profession.



*THE PROPOSED MEDICAL BILLS.*

Our readers have doubtless before this been made familiar, through the secular press, with the bills now before the Legislature providing for the regulation of the practice of medicine in this State. We are in receipt of communications from various sections of the State expressive of the views of the writers on the subject, and are not surprised to find that there are two sides to the question. Although ostensibly for the protection of the public against the evils existing under the present order of things, the provisions of the proposed bills cannot but affect the status and interests of the profession, and therefore demand a calm and dispassionate consideration.

One objection which is urged against the bills is the composition of the board of censors—the association on such board of regular physicians with those whom they would not meet at the bedside of a patient. This objection, in our opinion, while plausible as a piece of abstract reasoning, is practically not valid. It is high time that the profession should descend from abstractions and recognize the fact that there are evils menacing it, which must be treated as realities and cannot be combatted by remaining aloof from them with an air of unwonted dignity. No sophistry of reasoning can rid the science of medicine from the barnacles which hinder its advancement. We believe that the “pathies” owe largely what prominence they have attained to these mistaken conceptions of dignity on the part of medical men. We trust we hold the profession in as high esteem and are as jealous of its honor and dignity as any, but we cannot see how that honor or dignity would necessarily be compromised by the constitution of the board of censors as provided in the proposed bills. The essential duty of such board will be to pass upon the proficiency of candidates for registration, on subjects on which there can be no difference of opinion among the advocates of all conceivable systems of therapeutics, viz., anatomy, physiology, chemistry, pathology, etc. So far from objecting to the presence on such board of homœopaths and eclectics, we would advocate the representation of hydropaths, electropaths

*et hoc genus omne.* We, of the regular profession, can afford to be very liberal in this matter, because we have all to gain and nothing to lose. The practical effect of a bill of this nature will be the gradual extinction of the "pathies." Nothing is so inimical to empiricism and dogmatism as knowledge. Under the Canadian Medical Act, which provides for a Medical Council of a constitution similar to that of the proposed board of censors. during a period of nearly eight years there has not been a single registration of other than regular practitioners. The ranks of "pathyism" are annually recruited by inferior men who could not gain admission to the regular ranks. Let us have a thorough knowledge of anatomy and physiology and the supply of homœopaths, eclectics, etc., would be cut off.

There are certain features in which the proposed bills are doubtless imperfect, but the spirit being unobjectionable we deem it not advisable to raise a discussion on technical points which would interfere with their progress through the legislature. On the score of simplicity we are inclined to favor the bill introduced by Senator Thomas. The passage of this bill would form an excellent basis for such future amendments as its practical working must suggest as necessary.

We trust the profession will unite in their efforts to secure the passage of either of the bills. There will doubtless be a strong opposition brought to bear against them from those whose occupation, like Othello's, would be gone under an act making intelligence a qualification for admission to the practice of medicine. Let not the fear of the impracticability of such a bill engender any opposition. Any opposition on such grounds would be finical indeed. If when enacted it remain a dead letter on the statute book the fault will lie with the profession, for the penalty attached to its violation is severe enough to restrain even the effrontery of quackery. "A half loaf is better than no bread," and, if we cannot get exactly what we want, let us be thankful for what we can get.

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THE Tennessee *Pharmacal Gazette*, edited by Benj. Lillard, Ph. D., starts out on the New Year as a weekly, and is now the only Pharmacal weekly published in America. The Gazette has always been one of the best of the journals devoted especially to pharmacy, and this new departure evidences its appreciation, as such by the profession.

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*UNUSUAL OFFER.*

Dr. E. S. Gaillard, of Louisville, Ky., editor of the Richmond and Louisville *Medical Journal*, and the *American Medical Weekly*, makes to the public, this unusual and liberal offer; to subscribers to the first journal, twelve handsomely engraved portraits of distinguished European and American physicians; to the subscribers to the weekly, one of these portraits in each of the two volumes for 1875. The price of the first journal is \$5.00 annually, and that of the last \$2.00 for the same period.

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WE beg to acknowledge the receipt of the following articles, which will appear in future numbers:—

“Physiology and Pathology of the Duodenum,” by Dr. J. H. Beech, of Coldwater.

“Differential Diagnosis of Typhoid and Malarial Fever,” by Dr. E. M. Hume, of Grand Rapids.

“Milk in the Breasts of Non-pregnant Females,” by Dr. Batwell, of Ypsilanti.

“On Bandaging” and “Lacerated Perinæum as a frequent cause of Prolapsus and Retroversio Uteri,” by Dr. C. Henri Leonard, of Detroit.

A “Clinical Report,” by Dr. Caulkins, of Sparta Centre.

“Valedictory Address,” by Dr. W. W. Bowes, of Morley.

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PROF. AUSTIN FLINT, jr., has been appointed Surgeon General on the staff of Gov. Tilden of New York.

*A BUILDING FOR THE MEDICAL SOCIETIES OF NEW YORK.*

At the annual meeting of the New York Academy of Medicine, in December last, Prof. Flint offered a resolution which was passed, to the effect that the committee of ways and means should take immediate steps towards securing a building for the accommodation of the medical societies of the city. The committee reported the sum of \$28,492 as available for building purposes, and they were authorized to incur in addition a debt of ten or fifteen thousand dollars, at their discretion.

Thus may be laid the foundation of an institution of which the medical profession of New York may be proud. Their numbers and wealth place no limit to its growth in various directions, so that under its auspices much of great value and rare interest might be gathered up and preserved, that would otherwise be lost.

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## Reviews and Bibliographical Notes.

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A GUIDE TO THE PRACTICAL EXAMINATION OF URINE FOR THE USE OF PHYSICIANS AND STUDENTS, by James Tyson, M. D. Lecturer on Path. Anat. in the University of Pennsylvania, with a plate and numerous illustrations. Philadelphia: 1875. Lindsay & Blackiston.

This little volume of 182 pages 12 mo., by the author of "The Cell Doctrine," and "An Introduction to the Study of Practical Histology," needs only to be seen to be appreciated by those who, in practice, endeavor to reach scientific diagnoses.

This complex fluid is considered under the following chapters: 1 The Physical and Chemical Characters.; 2 The Study of the Different Constituents of Urine in Health and Disease—1st. Organic; 2. Inorganic; 3. Urinary Deposits; 4. Differential Diagnosis of Renal Diseases; 5. Determination of Composition Urinary Calculi; 6. Mode of Recording Examinations; 7.

Several tables of Weights and Measures and Modes of Reducing from one to the other.

The work is fully up to the present knowledge of the subject, and is in every way a clear and reliable guide in urinalysis.

The author has the excellent quality of clearness in directing the best modes of procedure, and has endeavored successfully to present a work adapted to the every day wants of the student and practitioner. We commend without reserve this guide to analysis of urine, as the clearest and most practical that can be obtained. The publishers Lindsay & Blakiston, have with their excellent task and judgment, left nothing to be desired in the appearance of the edition.

THE MEDICAL REGISTER AND DIRECTORY OF THE UNITED STATES, comprising Names, P. O. Address; Educational and Professional Status of more than 50,000 physicians; with lists of Medical Societies, Colleges, Hospitals and other Medical Institutions; with abstracts of medical Laws of each State; Notices of Mineral Springs, etc., etc. By Samuel W. Butter, M. D. Philadelphia, 1874. Office of Medical and Surgical Reporter. Price \$6. Pp. 850.

This valuable Directory of the practitioners of medicine in the U. S., is of great value, particularly to physicians engaged in extensive correspondence in the preparation of papers, or in studies requiring the observations of others.

This work, which is the first of its kind in this country, is doubtless defective as regards completeness and accuracy of detail. When we consider the fact that the profession is not organized by law in this country, it is surprising that the lists could have been made as perfect as they have been. Where a person is known to practice according to any particular view, the name is followed by letter designating the fact. In this way the body of the profession is separated largely from the empirical offshoots. With each new edition opportunity for correction will be made, and a more nearly perfect result will be obtained.

We have been struck in the reports of not a few persons with the

singular fact that they had served in the late war (1861-1865) as surgeons and assistant surgeons, and had obtained the degree of M. D., long subsequently to such responsible service. We sincerely hope that this rank was by brevet, due to honorable service in the regimental hospital staff.

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Seventh Annual Report of the Toronto Eye and Ear Infirmary,  
1874.

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THE PENINSULAR JOURNAL OF MEDICINE offers the following commutative club rates for 1875 :

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<i>American Journal of Obstetrics</i> and PENINSULAR JOURNAL...	6 00
<i>Archives of Dermatology</i> and PENINSULAR JOURNAL.....	4 25
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OF MEDICINE

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MARCH, 1875.

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**Original Communications.**

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*REMARKS UPON SOME OF THE CAUSES AND CONDITIONS  
OF PYREXIA.—Read before the WASHTENAW COUNTY MEDICAL  
SOCIETY.—BY PROF. A. B. PALMER, M.D., of the University of Michigan.*

[Continued.]

In the study of fever, many things are desirable to be known. We wish to know the influences which act upon the heat-regulating function of the nerve centres inducing the pyrexia, or increased heat. We also want to know the other consequences of the same influences—the other phenomena attending the increase of heat, but not dependent upon it, and then the consequences of the heat itself, and its necessary concomitants. This would include a knowledge of all the phenomena belonging to fever and the reason of their existence; and fever cannot be fully defined without this knowledge. But all this knowledge we do not yet possess. It has been justly said that many of the theories of fever are open to the charge of “explaining the little known by the less known;” and, says Dr. Gee, there is a tendency to “narrow the meaning of the word fever down to

the measure of our knowledge." There is much more about fever than the mere increase of heat and its consequences. All the present theories of fever which are sufficiently comprehensive to explain the facts, have no sufficient basis of ascertained truth, while those founded on facts are entirely insufficient to explain more than a part of the subject.

There is, however, a strong similarity between the different forms of idiopathic or essential fever, and the general phenomena of inflammation. The changes of nutrition and secretion in the body generally are nearly identical in each, and the local changes which exist in fever react upon the system at large, in many respects, very much as inflammation does; and, in fact, many degenerations, such as occur in the aged, the worn out and the intemperate, are similar to many produced by fever. Indeed, there is a similarity throughout the whole realm of disease not only, but in physiological and pathological processes—the same general laws are present and acting in all, and it cannot be too often repeated—certainly it cannot be too constantly borne in mind, that disease is but a modification of healthy processes, the physiological laws acting under unfavorable conditions.

In this view of the subject we see that the complete understanding of any one form of disease, even the simplest, will lead to a better understanding of others. Certainly, any light we may gain by studying any form of fever, will illuminate all fevers in some degree.

The very careful study of traumatic fever which has occurred of late in France, Germany, Great Britain, and to some extent in this country, by such men as Championniere, Chauffard, Billroth, Lister, Gee, Sanderson and others, enables us, with a good degree of confidence, to say that injuries give rise to a fever which has its origin in the injured part—that there is good reason to believe that this fever is produced through the agency of the nervous system, whereby the balance of the production and loss of heat in the body is so disturbed as to give rise to the increased heat, and this often independent of the absorption of morbid matter; though, of course, the fever gives rise to the increase in the blood of the products of too rapid tissue waste ;



## Original Communications.



and these facts give plausibility to the conclusion that traumatic fever is the combined result of local nervous irritation, and, as expressed in the *Medico-Chirurgical Review*, "of the general systemic preparation for the active process of repair."

There can be no doubt that by the intelligence which governs nature, means are adapted to ends, and that an injury to the organism demands and obtains a special effort for the repair of such injury, and that such an end being apparent affords as good an explanation as we are often likely to get of the means likely to accomplish it.

There is a certain reserved tension force in the system in readiness for emergencies—ready to resist injuries of whatever kind, inflicted on the organism, and to muster efforts to repair them. Many of the phenomena of disease—of the action of physiological laws under unfavorable circumstances—are the result of efforts at assistance and repair. Not that all the phenomena of disease are efforts to resist and repair injury, or that all such efforts are perfectly adapted to that end. Actions induced by morbid causes do not, by any means, always tend to the removal of the injury, or the restoration of the normal state, and even those actions which have that tendency are frequently excessive and need to be controlled or abated; and, of course, morbid actions which have no restorative tendency, require suppression. But the reserved power to resist and repair injuries exists. It unites fractured bones, heals gaping wounds, and removes from the system many poisons which find their way into it.

The typical force, which ever is present in the organism, can alone be relied upon for restoring the balance of healthy actions when it is lost, our remedial measures only overcoming morbid ones. *Stimulants, in the sense of agents increasing healthy actions*, except as found in the necessary conditions of life—in food, air, heat, etc.—do not exist, and the sooner the term, with that signification, is expunged from our vocabulary the better for the interests of science and humanity. It is true that there are medicinal agents which are capable of increasing certain actions, but the actions produced are neither normal or healthy ones, and

are beneficial only when, from some morbid cause, the actions they increase are below par, or when some morbid state is overcome by them—some morbid cause is removed.

A traumatic fever, though the “result of the tension force set free by the nervous system in consequence of the stimulus of an injury, and of the action requisite for repair,” (*Med. Chir. Review*), may be so violent as to do great mischief, and require abatement by therapeutic measures.

But all the febrile conditions connected with traumatic injuries—with suppuration and inflammation of bones or veins, or where septic materials are in contact with large surfaces are not of the simple character of the traumatic fevers referred to.

Poisonous materials are often produced in wounds and abscesses which obtain access to the blood, and through it inflict the most serious injuries upon the organism, giving rise to a series of reactive phenomena with peculiar characteristics, often resulting in death.

The subject of pyæmia, or septicæmia or purulent infection, as variously called, has also of late received much attention and careful study, the result of which may be usefully referred to; though here, as in the case of simple traumatic fever, a variety of opinions are held. Some, as already intimated, confound this affection, or these states, with simple traumatic fever, and other conditions of local injuries, regarding them all as various stages and degrees of one disease, while others regard them as quite distinct in cause and nature.

Whatever may be thought to be the cause of simple traumatic fever, purulent infection and septicæmia, with their phenomena, as these names imply, must be regarded as caused by purulent, decomposing, or at least poisonous or injurious materials present in the blood and tissues.

Recent observations seem to have proved that whenever suppuration occurs, or is about to occur, at least to any extent, the number of white corpuscles in the blood is increased, and the identity of the white corpuscles with some (not all) pus corpuscles—the migration of leucocytes—seems to be established. I have guarded this declaration, as I wish to say that pus corpus-

cles have other sources than the white corpuscles of the blood, and that they do not all migrate from the interior of blood vessels. The observations of Virchow, Redfern and many others, showing that pus corpuscles are produced from the cells of tissues cannot be set aside. On the other hand, the observations of Cohnhiem, and many others, showing that white corpuscles often pass through the coats of vessels, and upon the other side assume the character of pus corpuscles, seem fully attested, and certainly enough is established to show that many of the blood corpuscles are changed when the process of suppuration occurs; and this proves that the process of suppuration is, to some extent, a general action, and not entirely the result of local changes. Not only the part inflamed, but the whole body is more or less concerned in the process. Purulent infection may occur without a wound, and possibly the blood may become purulent without there being local suppuration—pus forming from leucocytes in the blood, without the necessity of their passing into the tissues in order to become pus corpuscles, though ordinarily they cannot be regarded as pus until they have made their transit. But however this may be, pus in the blood, from whatever source, begets pus, and causes suppuration in various tissues, with a train of severe symptoms from which the patient sometimes recovers, but to which he frequently succumbs.

The repeated rigors, the elevated but variable temperature, the free sweats, dry tongue, rapid pulse and sudden prostration, are well understood and need not be here dwelt upon. The part which emboli play in some of these conditions, the infarctions they produce, and the suppurations which follow are also well known. Many cases of puerperal fever can undoubtedly be classed with pyæmia and septicæmia, and some place various other affections in the same category.

But putrid infection or septicæmia differs from simple pyæmia, or purulent infection, though they are allied in general phenomena and results.

Putrid infection usually depends upon prolonged contact of large surfaces with decomposing material, or at any rate the essential cause or condition of this case is the presence, in the

blood and tissues, of organic matter undergoing the process of decomposition, or of putrefactive change.

Emboli, or small clots, forming in the veins in the immediate vicinity of wounds or local inflammations and abscesses, and carried to different parts of the system in a dead and decomposing condition, act as causes of putrid infection, inducing gangrenous and suppurative infections, and thus become the means of introducing more putrefying matter into the general system, with all the consequences of putrid infection.

The question as to what are the causes, predisposing, accessory and essential, inducing these conditions of putrescence, has received much attention, and many facts bearing upon the subject have been established. Those predisposing to it are a lowered vitality in the system from whatever cause—fatigue, insufficient or improper food, previous disease, impure air, protracted constipation, intemperance, etc., and all conditions of *impurity* in person and surroundings, can unquestionably be regarded as accessories.

The essential cause, however, which more directly induces zymotic, fermentative and putrefactive changes, is the presence of microscopic living organisms, or at least living materials—possibly homogeneous in structure, but having life properties, being capable of multiplying, and of existing in organic matter, inducing decomposing changes, probably by their great power of taking and appropriating nitrogen and oxygen, and probably also by exerting a catalytic influence, the full nature of which we do not understand.

Observations and experiments seem to have established the fact that the materials of contagions are, often at least, distinct living organisms, and perhaps always living matter, and not merely chemical agents; and all analogy seems to show—the analogy of the yeast plant and fermentation, of mould and decay—all these, as well as more direct observation and experiment, that the putrefactive changes of septicæmia are set in operation by living particles, which modern science has shown to be so generally distributed. These septic changes are increased by *microzymes*, which find a proper nidus for their

multiplication and growth in the morbid and dead matter connected with wounds and suppurative and gangrenous conditions.

Dr. Sanderson, in a paper contained in recent *Reports of Officers of the Privy Council* of England, states his conclusions on this subject, substantially as follows :

1. That the growth of microzymes is attended with the absorption of oxygen and the discharge of carbonic acid.
2. That these microzymes can live in almost any chemical medium, provided they are supplied with oxygen.
3. That they take nitrogen from almost any source which contains it, and use it for building up their own protoplasm, and this power, which they possess in so extraordinary a degree, makes them the pioneers, if not the producers of putrefaction.
4. That animal fluids withstand decomposition for a very long time, provided the germinal matter of microzymes is excluded, while the slightest contact with the media containing this material at once determines septic changes.
5. That normal animal liquids and tissues do not possess zymotic properties—blood, etc., not containing microzymes, or so far as is known, the capability in itself of producing them.
6. The same is true of normal secretions.
7. That the liquid products of inflammation are sometimes but not always zymotic—sometimes contain microzymes.

These conclusions have been substantiated by various original experimentors and observers, and Dr. Anderson has stated, as the results of the most recently published experiments in pyæmic or septicæmic infection :

1. "That in all infective inflammations in the lower animals microzymes abound in the exudative liquids."
2. "That the same forms are also to be found in the blood of animals when in a state of acute infective fever."
3. "That the condition expressed by the word septicæmia (including not only septic fever, but also the intense mucous and serous inflammations by which it is accompanied,) may be produced by the introduction into the serous cavities, or into the circulation, of liquids derived directly from living tissues in **certain stages** of inflammation, and this independent of the entrance

of any septic matter which has been exposed to the atmosphere from without ; and that the processes by which infective abscesses are found in various organs and tissues, at a distance from some primary focus of inflammation, is of similar origin, both being due to the existence in the circulating blood of an infective agent, which, although of purely intrinsic origin, yet possesses all the characters of a septic poison."

These conclusions from observation show that microzymes are in the blood of animals laboring under infective fever, and from all the facts and analogies it is to be presumed that they play a large part in the production of such fevers and their consequences ; but this does not prove that living cells or some form of germinal matter belonging to the body, but undergoing diseased changes, may not also have to do in the production of diseased processes.

I have lately seen a case where all the essential symptoms of pyæmia were presented in the course of a fever, including infarctions and "metastatic" abscesses in the lungs, and ultimately small cutaneous abscesses, and where no preceding external suppuration, or, so far as could be discovered, internal, had occurred. Whatever the nature of the material producing the results, it had, so far as could be discovered, an intrinsic origin—was apparently generated in the system ; certainly not in any suppurative or gangrenous process in parts exposed to the outer air.

As is very appropriately said by the Reviewer (B. F. Med. Chir. Review), "The phenomena of pyæmia regarded in the light of these facts, becomes at once more intelligible. We see that the disease is due to septic changes in the blood, and that those changes may have their origin, not only in the introduction from without of septic matter, but by the entrance into the circulation of certain inflammatory products of infective character ; that these products, wherever arrested in the course of the circulation, give rise to the secondary deposits so characteristic of the disease ; but that these deposits may probably also be determined by the more septic quality of the blood, which gives rise to thrombosis, which, from its infective character, is prone to rapid degenerative changes ; and that this infective quality and its

associated fever is characterized by the presence of microzymes both in the blood and the inflammatory products."

Now, if septicæmia and all the contagious diseases are characterized by the presence, and are apparently so largely dependent upon the action of microzymes, it seems fair to presume that all the specific fevers are dependent upon similar causes, and that preventive and curative medicine will make an immense stride in advance when the particular kinds of microsyms connected with different kinds of zymotic diseases are discovered, and the best methods of destroying them or preventing their actions are understood. Some of our most potent and certain curative agents, I do not doubt, act by their antidotal relations to living morbid agents. Quinine, as an example, is now well known to be destructive to various low organizations, and its wonderful effects in arresting malarial and some other forms of disease, are doubtless due, at least in large part, to its antizymotic powers.

From all these facts we must conclude that the state of fever, or pyrexia is immediately dependent upon certain conditions of particular nerve-centres, and that these conditions of the nerve centres may be induced either by irritative impressions upon the nerves of the tissues, mechanical or chemical, or upon such impressions upon the general nervous system—even by physical excitements; or that the nerve-centres may be impressed in a still more profound, specific and persistent manner by changes in the blood caused by the introduction or development within it of zymotic, septic, or other poisonous materials; and that the more grave, and probably all the specific fevers, are caused by blood poisoning induced by living organic matter, and that the infective fevers at least are accompanied by the presence in the system of distinct microscopic organisms or microzymes.

In view of the fact so amply proven by modern research, that so large a proportion of our diseases depend upon peculiar organic poisons, and are but physiological actions varied by such extraneous and morbid influences, how purile seem many of the speculative theories of disease which have prevailed in former times, and how false, absurd and contemptible appears the

unfounded assumption that diseases are distinct principles or entities having special relations of similarity to remedies; and when we see that poisonous causes are to be antidoted and thus destroyed, how more than absurd is the other assumption that all diseases are to be treated upon the one universal principle of *similia similibus*. No one having intelligence upon these subjects can fail to see that as science advances medicine must diverge more and more from any such fantastic and senseless dogmas.

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ESSAY BY ORDER OF SOUTHERN MICH. MED. ASSOCIATION—THE PHYSIOLOGY AND PATHOLOGY OF THE DUODENUM—  
By J. H. BEECH, M. D., *Coldwater, Mich.*

*Mr. President and Doctors :*

In the fulfillment of the duty imposed upon me at your last meeting, I ask your attention for a few moments to some thoughts upon the physiology and pathology of the duodenum, respectfully expressing the conviction that no author or teacher to whom I have had access, has assigned sufficient importance to this unostentatious span of the digestive apparatus.

Creative wisdom having placed this busy laboratory more central for defence, and for diffusion of its compounds than any other organ; carefully balanced it behind that more pretentious blustering, sensational organ, the stomach; the high sounding colon and pneumatic jejunum; suspending its greater portion in a distensible bed of cellular tissue, with only partial envelope of peritoneum; building its walls of delicate contractile and expansile tissue, snugly stowed away in corrugations and *valvulae conniventes*; supplying it with arteries from the best protected trunks and sending its venous current to the same channels which bear the blood from the stomach; giving it nerves in abundance from the most important branches and plexuses; both from the paravagum and tri-splanchnic; so disposing its course that the temperature and osmotic character of its temporary contents shall excite or quiet the great secretives of digestive fluids; has in



all these provisions given it facilities for the performance of functions for which there can be no substitution, and which are indispensable to the highest order of physical existence.

Its office is never degraded to the inactivity of a "macerating tub"; never reduced to the simple capacity of a filter; never a mere hydraulic apparatus; never a mere motive engine; never a mere common carrier; never to be classed as an indiscriminating oxidizer or carbonizer; it is *par excellence* the great commiseriat, sending by its thousands of absorbents, by its lacteals, and by exosmosis, its brain and blood, and bone, and muscle, and nerve, forming concoctions throughout the economy.

Could we be favored with a view of the interior of this organ, after the manner of the stomach of Alexis St. Martin, what should we observe? Conjecture is feeble, but we will indulge.—The time is that of food beginning to be introduced into the stomach, but yet the organ in question is resting from the labors of the former meal. The pale villi put on a rosy hue from increased activity in the arterioles; gentle formication begins; the valvular conniventes present semi-erect edges, sliding in rythmical measure to and fro, as if anxious for a victim; the papilla choleodochus communis is protruding from the surface, barely restraining its important compound. Through the opening pylorus appears a pultaceous mass, a trifle lower in temperature than the blood, or than the walls of the duodenum, and of slight acid reaction. Now, a more fluid portion of chyme comes *per saltum*; anon the flow is retarded by refusal of the pylorus to admit an angular or otherwise irritating mass.

The muscular duodeni begin to contract upon the newly arriving contents, producing semi-erection, whereby the first portion is made to press upon the gall bladder, thereby stimulating hepatic secretion in the same manner that pressure upon the eye stimulates lachrymal secretion, or that the smell of savoury viands stimulates salivary secretion.

The viscid aureo-verdant current from the liver moves in slow march, or double quick, along the spiral camella, reaching the common duct to combine in due proportions with the pancreatic juice, and the materials to be digested. As the transverse por-

tion of the duodenum becomes distended, as it has the capacity to do to a very considerable extent (being free of the peritoneal envelope, which would be inconsistent with such a quality), it presses upon the head of the pancreas and stimulates the secretion of its emulsifying fluid, and now the energies of the system are required for the work. The first inclination to enjoy a siesta was from surfeit; it is now required of the brain and voluntary muscles, because the *vis naturæ* is occupied with indispensable labor.

The relative strength of the circular muscles compared with the longitudinal, indicate that the function of mixing, combining, rotating (with almost the power of trituration), is of primary, whilst propulsion of secondary importance.

The valvulæ connivente for a moment yield to the distending substances and then assail it; kneading soluble and solvent, nutrient and effete into a homogeneous mass; whilst by exosmosis, by venous absorption, and by lacteal bibition the chyle is conveyed away as fast as perfected, and the more insoluble residue passes per jejunum, etc., the gauntlet of grosser and more greedy absorbents. If perchance, the work in this laboratory is retarded, or arrested, discomfort, distress, and dissolution result with equal certainty, as if the brain, the heart, or the lungs were annihilated. It is true that nutrient enemata and baths, may, temporarily, prolong vital action, but they are like water in the vase of plucked flowers—a mere semblance of physical action.

Doubtless, the alimentary mass may be delayed in the stomach with far less injury to the economy than here. If the stomach is offended it can more readily eject the intruder. If nerve force is diverted, the stomach has dormant capacity to submit—whilst, with the distended duodenum, rest is as inconsistent as with the excited uterus. If during duodenal digestion, the *vis nervosa* is abstracted, or non-existent, there follows sanguineous engorgement, passive distension, to an even paralyzing degree; and, as a result of these, inflammation, sphacelus, or ulceration.

The functions of the liver and pancreas, however well performed, in and of themselves, are as useless as a supply of crude chemicals without a chemist and a laboratory.

The innocent organs are generally blamed and assailed with persuasives, or powerful armamentaria, aimed with cyclopean zeal; but thanks to the fortunes of empirical medicines, the results have often been far better the reasoning. The rapidity and frequency with which ulcerations in the duodenum are produced after severe burns of the skin, may be taken as circumstantial evidence that the slighter or more gradual influences, as sudden or frequent chilling of the surface of the body, exposure to protracted and excessive heat of the sun and hot vapors, excessive drain upon the sudoriferous glands, dermal absorption of malarial or other poisonous gases, neglect of cleanliness, etc., etc., are more frequently productive of fevers, indigestion, diarrhœa, emaciation and jaundice, "*et id genus omne*," through impressions first made upon the duodenum than upon that popular scape-goat the liver.

Let us consider the cases of three dissimilar patients, having one or two symptoms in common, to wit: anorexia, and tenderness below the ensiform cartilage, more marked under deep pressure. The first selected has active inflammation of the transverse portion of the duodenum. Its extent may be so limited as not to produce a great amount of general fever, but that limited portion, so sensitive as to prohibit the passage of so irritating a compound as the hepatic secretion, which *per necessitate*, escapes by exosmosis, by venous absorption and by regurgitation. Icterus in its varied phases is soon present—yellow vomiting, yellow sweating, yellow urine, yellow bitter saliva, yellowness everywhere except in the fœcal evacuations. Another case has less active, but more extensive inflammation of the duodenum. The entire length, perhaps, of the organ suffering hyperæmia which nature attempts to relieve by hypersecretion of protecting mucus. Normal bile enters at its proper duct. It irritates in kind, but not in degree, as in the former case, but the duodenum above the papilla choledochus communis is equally sensitive with the portion below, and the unwelcome fluid is as much as possible diluted or enveloped in mucus, and sent along with accelerated peristasis. The absorbents of the lower intestines take up a portion of the mucus, leaving the bile

less diluted to irritate the rectum and exhibit its characteristic qualities in the alvine discharges.

It will be fortunate for our patients, if our attending physician, like cross-eyed hunters, hit wide the mark at which they too often aim.

“The liver, the liver!” a professional neighbor of my early days used to say, “We must aim at the liver!”—and for want of argumentative ability, I grew indifferent as to the aim in our consultations if the gun was properly loaded and bent. In neither of the cases supposed was the liver at fault; yet a mild mercurial, an anodyne, a sudorific, a saline, and perhaps a counter-irritant, all directed by an oblique eye at the liver, relieves the congestion, removes the obstruction, arrests the inflammation, calms the irritability of the duodenum, and the patient improves—recovers.

We will scan the outlines of another case of so-called “bilious disorder.” A distiller and hotel keeper was subject during the prime of his life to frequent attacks of indigestion, tenderness below the ensiform cartilage, red tongue, icterus, great lassitude, emaciation. At the same time he had a good, often voracious appetite, but was greatly distressed at irregular times after eating—all these in our opinion diagnostic of duodenitis. He declares that no relief ever came but by slowly induced “mercurialization,” during the accession of which, of course, he observed due caution in diet and drinks. These “attacks of the liver,” as he facetiously terms them, have not returned for four or five years, having ceased whilst he was farming in a very malarious district, but whilst, also, he was more out of the way of ardent spirits.

In this case, cirrhosis of the liver might have been suspected, but there were too long intervals of good health, and the subsequent history does not indicate such a condition as a leading disorder. The old associations were resumed; the appetite has entirely gone, phthisis pulmonalis has supervened; but there is seldom a diagnostic sign of hepatic disease. During all of this time the liver had only been a complaining witness, and had not been properly interrogated nor understood. If too heroic

remedies have been employed in such conditions, much mischief may have been done to the really suffering organ, whilst that which was innocent may have been goaded to actual disease.

In cases of supposed colonic dyspepsia, we have no doubt that the essential lesion is often duodenal, and the colitis a sequenec, or a myth.

Allow me to suggest something in way of diagnosis. During the last fifteen years, several duodenal fistulæ have been carefully observed, but all reported have been too indirect for actual observation of the physiological working of the organ. This fact has, however, been determined. *i. e.*, food which only requires for its chylication an admixture of hepatic and pancreatic fluids, passes rapidly through the stomach and escapes from tortuous duodenal fistulæ in from five to ten minutes, whilst that of more insoluble character may not appear in from three to six hours, even when no severe symptoms of indigestion are experienced. I shall not undertake to give you a list of authorities, for the reported facts have come to me but as quotations.

My limited observations of disease seem to concur, or at least the afore named observations throw much light upon certain groups of symptoms as in the following instance: B., aged 43, a native, and always a resident of about the 41st degree of north latitude, contracted, in June 1862, whilst in military service in the southern states, acute gastro-enteritis, and continued to suffer from disorders of the general digestive apparatus, mostly of sub-acute character, for about four years. The stomach has ceased to render any pathognomonic sign of disease; no nausea, no excessive thirst, no eructations, no immediate distress from ingesta. The normal weight of the patient was not acquired for some length of time after evidences of gastritis ceased to return, but the full proportions have been restored. The lower bowels have also ceased their irritability, and, except for an occasional pain, located in a contracted portion of the descending colon, and caused by the forcible passage of unyielding matter, have scarcely, of late, called especial attention to their condition. The present status is as follows: There is constant tenderness, varying in degree, just below the edge of the thorax, from a

situation nearly perpendicular to the anterior end of the eighth right rib, extending downwards toward the left side, and crossing the mesial line a trifle nearer to the umbilicus than to the ensiform cartilage. This tenderness is always greatest during the middle period of the digestive action; but at other times is realized by deep pressure.

As intimated before, all food is well received by the stomach; but milk, milk and egg custards, beef-tea, and other nourishment of similar quality, which seem at first acceptable and grateful, cause in from five to fifteen minutes after their digestion, a sense of distress which is not simple distension, but rather a combination of distension and formication along precisely the track of the tenderness. Articles which resist chymification longer are retained ordinarily without inconvenience from two to five hours, and then produce similar, but sharper pain, and more violent sensations of peristaltic action. All of the small seed fruits are as agreeable as they ever were for half an hour or more, but are after that time terrible, even in very small quantity.

Now, can this be explained upon any other hypothesis than that of a diseased duodenum? In all instances in which the associated symptoms indicate disorder of the "great trisplanchnic nerves," we should not hesitate to place the duodenal portion of the intestinal canal first in the criminal box.

Without doubt, most of those pathological, excito-motor, reflex and reciprocal relations which constitute much of that compound disease called dyspepsia, have for their starting point an irritable or inflamed duodenum.

The association of inflammation and ulceration of the duodenum with spinal neuralgias, has attracted the attention of astute and favored observers, and should be born in mind when we treat these diseases, which may well be called the opprobria medicorum.

Is there not danger that in pueumonia and other prostrating and painful affections we may do serious injury; even induce ulceration and perforation of the duodenum by too extensive, or too long continued vessication? Are not sinapisms, croton oil, moxas and cauteries, more hazardous than vessicants, from

the more powerful impression which they make upon the true skin, and greater liability of that irritation to be transferred to this organ? Has tardy convalescence, or relapsing fever ever been due to our misguided efforts to hasten or perfect resorption of adventitious deposits, by counter-irritants? Have we been sufficiently cautious in cases of septicæmia to avoid all irritants, and to administer all calmants to this portion of the alimentary canal, lest the onus of elimination through viscera whose emunctories debouch here, bring with it disorganizing force?

The somewhat recent discoveries of thrombi and embolism, show us that, in all conditions liable to such accidents, there is particular danger of sphacelus from the arrest of the circulation in portions of the duodenum.

I know of no professional question which possesses more interest than the subject of embolism, and the character of the changeable requirement of the organ under consideration—its sudden expansions and energetic action—render its arterioles particularly liable to have floating atoms directed to, and arrested in their channels.

It has not been my presumption to teach my masters during the few moments assigned to me, but to meditate audibly; and I trust that I have awakened your interest, at least.

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*DIFFERENTIAL DIAGNOSIS BETWEEN TYPHOID AND  
MALARIAL FEVER.—A Paper read before the GRAND RAPIDS  
MEDICAL AND SURGICAL SOCIETY. By E. M. HUME, Grand Rapids.*

A member of this society, at one of its recent meetings, stated, in speaking of the prevailing fevers, "that he did not consider it a matter of importance to tell whether they were typhoid or malarious." To this statement of his I cannot assent, for in my opinion it is of the greatest importance. Not only is it due to science, but professional honor, honesty, and justice, as well as the welfare of our patients, demand that we discriminate between these two diseases. There is probably no one thing by which irregulars and quacks, both within and without the profession, make so much as these so-called cases of typhoid fever;





I herewith present a comparison of the two diseases :

TYPHOID.		MALARIAL.
Decomposing animal and vegetable matter.	Cause.	Emanations from marshes, damp, low or new soil; always vegetable, never animal.
Old soil; may be high and dry and long settled.	Locality.	New land, moist, low and swampy.
Epidemic of typhoid fever.	Circumstantial Evidence.	Prevalence of malarial disease.
Seldom after 40.	Age.	All ages.
Continued without intermission or remission.	Periodicity.	There is either intermission or remission.
Lasts three or four weeks; cannot be interrupted.	Duration.	Can be interrupted and cured in a few days.
Great nervous disturbance and prostration; dull, heavy, throbbing, persistent frontal headache; twitching of muscles; tickling of throat; ringing in ears; deafness; mind stupid.	Nervous implication.	None.
Asthenic, not wild.	Delirium.	Sthenic.
Frequent.	Epistaxis.	None.
Diffused bronchitis with tough, tenacious sputa.	Lungs.	Congested, when affected at all.
From 70 to 140 beats per minute, small, irregular, or double.	Pulse.	More frequently high, full and bounding.
Hot, even when moist; emits a peculiar, musty odor pathognomonic of this fever.	Skin.	Dry and hot, odor acid and swampy.
Indicates an increase of temperature from morning to evening of about 2°, and a decrease of 1° from night to morning; commences first day 98.5°, reaches its maximum of 104° on the morning of the fourth day; from this time the evening temperature ranges between 103° and 104°, morning 1° lower.	Thermometer.	Rises rapidly to 105° or more first day or two, and falls suddenly; is not so uniform.

TYPHOID.		MALARIAL.
Protrudes tremblingly; is covered with a whitish yellow coat, which disappears and is replaced by a dry, pale brown one, with red glazed tip and edges; teeth covered with dark brown sordes.	Tongue.	Coated all over with a heavy, dark, yellow coat. No sordes.
Pale, livid, muddy; cheeks flushed.	Complexion.	Sallow; eyes yellow.
Foaming, light color, free from sediment; frequently contains albumen; has typhoid odor like body.	Urine.	Dark color, turbid, no albumen.
Diarrhoea, except in mildest cases; stools offensive, pea soup, bright yellow or brown; devoid of mucus, but sometimes contains a whitish flocculi.	Excretions from bowels.	Bowels costive; dark, hard, dry, bilious stools.
Tympanitis occurs, giving tub shape to abdomen; pressure over cœcum produces pain and gurgling sound; tenderness over spleen.	Abdomen—shape, etc.	No tympanitis or tenderness of abdomen.
Stomach not involved; no severe pain anywhere, except where peritonitis occurs.	Pain.	Gastric disturbance and vomiting of bile; pain in stomach and elsewhere very intense.
Occurs during second week; from 1 to 20 small rose-colored pimples, size of pin head, appear on abdomen, chest or back; do not extend to extremities; present a distinct elevation to the touch, disappearing upon pressure, but reappearing upon its removal; lasts about three days; fade away and a fresh crop appears. This eruption is claimed to be "peculiarly and absolutely diagnostic of typhoid fever." Later in the disease sudamina appear.	Eruption.	Eruptions of different kinds sometimes occur, but are so different in shape, feel, duration, number, extent and place, that they need never be mistaken for the typhoid eruption.
Great—averages one in five.	Mortality.	Very slight, not one fatal case in a hundred.

TYPHOID.		MALARIAL.
Inflammation and ulceration of Peyer's, solitary and Brunner's glands; perforation of bowels with peritonitis, and fatal hemorrhage; inflammation and enlargement of mesentery glands and the spleen (which sometimes burst); the brain, stomach, liver and lungs sometimes inflamed.	Lesions.	Hemorrhage from congestion of bowels rare; congestion of stomach, lungs, liver and spleen, the two latter sometimes become enlarged.

**MILK IN THE BREASTS OF NONPREGNANT FEMALES.—**

*A paper read before the WASHTENAW COUNTY MEDICAL SOCIETY by DR. BATWELL of Ypsilanti.*

The intimate and close sympathy existing between the uterine functions and the mammary gland have long excited investigation and inquiry amongst our leading physiologists, and all hoping successfully to unravel the cause why such a condition should exist, and yet no direct anatomical connection be present. The following brief notes will serve to illustrate the fact that the secretion of lacteal fluid, or a fluid somewhat analogous in appearance, does not invariably necessitate the prior existence of a fœtus. This is a case that, in a medico-legal point of view, might at any time come up besides involving the purity and chastity of some virtuous woman.

The patient, a lady of about 30 years of age, unmarried, from childhood had been afflicted with lateral curvature of the spine; her menstrual periods had always been productive of intense suffering, and were never regular,—sometimes recurring every two weeks, and again not making their appearance for several months. Her general health was always poor, and she suffered severely from neuralgia in several parts of the body. About four months previous to her last illness she had contracted a violent cold, and cessation of menstruation was attended with severe pain in the right iliac region; this was supposed to be of a neuralgic character, similar to many she had previously sought advice for, but the remedies useful in her case before seemed

entirely to fail now. One morning, stepping into her carriage, she was seized with intense bearing down pain, and being hastily summoned I made immediate vaginal examination, and found a hard mass protruding from the os uteri, which was very low down in the vagina. Gently endeavoring to discover what it was, slight pressure caused it to slip back within the os, and passing the finger within I discovered a pedicle to which this tumor was evidently attached. Hooking my finger around it I was enabled to pass a probe, curved and armed with a double ligature, about this attachment. Expulsive efforts had ceased as soon as the mass was withdrawn into the fundus of the uterus. Giving a large opiate, I "waited for something to turn up." Next day, concluding something had to be done towards removing this foreign substance, I firmly tightened the ligature and in some hours time divided the attachment, leaving the mass free in the uterus; soon expulsive pains set in and the tumor was expelled with slight effort. It was of a fibro-cellular character, and got unfortunately spoiled during the hot weather, though I hoped to have had it to present to the Society. There was no hemorrhage and everything progressed favorably, till the third day, when a slight chill, followed by considerable fever, set in, and she complained of tenderness and swelling of both mammary glands, which, on examination, presented the usual phenomena incidental to the secretion of milk. On applying a breast pump, a white glairy fluid was discovered, unlike milk, but yet somewhat similar to the secretion observed on the first days after parturition. The application of ext. belladonna and spts. camphor relieved the pain and tension and on the 6th day nothing unusual could be observed, and convalescence was speedy and thorough. Here was presented all the phenomena of lactation incidental to childbirth, and what an incalculable injury might have been inflicted on the purity and virtue of this young lady, were not all the incidents connected with her case carefully weighed and considered.

Another somewhat analagous case was a short time since presented to my notice. A married lady, with one child, was

troubled with prolapsus of the womb and not deriving relief as soon as she desired from her regular medical attendant, and being attracted by the flaming advertisement of a Detroit quack, placed herself under his treatment. This consisted in the daily introduction of sponges into the vagina, which soon produced excoriation and ulceration of the os uteri and vaginal canal. Intense venereal excitement and a debilitating discharge, caused her to soon see that a different course of treatment was needed, and she placed herself under my charge. On the removal of the cause of this condition, and on her recovery from the more urgent of her symptoms, swelling of the breasts and copious secretion of milk took place, which caused no slight inconvenience, requiring constant attention and the use of the breast pump. By the use of belladonna and camphor, the secretion was got rid of, and her recovery was rapid, and if she ever had prolapsus, no signs of it were observable. These cases, both of intense interest, occurring so near each other, form a curious and instructive lesson, and one from which much valuable reflection and instruction may be derived.

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## Proceedings of Societies.

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### WASHTENAW COUNTY MEDICAL SOCIETY.

*(Continued from February No.)*

In reply to Dr. Palmer, Dr. F. stated that he did not present this case as one unquestionably resulting from contagion, but he thought it to be so from the following facts: The man who had, as he thought, communicated the disease, entered the family as a roomer, with the symptoms of this disease at the time he came, and was soon taken down with it. Now, if it had resulted from causes existing about the premises, it would have been likely to affect the lad first instead of last. But the first case could not have been produced by any cause existing about

the premises, for on the very day he engaged his room, he complained that he felt ill, and steadily grew worse until his disease became undoubted typhoid fever. But the question of contagion did not rest on any such doubtful cases as this. He had once had a patient, sick with this disease, come into a family from thirty miles distance. The family consisted of the father and mother, two children, one aged ten the other twelve, and two boarders, both young persons who had never had the disease and who had been living in this family for several months. There was no typhoid fever prevailing within seven miles of this family. Twenty-nine days from the arrival of this fever patient, both of the children were taken sick, and had the disease in a well marked form. These children had been allowed by the mother to sit in the room with the patient much of the time during the day, though cautioned not to do so by Dr F.; the father was engaged in out door work, and was not in the room with the first patient except occasionally and for a few moments at a time, but when the children were taken sick, gave up his out-door work and took his turn as nurse. In thirty-one days from the time he began to nurse them, he was taken with the disease also. The mother, who had formerly had the disease, escaped the attack, and so did the two boarders who left the second day after the arrival of the first fever patient. No other cases of typhoid fever occurred for months before or after in that neighborhood; such cases have often been observed. Dr. Chapin, of Grass Lake, in this State, had reported an instance where three patients had come down on the same day, twenty-three days after the introduction of the disease by a patient brought into the family sick with it. Because every one does not take the disease in this way, is no argument against contagion; the same kind of reasoning would forbid us to regard small-pox or measles as contagious diseases.

Dr. Webb had no doubt of the contagion of typhoid fever, and referred to cases which he was confident were so contracted.

Dr. Nims thought there was reason to believe that there was a specific poison developed in some cases of typhoid fever, contagious, but to a less extent than in scarlatina or small-pox.

Dr. Breakey—without expressing an opinion on the question

of contagion—mentioned the fact of some cases that came within his knowledge about twelve years ago, that he had often thought worthy of being but on record, but he had never obtained the details of their history and dates with sufficient exactness to justify publication, and could only give the general facts from memory, viz: A young man, member of a large family, all grown, had typhoid fever in Illinois, from whence he was brought by his mother, before he had recovered, to their home near Brighton in this State. Within a period of about three months, seven members of the family—though representing three or four different families living about the neighborhood—were one after another taken down with the disease, which was of a very severe type, the diarrhœa in nearly all of them being a prominent feature. Three or four of the cases proved fatal. The one Dr. B. attended lived several miles away, though he had been home during the sickness of others. In the latter stage of his sickness a large number of the sub-cutaneous abscesses referred to by Dr. Palmer appeared over a large surface of the body.

It was possible that the cases might all have been accounted for from direct poisoning without contagion, but at the time they were thought to be the result of contagion, and he presented them without attempt at analysis.

Dr. Dunster referred to an outbreak of typhoid fever that had occurred regularly every year in a hospital under his charge in N. Y. city—the fever appearing each year in August, when the water supply was lowest, and owing to a defective arrangement in the pipes in the privy (used only at night) of one of the dormitories for boys, the water drawn during the night and early in the morning for drink for the inmates of this dormitory contained fœcal and urinal excretions in solution. The fever did not extend beyond this dormitory. The discovery and removal of this cause was followed by a disappearance of the fever which had not returned.

As a rule, he thought the poison of typhoid fever was contracted only by contact with the excretions of patients, and was not properly an atmospheric poison, though under some condi-

tions he had no doubt it was contagious, but in a much less marked degree than the contagious exanthemata.

Dr. W. B. Smith was glad to learn that some one beside himself and Dr. Kapp had had cases of typhoid fever, and reminded practitioners of the city of their duty to report such cases to the Board of Health.

Dr. Kinne read parts of a lengthy essay, entitled "Alcohol: Some new points—A sketch of its scientific features."

The essay was an able and exhaustive consideration of the subject, for which the Doctor received a vote of thanks of the Society, with the request that he prepare such synopsis of his essay as he pleased for publication. He stated that the paper had been prepared for another purpose, and not originally intended for the Society. As this purpose might be interfered with by premature publication, no attempt is made to analyze the extended survey of the subject.

Dr. Lewis from the Jackson County Medical Society, read an interesting report of a case simulating scirrhus of the pylorus and intestines.

The thanks of the society was voted Dr. Lewis for his valuable report, and a copy requested for publication with the proceedings of the society.

(Dr. Lewis paper was published in the February number of the JOURNAL.)

Dr. Batwell reported case of accidental shooting, the brachial artery being wounded and the hæmorrhage arrested and controlled by the bullet which lodged under the tendon of the deltoid and was compressed by the contraction of that muscle.

Dr. Palmer gave subsequent history of the case of attempted suicide by a young lady by a pistol shot in the head, reported by him at last meeting. The patient is very much better, mental powers good, but emotional functions somewhat deranged. Sight restored but some squinting.

Dr. Webb reported case of epilepsy with following history: A girl of three and a half years fell upon a nail head which protruded three fourths of an inch above the surface of a board. The nail entered the left parietal bone two inches above and a



little backward from the ear. The child cried but soon lapsed into a semi-comatose state, in which she continued for about two months, after which she gradually regained her sprightliness, but had occasional relapses lasting a week or two at a time for a period of about two years, then appeared well for about two years, after which slight epileptic paroxysms occurred, which became more frequent, at intervals of five to ten days, and since the age of twelve years have increased in severity. Her parents think her memory is impaired. Bromides have been freely exhibited with only temporary relief. Her general health is good. The Doctor asks shall the trephine be resorted to?

Dr. Palmer would give a more persistent and thorough trial to the bromides. Dr. Barnum, of Jackson, would *not* trephine. He referred to a similar case of epilepsy resulting from depression, in which he used the trephine, making a beautiful operation, but his patient died in a few days.

Dr. Frothingham mentioned a similar case trephined with a like result. He thought depression of the skull not necessarily so serious a condition, while trephining is of itself a serious and dangerous operation.

Dr. W. B. Smith reported a post-mortem, where death resulted from compression by a large clot of blood in left temporal region, the hæmorrhage being caused by an extensive fracture across the top of the skull, the result of a blow with a chair. The patient died about 48 hours after being struck. The interesting points of the case being that it was some hours before coma supervened, and that there were no external marks to indicate the serious character of the injury.

Dr. Sager offered some remarks on a very practical subject: the treatment of obstructive dysmenorrhœa. While he could not endorse the opinions of some estimable writers that dysmenorrhœa was always obstructive and the only appropriate treatment was surgical; on the other hand he thought the dynamical element held too prominent a place in the differentiation of the varieties of that affection by practical writers of equal merit.

The cases of the mechanical or obstructive form of the disease he thought were chiefly referable to two causes—organic con-

striction of the cervical canal, and partial occlusion from flexion. The cases in which submucous or parietal fibroids complicated the affection he thought were very rare ; cervical stenosis he believed would in a majority of cases be met with in virgins during early menstrual life or in nulliparous married woman, and very frequently from incomplete developement of the uterus, the entire organ retaining much of the infantile form and proportions ; another class of cases were no doubt the result of inflammatory induration of the cervix, or cicatricial constriction from the too common and incautious use of strong caustics to the mucous membrane, and this etiological distinction he thought to be of much clinical significance.

The object to be attained he said was in all cases the dilatation of the canal, and this object was sought to be reached either by distension or incision of the walls of the cervix.

Of the value of the method of distension either by graduated, bougies, or more frequently by sponge or seatangle tents, he had from experience as well as the testimony of others, formed a very favorable opinion. He regarded it as a close imitation of the method of nature and although less likely to be popular than the more audacious bloody dilatation by incision, it was also less perilous to the safety of the patient, and in properly selected cases quite as successful.

The class of cases to which this method was best adapted was those of natural stenosis, as distinguished from those caused by inflammatory induration, or due to the formation of scar tissue in the cervical canal, but would not exclude their use in any case where contra-indicating circumstances did not exist.

That very grave accidents sometimes followed the use of the sponge tent could not be denied. Septicæmia from the resorption of putrid secretions, and metritis or perimetric inflammations have led to lethal results in some cases. Such results he feared were occasionally due to the employment of tents of too large size ; the too frequent use of them, or the abrasion and laceration of tissue by forgetfulness of the maxim "*arte non vi.*" Sponge tents, he said, should never be used until all inflammatory complications had been carefully excluded. But due

regard being had to the character and circumstances of the case, he thought the medicated sponge tents entirely safe, and as efficient as any other method. The week preceding menstruation is the most appropriate time, and two or three tents should not be exceeded. In moderate curvatures they may be used to dilate the entire canal, and in acute flexions for the lower portion only, and in aid of other measures.

Indeed it may well be doubted whether in any case of rigidity better means can be found to produce softening of tissue than the sponge tent.

But whatever merits may justly be claimed for the sponge tents, it was obnoxious, he said, to the charge of being too slow for this fast age—made too great demands upon the valuable time of the practitioner, and hence many instruments of varying form and complexity had been invented to effect the necessary dilatation at a single sitting of a few minutes' duration. The essay of Ellinger in *The Archiv. fuer Gynackology* for 1873, with a figure and description of an ingenious instrument, seemed to have strongly impressed the professional mind in favor of this method. The efficiency of this operation, it was thought, must depend upon laceration of the circular muscular fibres of the cervix, as in forcible dilatation of the sphincter ani for the cure of fissure. The instrument of Ellinger effected an equable dilatation of the entire cervix when the stenosis rendered this necessary. But it did not seem well adapted to acute flexures or extreme constriction. In the latter case the size of the instrument must necessitate the previous use of a laminaria or sponge tent. Although the operation was not in itself very painful, yet its best advocates, he said, admit the occasional occurrence of grave perimetric sequences. The rigidity of normal or abnormal tissue is often so great as to render several repetitions necessary, and there could be no doubt that in some cases the retraction of tissue is so great as, like all other operations, occasionally to end in failure. Further experience would be required to determine the comparative value of this method.

The defects and failures of these methods of dilatation had suggested, he said, to the late Dr. Simpson, of Edinburgh, and

others, the division of the tissues of the cervix by the knife. The instruments employed were either metrotomes with single or double blades, such as those of Simpson, Greenhalgh, or Coghill, or curved scissors, as those of Sims and Kuchenmeister, and a probe-pointed knife to extend the incisions through the canal.

But whatever form of instrument may be elected, nearly all writers agree in advising complete division of the commissures of the lips in the intra-vaginal portion, and an extension of the incision more or less deeply, guided by the degree and extent of the stenosis, to or through the isthmus uteri. A free hemorrhage generally ensues, which by the use of cold water and subsequent plugging with glycerine, or iron-moistened pledgets, can in most cases be readily restrained. Careful subsequent dressing and rest in a bed for many days the safety of the patient imperatively demanded. The extra hazardous operation of extending a deep incision through the walls at the os internum, with a rigid double-bladed metrotome, as formerly strongly advocated by Greenhalgh and others in England, may be thought nearly or quite abandoned. Criticism was, therefore, not called for. But experience has abundantly confirmed what analogy should have taught, that not so much in the operation itself as in the reparative process the main difficulty and defects of the operation would be manifested.

This was frankly admitted by Sims. Barnes, Schroeder in his recent "*Krankheiten der Weiblichen Geschlechtsorganie,*" Gusserow and Olshausen in Volkmann's "*Sammlung Klinischer Vorträge,*" and most other writers. Hence the necessity of the daily use of mechanical appliances, or of strong astringents and caustics to the lips of the wound to prevent their reunion; but so energetic is the tendency to contraction that in a considerable proportion of cases, after the lapse of several months, the canal is restored to its former dimensions and a new operation is required. Even when the operation as a mechanical resource is successful, the Dysmenorrhœa is not always relieved. To counteract, he said, this tendency of the lips of cervix to reconstruction, Gusserow had of late divided the lips in the antero-posterior direction also. The advantages claimed for the operation when

successful, are a more rapid and more complete relief of the dysmenorrhœa than by other measures. Its disadvantages are, copious and even fatal hemorrhage as either a primary or secondary accident, and grave pelvi-peritonitis or pelvic cellulitis. Before the operation is attempted one should have assured himself that he has not to deal with an undersized or incompletely developed uterus, and that acute flexion rather than stenosis is not the cause of the dysmenorrhœa.

But in that class of cases in which the obstruction to the catamenial discharge depended upon acute flexure, generally existing at the isthmus uteri, the main and obvious indication was to unbend the organ and counteract the tendency to relapse. He did not propose to discuss the subject of flexions generally, but in a limited proportion of such cases the malposition had become irremediable from firm adhesions, and in such cases incisions of the cervix to widen, or to straighten the cervical canal, had by a few eminent gynæcologists been had recourse to; but as the obstruction is not of the nature of organic stenosis bilateral incisions have proved a failure, and the practice of mesial division of the anterior or the posterior lip in ante- and retro-flexions of the uterus was introduced by Dr. Sims. But as the straightening of the canal to such limited extent as it may thus be effected, must take place only below the seat of flexure, it seemed difficult to understand how relief could by that method be obtained. This fact was recognized by Dr. Emmett, and as a supplementary process he divides the prominent shoulder of the opposite side of the uterus at the point of flexure with a straight probe-pointed knife. Bearing in mind the probable atrophy of the parietis at this point, and the rich vascularity of the outer surface, it would readily be seen that in any but the skilful hand of an Emmett or a Sims such an operation would be extremely hazardous, and on general principles of surgery the probability of the successful establishment of a new and permanent channel nearly null.

A resolution of thanks was voted to Dr. Sager for his able *resume* of the treatment of one of the most numerous and troublesome class of cases that the gynæcologist has to deal with—and

which the general practitioner cannot escape,—and he was requested to write out his remarks for publication.

Society adjourned to meet in Ann Arbor in March on call of Secretary.

W. F. BREAKEY,  
*Secretary.*

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## Ophthalmology and Otology.

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### *A CASE OF DIPLOPIA AND ITS SUCCESSFUL TREATMENT.*

—By FRED. W. KOCH, M. D., *Frankenmuth, Mich.* Read before the *Wayne County Medical Society, Feb. 17, 1874.*

On the second day of September, 1874, upon rising in the morning, I found my sight impaired. Being in good health at the time, and never having had any affection of the kind, I attached very little importance to this indistinctness of vision. Before night, however, I noticed that the difficulty was steadily increasing. On the following day the indistinctness had attained such a degree that, in walking, I staggered like one intoxicated, and could not distinguish any unevenness of the road. The ground immediately before me seemed elevated about four to six inches, so that in walking I would raise my feet more than usually in order to overcome this apparent elevation. I now noticed that my right eye was affected, and that by closing it I could see quite distinctly with my left. On the third day the diplopia was fully developed. I could not look at any object, no matter how near to my face, without seeing it double. Ascribing this affection to an abnormal state of the stomach and bowels, I took a large dose of calomel. It operated thoroughly, but, finding no relief, I followed it on the fourth day with a dose of sulphate of magnesia, which was also followed by copious alvine discharges. On the fifth day I consulted a number of physicians at Saginaw. Not getting a very satisfactory explanation from any of them, but the prevalent opinion being that after all

it was due to a derangement of the stomach and bowels, I took, on the sixth day, an emetic of antimonii et potass. tart. On the eighth day, to "make assurance doubly sure," I took a dose of Glauber salts. My condition, in the meanwhile, had not only not improved, but grown worse rapidly. On the twelfth day I commenced the use of Iodide of Potassium, taking ten grains three times a day for four days. The irritation, however, produced by this remedy from the very first day of its use, was so great that on the fifth day I lessened the dose, taking five grains three times a day, and continued this for nine days. Although I experienced all the unpleasant effects subsequent to the continued use of iodide of potassium, I did not derive the least benefit from it.

On the twenty-fifth day I went to Detroit and consulted Dr. A. G. Sinclair, who considered it one of the worst cases of diplopia he had met with. He ascribed it to a paralysis of all the branches of the motor oculi communis, and advised me to use electricity, the application to be made once a day, half a minute at a time. On the thirty-second day, I used a "Kidder's" electro-magnetic machine for the first time, at 5 P. M. At 8 o'clock that night, three hours after the first application, I noticed a decided improvement.

About a week after the first application, during which time a gradual improvement had taken place, I increased the length of time and frequency of the application of electricity, thinking that if a little produced such good effect, more would produce proportionately greater. But I stimulated too much, giving rise to pain and heat in my eye. Dr. Sinclair advised the application of cold water to the eye, and an intermission of the electricity for two or three days. This was sufficient to remove all bad effects, and in about twenty-five days I was completely cured of the diplopia.

The indistinctness of vision, however, had not yet entirely disappeared, owing to a paralysis, as the doctor told me, of the ciliary muscle. The Doctor now advised me to make a change in the mode of application, by applying the positive pole to the closed eye-lids and the negative pole to the cheek-bone. Four ap-

plications in the course of a week were sufficient to remove this difficulty also. My eyes now (five and a-half months since the first appearance of the double vision), are in as good condition as they ever were, although I have tested them severely since my recovery, by reading from two to four hours every night, and exposing them to the inclemency of the weather for hours every day, without protection of any kind whatever.

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*A CLINICAL LECTURE ON THE MIDDLE-EAR AFFECTIONS COMPLICATED WITH ACLENOID VEGETATION IN THE NASO-PHARYNGEAL CAVITY.—By PROF. POLITZER, of the Imperial Hospital, Vienna (Allg. Wien. Med. Ztg.)—Translated from the German by A. G. SINCLAIR, M. D., Detroit.*

GENTLEMEN—The young man whom I bring before you to-day presented himself at our clinic last April, complaining of defective hearing, which, according to his statement, had existed for fifteen years.

Among the more prominent symptoms were the occasional occurrence of loud noises, and variations in the degree of hearing power. The affection, however, was unattended with pain or purulent discharge.

During the last two years the difficulty in hearing has greatly increased, and although he has been under the treatment of several physicians, with occasional improvement, no permanent benefit has been obtained—each improvement having been speedily followed by a relapse.

On examination we found the membrana tympani in each ear opaque and sunken, the short process of the malleus and the posterior fold of the memb. tymp. very prominent, and prospective shortening of the long process of the malleus.

Such are the changes almost constantly observed in the drum membrane after long continued closure of the Eustachian tube. After closure of the canal the air enclosed in the cavity of the tympanum undergoes rarefaction and absorption, the equilibrium between the atmospheric pressure within and without the membrane is destroyed, and the latter predominating, the membrane



and *ossicula auditus* are pressed inwards. This occasions a loss of mobility in the sound-conducting apparatus, which is, as a rule, attended with great difficulty of hearing.

On our first examination we found it to be so in the case before us. The ticking of a watch was only heard on either side when placed immediately against the ear, or temporal bones. Loudly spoken words were understood on the right side at a distance of  $\frac{1}{3}$  metre, on the left at  $1\frac{1}{3}$  metre.

An appearance, which, as I shall show further on, is a frequent symptom in the class of cases to which this patient belongs, is a peculiar expression of the countenance during respiration while the mouth is widely open. This was observed on the first examination of our patient. With the mouth closed he was able to respire only with the greatest difficulty, on account of the complete closure of one nasal passage and the greatly contracted condition of the other.

On examination of the eustachian tube by the Valsalvian method, it was found obstructed to such a degree that the atmospheric pressure thus brought to bear upon it was insufficient to restore its permeability; nor even by use of the air-balloon could air be forced into the middle ear. We then resorted to the introduction of the Eustachian catheter. In the nasal fossæ the catheter encountered numerous elevations and obstructions, which increased in number and size as the instrument approached the pharynx, so that only with the greatest difficulty did we succeed in introducing it into the mouth of the tube. The air, which now by means of a rubber balloon was forced through the catheter, and with much difficulty also into the tympanic cavity, was heard with the auscultating tube to pass slowly and with an intermitting, crackling noise through the Eustachian tube. A marked improvement in the hearing immediately followed the catheterization—the watch being then heard at five c. m., and the voice at four metres.

The obstructions and irregularities in the naso-pharyngeal cavity discovered during the catheterization, left no room for doubt that we had to deal with important pathological changes in the naso-pharyngeal mucous membrane. To determine the nature

of these changes would require further and careful examination.

The examination by reflected lights, frequently fails in this class of cases, partly on account of the contracting of the posterior nares through swelling of the mucous membrane, but chiefly on account of the great irritability of the membrane. It is, then, better to examine the naso-pharyngeal cavity, so far as it can be reached, by means of the forefinger introduced behind the soft palate. Through the digital examination in our case we found on the superior as well as on the the posterior and lateral walls of the pharynx, a immense number of enculent growths springing from the mucous membrane. They were of various forms and crowded closely together. It was now evident that the closure of the Eustachian tube was due to the swelling of its lining membrane—the sequence of the changes in the naso-pharyngeal mucous membrane. It was now easy to understand why the treatment adopted by the various physicians who had previously had the patient in charge, had been followed by no permanent benefit, because in these cases the inflation of the middle ear, and the injection of astringents are of no service, when the cause of the trouble in the middle ear—the disease of the naso-pharyngeal mucous membrane is not, also subjected to treatment.

[*To be continued.*]

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## Selections and Translations.

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### *ON BAPTISM BEFORE BIRTH.*

In every community composed of religious bodies holding different tenets of faith on some points, it is believed to be conducive to harmony and good feeling, as well as consistent with that broad and liberal catholicity of sentiment that should always characterize the professors of the healing art, to conform to the usages of his patrons respecting rites having, in their views, important religious significance.

As containing an authorized expression of the views of the Roman Catholic church respecting baptism, the following translation from the "Cours d'Accouchments," a recent great work on obstetrics by Dr. L. J. Hubert, Obstetric Professor in the Catholic University of Louvain, is submitted to your professional readers :

"This work is especially dedicated to the young gentlemen who come to this Catholic University to receive their medical education. Believing that it may be useful to those who may be frequently called to administer this sacrament to draw their attention to the teaching of the church, I have decided to finish this 'Cours D'Accouchments' by a special chapter on the subject of ante-natal baptism of infants.

When an infant is not in immediate danger of death, it is at the church and by a priest it should be baptized ; but when its life is imperilled, baptism may be conferred everywhere and by everybody (ecclesiastic or laic, man or woman, believer or infidel), and it is valid, provided it is administered with the *intention*, the *material*, and with the *formula* required.

Who, in case of peril, should administer baptism ?

If the child is born, and a priest is present, he should always perform the rite. The father or mother may perform it only in the absence of any other qualified person. If the infant is born, and there is a man present capable of performing it, he should do it in preference to any woman, or even a midwife. But if the fœtus is not born, baptism in utero should be administered, either by the obstetrician or midwife in attendance.

The general purpose or intention to do what the Church does is sufficient.

The material is water, pure water, from spring, river or well, and whether previously blessed or not.

The formula is: I baptize you in the name of the Father, of the Son, and of the Holy Spirit.

This formula should be distinctly articulated, and loud enough to be audible to the person himself.

The baptism is absolute or conditional according to circumstances, as we shall proceed to show. The manner varies as to whether the child is born or not.

A. If the child is born, the baptizer should himself pour water on the head of the child at three times, corresponding with the mention of the respective names of the Holy Trinity.

If there is any doubt respecting the life of the new-born, the formula should be modified thus: If thou art living, I baptize thee, etc.

If there exists any doubt of the human nature of the being to be baptized (*viz.*, if a marked monstrosity or rudimentary embryo), it should be added, "if you are a rational being, I baptize you," etc. Abortions should receive the rite in the same manner and modified in the same manner as the infant at term.

If the ovum should be expelled entire, the baptism should first be done through the membranes saying: If you are fit to receive baptism I baptize you, etc., then having opened the membranes the rite is repeated, adding if thou has not been baptized. When the baptism is thus conditional, the conditions mentioned must be distinctly articulated, it is not sufficient merely to think or to will it. Such is the canonical law.

B. Supposing the foetus is still in whole, or in part unborn it then becomes necessary to baptize it in utero, varying the method according to circumstances.

(a) If the head is delivered, it may be baptized either absolutely or conditionally, as if the birth were completed and no subsequent baptism will be required.

(b.) But if an arm or a foot present these parts should be baptized, and the danger persisting, the chest and the head should be successfully baptized, with the formula: If thou hast not been baptized, etc.

(c.) But if the foetus is still enclosed in the uterus, the baptism should be performed by carrying the fingers, or a piece of lint, or sponge, or using a syphon or syringe, and with the formula as before stated, and modified according to the circumstances—after birth it may be rebaptized if alive.

A. S.

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TREATMENT OF WHOOPING COUGHS.—Wilde claims that he can cure every case of whooping cough within eight days by the

following treatment: The patient is not to leave the room, and at every access of coughing is to hold before his mouth a small piece of cloth folded several times, and wet with a teaspoonful of the following solution: Ether, 60 parts; chloroform, 30 parts; turpentine, 10 parts.—*Deutsches Archiv. f. Klin. Med., Allg. Wien. Med. Ztg.*

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#### ON DOSES.

Doses are the most relative things in the world. It must be confessed that a certain maturity of mind and boldness of action are requisite to escape from the slavery of posological entities and essences, and to allow the apparent exigencies of the case before us to be our sole guide. That constitutional bashfulness which is called 'caution,' which habitually delights in small ways, and which is half afraid of the instruments it uses, should practice other arts than medicine. A wise courage is the physician's watch-word.—*Press and Circular.*

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*Ars, ante omnia veritas.*

## Editorial.

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#### VIVISECTION.

At a recent meeting of the British Medical Association, held at Norwich, England, M. Magnon, a French physiologist discussed the different effects of alcohol and absinthe on the system. The alarming results following the introduction of the latter drug as a beverage into Paris some years ago, vested the remarks of Dr. Magnon with considerable interest, and he sought to demonstrate the comparative action of the drugs by an experiment on dogs. For this purpose two canines were strapped to a table, when further proceedings were somewhat summarily put a stop to, by the interference of the agents of the Royal Society for the Prevention of Cruelty to animals. These gentlemen objected to

the experiment as useless and cruel, and succeeded in temporarily staying proceedings. Nothing daunted by this rebuff, however, Dr. Magnon subsequently performed his experiment before a select audience. A canula was introduced into the femoral vein of each dog, through which the poison was injected. The dog into which the alcohol was introduced became profoundly intoxicated, but subsequently recovered; that experimented on with the absinthe was seized with epileptic convulsions and died. The comparative harmlessness of alcohol was thus demonstrated.

But this did not end the matter for those who participated in the experiment, against whom prosecution was instituted by the dog champions. The English court, however, after hearing the testimony, dismissed the case, holding that the experiment did not come within the provision of the law—that, as a scientific experiment, it was justifiable and in violation of no law.

This action of the English court must commend itself to all interested in scientific progress. But the squeamish sentimentality of the dog sympathizers is not by any means confined to England; we are occasionally afflicted with an outbreak of it in this country. When the beadles of our societies for the prevention of cruelty to animals are at a loss for something to wax indignant on; when, because of the coolness of the season no overheated animals pant in our streets, when no Jehu can be caught applying his rawhide to his refractory nag, when the festive bivalve, instead of personating Jonah of old, sensibly lies quiet, and when lobsters take their warm baths as a matter of course, the heartless doctors come in for their share of attention.

Ever since poor old Vesalius, by his zeal for science and humanity, brought upon himself the vengeance of the Inquisition, the anatomist and the physiologist have pursued their labor of love under difficulties unknown to workers in other scientific directions. In addition to the dangers of infection and disease voluntarily encountered, they have had to brave the remorseless inquisitor, the anathemas of the church, the denunciations of the State, the ban of society and the ingratitude of humanity. But in spite of all these the cause of science has never been left without its witnesses, and we exult to-day in the examples of

heroic devotion furnished in the lives of the founders and conservators of rational medicine.

The science of medicine is peculiarly one of observation. It differs from the so-called "exact" sciences as widely as the body it has to deal with differs from those which the exact sciences treat of. Though chemical changes take place in the living body, it is, nevertheless, not a laboratory; though largely composed on mechanical principles, it is, nevertheless, not a machine. It differs from all laboratories and machines in that it is controlled by a mysterious influence known as "vitality"—which, though investigated by the master minds of every age, is still *terra incognita*; its nature transcends the powers of human thought; at its very threshold are written, in characters none have failed to decipher, "Thus far shalt thou go, and no farther." The presence of this controlling principle renders notoriously fallacious all *a priori* reasoning with regard to cause and effect in the administration of medicines. Men, by the exact science of mathematics, can predict a transit of Venus, or an eclipse of the sun or moon, but by no subtlety of reasoning could quinine be predicted as an antidote to the malarial miasm, could opium be said to relieve pain, or chloroform to produce narcosis. We know these agents to act as indicated, because, and only because, their exhibition has been followed by such results in a sufficient number of instances.

Without direct observation the functions of the internal viscera must ever have remained a mystery; and the only feasible method of knowing the functions of the organs of the human body is by observing the functions of corresponding organs in the inferior animals; and without correct notions of physiology all practice must be empirical. Vivisection is therefore indispensable to the advancement of scientific medicine, and consequently to the good of humanity. Inferior animals, doubtless, have rights, but these are subordinate to man's. No true man would "*needlessly* set his foot upon a worm," but "if man's convenience, *health* or safety interfere, his rights and claims are paramount, and must extinguish theirs."

Societies for the prevention of cruelty to animals have a legitimate and commendable vocation, but they go too far when they

deny the searchers after scientific truth all sympathy for the animals they experiment on, and denounce their experiments as useless and cruel.

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#### *THE TRANSFUSION OF BLOOD.*

Much has been written during the last two or three years on the subject of transfusion, much has been learned and doubtless there is still much to be learned before the best methods for performing, and the best results attending, the operation will be attained. It is not our purpose in this article to add anything original to the discussion, but simply to give the present status of the question, and put forward its claims as a therapeutic measure of incomparable importance in a particular class of cases. That transfusion is of immense value when performed under certain conditions, has been abundantly proven by the large number of successful cases that have been reported. The day for hoping all things for any one therapeutic measure or remedy is about past; science in medicine, as in all things else, demands that everything shall be proven by experience and take its proper place in an intelligent therapeutics. Thus, enough has been done in the way of transfusion to convince us that it is not always an "elixir of life" to our patient, but like many other measures for the relief of pressing emergencies will often fail. But still, not without good reason, it promises more than anything else for the saving of life, and should, therefore, never be left undone if there is the least hope of success.

The most evident and the most pressing demand for the performance of transfusion arises after excessive hemorrhage. Dr. Chadwick (*Boston Medical and Surgical*, July, 1874), believes that, as the result of the loss of blood a mechanical and physiological cause conspire to place the victim of hemorrhage in his perilous plight. When the bloodvessels fail to return a sufficient quantity of blood to the heart to fill its cavities, as they do in extreme hemorrhage, mechanical pressure holds it tightly compressed, it cannot contract before it dilates, and it cannot dilate because there is no fluid to fill the vacuum. If the blood is now injected into the veins, it once more fills the ventricles,



mechanical pressure is removed, the natural stimulus is applied to the heart and it beats as before. Then physiology renews its sway and the absorption of oxygen and exhalation of carbonic acid, the most active function of the system, which has been all but suspended, begins again, the blood corpuscles, the great carriers of the body, bringing in the one and bearing off the other. If these explanations be true, and they seem to be in accordance with well known facts, cases of excessive hemorrhage can only be saved by transfusion, and every physician will fail to use his best endeavors for the sake of his patient who does not meet such emergency with this operation. Transfusion will also be available in diseases which have caused great deterioration of the blood either in quality or in quantity or where its assimilative and nutritive powers are lessened. Such diseases are cholera, dysentery, excessive serous diarrhœa, anæmia, chlorosis and malignant tumors. Perhaps, also, in cases of blood-poisoning it may prove of benefit by furnishing a pure fluid for the nourishment of the tissues. In short, in every condition of the system in which waste is in excess of supply, from whatever cause, and where medicines have failed to accomplish what was expected, transfusion should be tried. It is a comparatively simple operation and any one with ordinary intelligence, by observing certain precautions, can easily perform it. We hope the time is not far distant when the well equipped physician will consider the transfusion apparatus as necessary a part of his outfit, almost, as his hypodermic syringe. -

In the choice of a fluid for transfusion, human blood is undoubtedly the best, though that of animals has been used as well as alkaline solutions made to resemble the serum of the blood, and warm milk, likewise. In regard to the use of the two latter it may be said that they will probably be found the most useful after excessive serous exudations or discharges have occurred, when they prevent the agglutination of the corpuscles and liquefy the contents of the bloodvessels to such an extent as to promote a free circulation throughout the entire vascular system. Nothing, however, will take the place of blood in those cases where there has been excessive loss of that fluid or it has become

so greatly deteriorated as to fail in its nutritive properties. That lamb's blood can be successfully transfused, has been abundantly proven by Dr. Hasse of Nordhausen, who, towards the end of 1873, had operated more than fifty times. We cannot go into details but will only remark that, considering the fact that his cases were of a kind not very amenable to medical treatment, the results were extremely flattering, about fifty per cent fully recovering.

Certain phenomena, however, have always been observed to follow the transfusion of lamb's blood which have an important bearing on the question whether it is equal to human blood. These phenomena are: dyspnoea, pain, rigors, and others of less note. They either do not follow at all, or at most in slight degree, the transfusion of human blood, and it has been thought that perhaps they might be owing to some marked change in the character of the blood after the operation. Prof. Landois of Greifswald, has shown by transfusion of the blood of different animals that decomposition actually takes place. His experiments prove that "the serum of the blood either fresh or defibrinated of many mammals dissolves the blood corpuscles of other mammals" and that when this solution of the corpuscles was at the expense of the blood of the receiver, dyspnoea, convulsions and sometimes death or asphyxia occurred, but if the foreign blood was dissolved before it had time to act on the recipient, no such phenomena followed. Does not this explain the cause of the train of symptoms which follow the transfusion of lamb's blood into the human subject? There is a partial solution of the corpuscles in the receiver's blood and consequently a diminished supply of oxygen and exhalation of carbonic acid. Still there is great ultimate benefit from the nutritive material furnished by the injected blood and an increased supply of oxygen set free by the solution of the corpuscles and which is finally taken up if the changes in the constitution of the blood are not so great as to cause death.

Prof. Landois does not believe that there is much probability that foreign blood cells will take on the physiological functions of those of the recipient, especially if the individuals are not

of closely related species. We would go farther than this and say that probably the same solution of cells follows, though in much smaller degree, the transfusion of blood in individuals of the same species. In our mind there is little probability that there is perfect homogeneity between the blood cells of different individuals of even the same species, since physiology teaches as a fundamental fact that proximate principles of this class are of variable constitution. This will explain the slight exhibition of the characteristic phenomena which sometimes follows the transfusion of blood from man to man. It is simply a chemical reduction to physiological homogeneity.

This whole subject is one of intense interest, and we hope our readers likewise will not fail to become interested especially in its practical demonstration. We believe the medical men of this section quite as capable as any of demonstrating the utility of transfusion, and we should be glad to hear that some one had taken the lead in the matter.

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## Reviews and Bibliographical Notes.

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OUTLINES OF THE SCIENCE AND PRACTICE OF MEDICINE. By  
Wm Aitken, M. D., F. R. S. Philadelphia: J. B. Lippincott  
& Co., 1874. Detroit: E. B. Smith & Co. Octavo. Pp.  
593. Cloth. Price \$5.00.

This volume is a compilation by the author of his large work on the same subject. It is designed as a handbook for students, and is admirably adapted to the purpose. There are many general considerations on the causes and treatment of diseases which are very essential to the student in laying a broad and liberal foundation for the superstructure of his medical education, and which, we believe, are not found in any other work of like character. It also contains the "Nomenclature of Diseases" adopted by the Royal College of Physicians of London. It is logical and systematic throughout, giving a place for everything

and having everything in its place. The acknowledged high authority which Dr. Aitken possesses will at once place this volume among standard works of the kind.

THE BUILDING OF A BRAIN. By Edward H. Clarke, M. D.  
Boston: James R. Osgood & Co., 1874. Detroit: E. B. Smith & Co. Duodecimo. Cloth. Price \$1.25

Many of our readers will remember the title of this book as that of Dr. Clarke's address before the National Educational Association which held its last annual meeting in this city last summer. When the address was published this became the general title of the volume and two more essays were added, one, *An Error in Female Building*, the other, *A Glimpse at English Brain-Building*. The book is a further exposition of the views of the author as set forth in "*Sex in Education*," noble in utterance, clear and straightforward in statement. Education in his mind means much more than the acquisition of knowledge from books that is merely technical; it also includes social, physical and domestic training; it is the failure to recognize the influence of these varied burdens of body and mind that constitutes the great error in our present system of education. There is no recognition of the peculiar periodic function of girls, and the fact that, as a rule, it is a great drain on the physical system, but while bearing this extra physical burden there is no relaxation of daily customary employments. It would be the part of wisdom to remit a part of the training of girls during this period, say the physical and social, and then no undue stimulation of the intellectual or physical functions would be so apt to follow.

REPORT OF THE COMMITTEE ON SICK, HOSPITAL AND SANITARY MEASURES, OF THE CHICAGO RELIEF AND AID SOCIETY.  
Printed for the Society at the Riverside press. 1874.  
Pamphlet, pp. 63.

This report is a statement of the labors of the sanitary committee of the Relief and Aid Society formed after the great fire of 1871. From the tables of statistics it appears that during the year 1872, 39,552 sick people were cared for by the society, of whom 363 died, or a percentage of 0.92—a very good showing.

From the tabular statement of 26,549 vaccinations and revaccinations, it appears that 86 persons had small-pox after successful vaccination, and 23 persons were successfully vaccinated after having the small-pox; one case had the disease twice.

THE RELATIONS OF THE NERVOUS SYSTEM TO DISEASES OF THE SKIN. By L. Duncan Bulkley, A. M., M. D. New York: G. P. Putnam's Sons. 1874. Pam., pp. 30. From the author.

This is a reprint from the *Archives of Electrology and Neurology* for November, 1874. Dr. Bulkley divides his subject under four heads: 1. Microscopic Anatomy of the Skin, with special reference to its nerve elements. 2. Physiological considerations pointing to nerve-origin of certain skin diseases. 3. Pathological Observations. 4. *Resume* and Deductions. This question is one which is just now receiving considerable attention from dermatologists, and this paper is a valuable contribution to its literature.

OPHTHALMIC NOTES. By C. R. Agnew, M. D., Professor of Ophthalmology and Otolgy in the College of Physicians and Surgeons, New York. Pp. 30. From the author.

In these notes Prof. Agnew reports a case of "Trepining the cornea for the removal of a foreign body deeply embedded in its substance." A new procedure, and one which will be considered a valuable one by those who know from experience the difficulty which is often encountered in the removal of extraneous substances from the deeper layers of the cornea.

A most valuable portion of these notes is "contribution to the statistics of cataract extraction of 118 recent-cases," in the performance of which the methods adopted and the number by each were as follows, viz: Græfe's 85; Liebreich's 21; Lebrun's 6; Flap 6. The cases were taken without exclusion as they presented in the practice of the operator, and the complications occurring during operation and after treatment, and final results carefully noted. We give them briefly. Loss of vitreous, Græfe 4; Liebreich 3. Lens removed by scoop, Græfe 5; Liebreich 2. Prolapse of iris during recovery, Græfe 1; Liebreich 4.

Synechia anterior, where there had been no prolapse of iris, Liebreich 2. Irilis with closure of pupil, Græfe 5; Liebreich 1. Serous iritis, Liebreich 2; Lebrun 1. Pampphthalmites, Liebreich 3; Græfe 1. Hyalitis, Græfe 1. Pupillary membranes, Græfe 20; Liebreich 8. Sympathetic irido-choroiditis destroying both eyes, Græfe 1.

Cases in which vision ranged from  $\frac{20}{200}$  to  $\frac{20}{20}$  were reckoned successes; ability to get about alone, up to  $\frac{1}{10}$ , partial successes; less than this failures. Græfe successes 66; partial ditto 9; failures 7; unknown 3. Liebreich successes 15; partial 2; failures 4. Lebrun successes 4; failures 2. Flap successes 6. From these and his previous statistics Prof Agnew has come to the conclusion that "the Græfe operation is the best, provided the middle of the cut is not made far from the junction of the sclerotis and clear cornea." and, further, that "an insufficient wound is the most dangerous complication of a cataract extraction," conclusions deeply interesting to those surgeons who have to deal with the treatment of cataract, and to which the skill of the operator, and the unswerving devotion to the interests of science which has characterized him in all his professional work, constrain us to attach the greatest importance.

The *Popular Science Monthly* for March has the following interesting table of contents:

The Genesis of Superstitions, by Herbert Spencer; Chameleons, their habits and color changes, by J. Fitzgerald, A. M. (Illustrated). The English Observatories, by E. M. Converse; The Atmosphere in Relation to Fog Signaling, by Prof. Tyndall, F. R. S. (Illustrated). The Mental Aspects of Ordinary Disease, by J. Mille Fothergill, M. D. Biology for Young Beginners, by S. Hackett Stevenson (Illustrated). Darwin and Hæckel, by Prof. T. H. Huxley, F. R. S. Spiritual Pirates, by S. A. Haywood; Social Evolution, by Prof. I. E. Cairnes; Sketch of Dr. Henry Maudsley (with Portrait).

We shall continue to furnish other medical periodicals at reduced rates in commutation with the PENINSULAR JOURNAL OF MEDICINE.

THE  
PENINSULAR JOURNAL  
OF MEDICINE

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**NOTICE.**

All persons who have borrowed books or instruments from the late DR. RICHARD INGLIS, and the person who, four years ago, borrowed my "Andrews' Latin Lexicon," are requested to return them to me.

DAVID INGLIS, M. D.,

21 State Street.

*Very* frequent cause of these difficulties, prolapsus and retroversio. Theoretically it would also seem to be indicated as a *prima causa*.

Anatomically we find the virgin differing from the unfruitful married woman, the wedlocked nulliparæ from the multiparæ (generally). Here, then, we have, gynæcologically speaking, three distinct classes; and each successive class one step nearer, so far as liability or predisposing causes are concerned, one of the special displacements placed at our heading. I do not wish to be understood as ignoring other causes; my position is that it

is a much more frequent cause than is generally admitted, and it is to the discussion of this, to the exclusion of all other causes, that I shall devote myself.

Still pursuing our anatomical investigations, we find the support of the uterus dependent upon (given in their order) the vagina—the posterior wall principally—the utero-sacral ligaments, the utero-vesical ligaments and their contiguous sub-peritoneal pelvic cellular tissue, the broad ligaments, and the round ligaments; the last giving no support at all until the uterus is in quite an advanced degree of retroversio or prolapsus,—a point which I think will be patent to any person after a careful dissection. For, how can the round ligament pulling over the pubes, as a point of fulcral support, be of any sustaining power to the uterus until the distance between the uterus and the pubes is increased by a retroversio, or the fundus of the uterus, where the uterine attachment of the ligament is, has sunken below the horizontal level of the pubes?

That the anterior wall of the vagina plays but a minor part in propping up the uterus is evident from its anatomical relations, being swung, as it is, from the posterior surface of the bladder (where the anterior surface is steadied by the urachus) which is in a continual change from contraction to extension by the expulsion or retention of its contents. The *practical* part of the proof is that no plastic operation upon the anterior wall of the vagina is of avail in relieving prolapsus whenever the perinæum and posterior wall is involved *unless* a second operation is performed upon one or both of the latter. Whereas, if the operation be upon the posterior wall and perinæum (if both be involved) then there is no occasion for denuding the anterior wall. This fact, so negative to the theory of support from the anterior column, is positive proof to the theory that the posterior vaginal column is the chief support to the uterus. This being the case, where does it get its foundation of support? I answer, from the buttress-like wall of the perinæum that stands against it at the vulval orifice.

When a woman is in the erect posture the centre of the inlet to the vagina is *not* at a point midway between the coccyx



and pubes, or a line drawn perpendicularly through from the center (antero-posteriorly) of the thigh, but considerably anterior to both. So much so, that if a probe be passed perpendicularly upwards through the centre of the vulvar orifice it will strike the pubic synchondrosis, or its fibro-cartilaginous coverings. This will be about the point (the centre of the vulvar orifice) of ending of the posterior vaginal septum, the hymen, and nearly to which the anterior border of the perinæum extends in the virgin. A point one-fourth to one-half of an inch still posterior to this, its perpendicular touching the urethra as it closely hugs the pubic amphiarthrosis, will represent the point of the vagino-perinæal commissure in the nulliparæ, while one from one-half to three-eighths of an inch still posterior to this will represent the commissure in the multiparæ, save when the subjects of *extensive* perinæal lacerations. Of course these measurements are but, at best, approximate; yet they will very well represent what you will find in ordinary cases. All of our plates would seem to mislead on this point; they crowd back the anterior wall of the vagina to the position that the fourchette, or even the perinæum, should occupy.

Now, as to the frequency of prolapsus (and its concomitant in the first stage,—retroversio) uteri in the three gynæcological classes I have made. All authorities admit that it is rarely observed in the virgin (my first class), more frequently seen in the barren woman (my second class), and most frequently in the multiparæ (my third class). I shall only quote from two authorities the figures to prove this assertion, as more would be but satiety. Scanzoni, out of the 114 cases of prolapsus he reports himself to have carefully examined, found 99 of them to have been in women who had born children; leaving the remaining 15 to be put under my first and second classes. Chapman gives a detailed report of 96 cases; and from an examination of each of these, as he has them recorded in full, I find that 82 occurred in child-bearing women (class three), 13 in the sterile (class two), and only *one* in an unmarried female, leaving us to guess whether she be a virgin or no. Of complications occurring in these cases, I find prolapsus vesicæ in 40 of these in class three,

and seven in class two; vaginocèle 17 times in class three, once in class two. Retroversio must have occurred in all alike, as this is one of the first steps of prolapsus from a tilting backwards of the fundus of the uterus by the sinking of the posterior cul-de-sac, eventually ending, when the os externum rests upon the recto-perinæal wall, in a tilting forwards of the fundus by the restraint received from the round ligaments. So far as my experience goes, I have not observed a clear case of prolapse of either uterus, rectum or bladder in an unmarried subject, twice only in the married nulliparæ (as I now recollect), while it has been *very* frequent in the multiparæ.

It is during the child-bearing period then, that this complaint is most common, and it is by small forces acting continually for a longer or shorter period of time that it is caused. The intact hymen, fourchette and commissure of the perinæum seems to be the "preventative obstacle" to this complaint in the virgin, as the support to the posterior vaginal wall extends forwards from three-fourths to one inch in excess of that of the more fortunate multiparæ or primiparæ. The course of the prolapse is upwards from the point of the rolling out of the vaginal mucous membrane at the cicatrized perineal rupture, this eversive action gradually creeping up the posterior wall to the posterior utero-vaginal cul-de-sac, then down the anterior wall to the urethra, when a complete procidentia occurs.

That the laceration of hymen and fourchette always occurs in cases of primiparæ, no obstetrician hesitates to admit. When it comes to the perinæum, some are so hyper-sensitive that they never have known anything beyond a slight laceration of the fourchette — and, *entre nous*, a fourchette in many of their cases would make a pretty good sized perinæum for some unfortunate woman. The best and latest authors admit the great frequency of its rupture, Schroeder says that "in primiparæ slight lacerations of the *perinæum* are *unavoidable*," and farther on that the "ostium vaginæ is so narrow that it can *rarely* be stretched by the head *without* laceration;" he farther adds that "one frequently sees nothing else than radiating rents in the mucous membrane" of the vagina. (Italics are mine). Sir J. Y. Simpson says, after

a long series of observations conducted especially with reference to this point, that "fissuring and laceration of the *perinæum* are not, as is generally conceded, *rare* lesions during labor; on the contrary, they are *very common*, occurrences, especially in primiparous labors." Farther on, he adds as proof, that "almost *every* careful autopsy of women after delivery, whether assisted or not assisted" gives evidence of this fact. Out of a record of 20 consecutive labors, of which special reference to this point was kept, occurring in the wards and out-door services of a charity with which I formerly was connected, *all* of the primiparæ and some of the multiparæ had more or less perinæal involvement, the majority of the labors being primiparous.

Taking this into account, and that the posterior wall of the vagina looks convexly forwards when in the erect posture,—that the rectum makes a sharp curve forwards at its anal extremity, is thereat sacculated and admits of a great accumulation of fæces, and that it is never empty (indeed, on most every vaginal examination you can mark its protuberance, from its distended state, into the vaginal tract), it is easy to see why the prolapse of the posterior vaginal wall is imminent upon each solution of continuity in the perinæum.

But were the course of healing, in these lacerations, unobstructed the results of these seemingly insignificant ruptures would be not nearly so bad. From the continual contraction and relaxation of the sphincter ani, sphincter vaginæ, levatores ani and transversus perinæi muscles, whose tendons, at a common point of insertion, go to make up the perinæum, keep the little wound open, and the irritating lochia passing continually over it, keep up suppuration, so that the union is one by granulation—one formed by *loss of tissue* incident to suppuration. The scar tissue here contracts the most longitudinally (from action of the anal-muscles), the labia now have their commissure removed posteriorly, and so a malformation of the ostium vaginæ results. Speaking of this, Chelius says: "the healing which in this way takes place in small tears of the perinæum does not depend upon any union of the edges, but on its shortening backwards so that the *labia pudendi* extend back and occupy the

place of the former wound." He then cautions that "all simple tears of the perinæum" should be treated with great caution and care. Duparcque says: "the scarring occurs in the longitudinal direction of the lips of the wound; this shortening is only effected at the expense of the tissues corresponding to the angles. In the case of the tearings of the furcula and perinæum, the labia, which can alone stretch, are then drawn back by this mode of scarring; thus we may be assured that in women who have had the furcula [fourchette and commissure] deeply torn, the size which the vulva has preserved depends, in great part, on this lengthening of the labia." These two oldish authorities are the only ones with which I am acquainted that have noticed this condition that you will always find in perinæal tears. Our modern authorities have overlooked this condition of contraction and mal-union entirely.

Coming now to treatment, what is to be done? It divides into two stages.

1st. *At the time of the delivery*, when the edges are fresh. But this, and prophylactic treatment, falls into the hands of the obstetrician rather than the gynæcologist.

2d. *After the cicatrization of the wound*. Here the case is of long standing with everything in the pelvic cavity at odds and ends; the constitution, temper and patience of the patient about exhausted from this and the concomitant troubles which follow parturition. A stitch in time would have saved more than nine in these cases, and they are by no means infrequent.

The operation adopted here is known as perinæorrhaphy. The mistake made by many of our operators is to give but a sort of an episiorrhaphy—a suturing of the labia; the results after such an operation are rather negative than positive; the original operation partook, in great measure, of this superficial performance. However, it was first proposed by that eminent French surgeon of the XVIth century, Ambroise Pare, and first successfully put into practice by his distinguished pupil, Guillemeau, and by Guillebonneau. The original operation has received many modifications at the hands of different surgeons and gynæcologists. The one, however, I adopt in all of my cases is

essentially that of T. Addis Emmet, Surgeon in Chief to the New York State Woman's Hospital, than whom there is no more successful and original operator upon the continent, and to whom I am under lasting obligations as a patient and pains-taking instructor in gynæcological work.

His operation consists in thoroughly paring the sides of the vagina, running up on the posterior wall, in a median line, to a point from one to two inches (according to extent of laceration) from the angle of the cicatrix, and running up on the labia to a point but one-half to three-fourths of an inch below the meatus urinarius. Seen on a perpendicular section, the patient lying on her back, the surface made raw represents a spherical triangle, the base of which being upward and presenting an angle of about  $40^{\circ}$  with the horizon, with its superior extremity from one-half to three-fourths of an inch below the meatus urinarius. The angle opposite the base represents the point of the anterior margin of the perinæal cicatrix. The sides of the triangle represent, respectively, a distance varying from one to two inches. In the great majority of cases I find them to be about one and one-half inch each.

After one side has been pared, the other should be approximated to it and the angles of the triangle marked out on the undenuded sides either by snipping out little points of the mucous membrane, or simply "fastening their position" with the eye. This is an important point, as the two sides might otherwise be denuded unequally, and so not so good a result be obtained. In this denudation (and in fact, in all operations about a mucous membrane) the scissors should be used; you get *much less* hæmorrhage, and are not nearly so apt to cut into the vaginorectal cellular tissue to beyond a legitimate depth. By the scissors a part is divided by a *crushing* movement, something as you see to excess in all ecraseuratic operations; the shreds of lacerated tissue will be very apparent when you place them under the microscope; so much so, that it will be quite fringe-like should your scissors be not over-sharp—a quality *not* to be condemned by any manner of means, as long as they possess a reasonable amount of cutting power.

A pair of Emmet's double-curved scissors will be almost indispensable in a part of the denuding process, and a pair of "mucous membrane dissecting forceps" made after the style I had one made for my own use, by J. Fenton, of Cleveland, will be very convenient. The "bit" is short, not more than one-fourth of an inch long by three-sixteenths wide, and is placed at *right angles* to the long arms of the forceps; it is also finely "rat-toothed." The forceps are held closed by a sliding bar, thus allowing any change of axis without danger of losing their hold. The advantage of this instrument is that the left hand, when holding the forceps, can be placed below the working level of the right, and so does not interfere with the right hand's manipulations. My idea I obtained from a long pair of "rat-toothed" vaginal forceps that were quite strongly curved (after the manner of an iridectomy forceps) that I had been having in use for a year or two previous; the objection to that pair being, that the convexity of the forceps was still in the way, although the hand was depressed. My wire-twister I also had made after the same pattern, with this exception, I had the "bit" simply diagonally creased, instead of "rat-toothed."

Both sides having been equally denuded they are to be brought together by wire sutures; whether silver or iron be used, is really a matter of no great import; but the former is more generally employed, especially by American surgeons. From five to seven are generally introduced, two, or more, being placed in the labia, the remainder in the perinæum. The point to be kept in remembrance here, is, to be sure that all the deep sutures (which should always be introduced first, shall extend up to the superior posterior point of the denuded surface successively, and shall lie in the cellular tissue just beneath the removed mucous membrane; if you do not do this, some little sinus will be found after the wound has otherwise healed. Leave the ends of the sutures so that they will project a couple of inches after have been properly adjusted and twisted, then bring them all together and tie into a single bunch; you will find this little precaution to be of a great deal of convenience should you be called upon to remove them when the parts are swollen;

aside from this, the ends do not chafe the patient, nor is there danger of leaving any behind, buried in the tissue, should you forget the exact number, when you come to remove them, as *has* been done by *good* surgeons. After the operation, the patient is to be placed in bed on her side, with knees tied together, the bowels kept confined by opium. Previous to the operation the patient should be prepared by a light diet and gentle purges; an enema of *Fel bovinum* and *oleum ricini* on the morning of the operation is excellent. The water should be drawn twice daily by a catheter, or Sims's sigmoid catheter might be introduced and left. A simple water dressing to the parts, cleanliness and a "slop diet" are all the minor requirements after the operation. The sutures may be removed on the sixth or seventh day, the patient still being kept in bed with her knees tied up until *firm* union has taken place.

The line of union, in these cases, is even more firm than the original tissue. Of the cases Dr. Emmet has examined—a labor occurring after an operation—if there was any laceration, it was always by the side of and not in the line of, cicatricial union. The same can also be said of the operation for cure of a lacerated cervix *uberi*, a quite frequent concomitant of a lacerated perineum. But of this in a future article.

No. 353 Woodward avenue, Nov. 1874.

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*VALEDICTORY ADDRESS* by W. WILLMOTT BOWES, M. D., of  
*Morley, before the MEDICAL SOCIETY of Mecosta and Osceola Counties,*  
at BIG RAPIDS, January 12th.

GENTLEMEN—Under the benign influence of an over-ruling Supremacy, our organization has added to its duration another year of existence; and amid the splendors of the eternal allotment of men and things, we have not been called upon to mourn over the grave of a single departed brother. The lines seem to have fallen to us all, during the past year, in comparatively pleasant places.

While, numerically speaking, our organization has not attained to proportions immense, yet we have every reason to believe

that there exists among its members a unity of friendship and purpose truly commendable. The demons of envy and jealousy which occasionally creep into organizations of this kind, have not been allowed to germinate and develop themselves in our midst; and in this particular, if in no other, we tower in Alpine proportions over some societies of greater numerical dimensions. Surely, the foster spirit of concord and harmony is a commendable feature in any organized body of men.

While we cannot boast of a very large increase of membership during the past year, we must ever bear in mind the fact, that ours is a limited, localized organization, and that nearly all who are worthy of living within the precincts of our jurisdiction, have their names enrolled upon the list of membership. It is to be regretted that we have to speak of the lack of interest which some of the members of the society take in its welfare by their persistent non-attendance at its regular meetings. According to a time-honored and well established rule, I, as retiring president, have the honor of briefly addressing you. I tender you my sincere thanks for the kind and gentlemanly manner in which you have treated me as your presiding officer.

I shall now invite your attention for a few moments to the consideration of a subject having somewhat of a twofold capacity, namely: The prescribing of placeboes by the profession as a check upon empiricism, and the relation which such prescriptions sustain to "conservative medicine."

In a mixed population, where the masses are ignorant, it is a difficult matter to educate the public mind up to a standard where its appreciation of medical education will prompt them to demand a protective law. We have got about as far in that direction with our hobby as prohibitionists have with theirs, and will have to wait for time to roll back the clouds of mist which seem to envelop public sentiment, before a protective jubilee can be announced.

But while the encouragements for legal protection are, at the present time, somewhat limited, the profession have it in their power to cut off to a certain extent, that tide of wealth which so easily flows into the coffers of the quack. It is not so much by



visiting the bed side that the empiric makes his money as in his office practice. His patrons are allured there by flaming advertisements with promises of certain cure, no matter what their mental or physical condition may be. There is a certain class of individuals peculiarly prone to fall into the hands of quacks, and they generally go there through the conscientiousness of some honorable and overly scrupulous physician.

It occurs over and over again in the practice of every physician that individuals come to his office and go through a rhyme of little ailments, sometimes real, more often imaginary, with a faith so strong in the power of medicine to cure them that anything short of something in the form of a drug will not satisfy them; their faith in medicine is stronger than their faith in the physician's advice; and to tell them that they do not require medicine, that they will come out all right with a little attention to their diet, etc., is simply to tell them that you do not understand their case at all. This class of individuals stand in precisely the same relation to the physician's office practice as do "bed ridden" patients to his out-door visiting practice. They are a peculiar people, but not very zealous of good works.

Numbers of these individuals fall into the hands of quacks, because the physician whom they first consulted, believing that they required no medicine, thought no farther than to simply dismiss them with that fact ringing in their ears. But they left the office with the determination of seeing some doctor who knew enough to give them some medicine. Now, it would not make any difference what the medicine was, or whether it was medicine at all, so long as it was put up and administered in the shape of a drug, but something of that kind they must and will have.

A little colored water put up in a bottle, with specific directions as to dose, etc, will stand precisely the same relation to the influence of mind over matter, as would a more expensive drug, where in reality no medicine is required.

To the observing and practical physician, evidences are every day accumulating to demonstrate the fact that the practice of medicine does not solely consist in the administration of drugs

nor success in the effects which they produce. The old adage that the best doctors are those who give the least medicine, should not be entirely overlooked, and the prescribing of placeboes is very often an excellent way of carrying out that principle.

Now, there is nothing dishonorable in the prescribing of a placebo and taking money for it. A patient ought to pay for prescription and advice not to take medicine if he does not really require it, as for advice and prescription to take medicine, when he is really in need of it. It involves the same amount of scientific knowledge to determine that a patient does not require medicine as it does to determine that medicine is what he really needs. So that any expenditure of knowledge in a professional way ought to be compensated. And surely, gentlemen, the patient has the best of the bargain when he pays for advice not to take medicine, or, in other words, when he pays for a placebo.

Little medicine, with a recognized and well protected *vis medicatrix naturæ*, is worth a great deal more than if the order were reversed. But the sum and substance of the whole matter is, that if the regular profession would prescribe placeboes freely, and at the same time inspire their patients with a reasonable hope of recovery, from the medicine which they are receiving, a vast number of unfortunates would be saved the pain of being bled to syncope—financially as well as vitally—by that set of public leeches better known as quacks.

Perhaps we do not, as physicians, consider sufficiently the influence of mental states in the production of disease, and their importance as symptoms, or take all the advantage of them which we might in our efforts to cure disease. Quackery seems to have got hold of a truth which legitimate medicine fails to appreciate and use adequately. For assuredly, the most successful physician is he who, inspiring the greatest confidence in his remedies, strengthens and exalts the imagination of his patient; if he order a few drops of peppermint water, with the confident air of recovery, will he not frequently do really more for his patient than one who treats him in the most approved scientific manner, but without inspiring a conviction of recovery?

I am inclined to believe that the main success of charlatanism

lies in simple remedies, administered with an air inspiring confidence; for in what else lies their success when the majority of them do not understand even the rudiments of either medicine or disease.

This brings us to the consideration of the second part of our subject, the relation which placeboes bear to Conservative Medicine.

By conservative medicine is meant, the withholding of potential remedies, unless the nature of the case is such as to warrant their administration, and hence, not to add "dangers of treatment to those of disease," *not* that conservatism that knows no reform, and adheres to principles and rules of practice, because the prestige of years bears in their favor. That conservatism which is calculated to sustain the vital forces, recognizes a *vis medicatrix naturæ*, and does not aim any blows at diseases, irrespective of patients. Placeboes then, stand in an intimate relation to conservative medicine as just defined. They do not lower the vital forces, they do not add any to the dangers of the disease; and they do take the place of remedies, which when administered might do harm if not good. "Not to do harm being no less an object of treatment, than to do good."

The conservative surgeon spares diseased or wounded members, whenever there are good grounds for believing that by skilful management they may be saved. So the practice of the conservative physician, has special reference not alone to the disease, but to the condition of the patient. He does not of necessity repudiate the (so called) potent remedies, but seeks to use them with rational discrimination.

The instances in which bare medicine—medicine in the abstract, does material good, are rare. It is not from the drug department of a physician's practice, that a patient usually receives the most good. Do away with all the arrangements in the sick room, not medicinal in character, namely: the hygienic (using the term hygiene in its broadest application, as every appliance not medicinal for the benefit of the patient), and the patient in the majority of cases will not do as well as if all medicine were cast aside, and he put under strict hygienic surveillance.

But the majority of patients are better satisfied and have stronger confidence when they believe that in connection with all other appliances, they are taking medicine, which, indeed, in a great many cases need not be medicine at all. What is wanted is something for the imagination to rest upon, and a placebo will answer every purpose.

The consideration of the most favorable hygienic condition in which the patient can be placed, to hasten his recovery, should take precedence over the administration of any particular drug for any particular disease. The curative power of our drugs is very small, and the number of our specifics is exceedingly limited, so that our faith in our medicine *alone*, must necessarily be of mustard seed fineness.

It is true that we have some good remedies, and some of them are of every day application, but while we would not depreciate medicine as a system, we would ever bear in mind, that it falls far short of being a *positive* science. The proof that medicine as a science is not positive, substantiates its progressive character. The doctrines of twenty-five years ago, are repudiated to-day, and the doctrines of to-day may be repudiated twenty-five years hence; and this progressive feature of medicine in turn, substantiates its lack of positiveness.

The acme of progress in medicine, at the present day is, the doctrine of conservatism—that principle which fosters every agency calculated to prolong life; that principle which gets along with just as little medicine as possible, believing that the less powerful medicine the patient gets the better are his chances for recovery.

But you ask, that as the people must and will have medicine, whether it benefits them or not, what are we going to do with them?

True, human nature is such that it must have something tangible in which to believe, and the imagination of a patient will rest just as firmly and securely upon a placebo, as it will upon more powerful medicine, and while you are prescribing a placebo, you can feel assured that you are keeping pace with the highest attainments of medical progress at the present day.

Doubtless, there are some present to-day, whose views are most strenuously opposed to the tenor of these remarks, but after all, gentlemen, your individual experiences, if you do not belie them, must tell you that medicine considered in the abstract is considerable of a humbug; of course it is a scientific humbug; it has the weight of years to back it; its history runs back through all the channels of human experience and it has grown to such immense proportions from its birth to the present time, that it has unconsciously assumed the features of a science; but it lacks just as much to-day as it did a thousand years ago, that positiveness which determines a true science. The eternal fiat of God is opposed to it as a positive science, "for it is appointed once for man to die," and when that *appointed* time comes, he must inevitably yield up his claims to mortality. Of course a great deal can be done by medicine in the hands of a judicious physician, in the way of alleviating pain, and rendering the death bed scene, as unterrific as possible; but you all must be well aware of the fact that the tenement of faith in which the laity dwell, with reference to the curative powers of medicine, is built upon the sand. But it is highly proper that they should remain unconscious of the fact, and not be deprived of that pleasure which accrues from a pure and innocent faith. And I am the last one who would present these sentiments to a mixed assemblage; they were simply intended for the "ring;" for we are supposed to have "rings" in medicine as well as in finances, and our "rings," to be sure, all tend toward a financial plethora if possible. It is true, we hear constantly of the humaneness and philanthropy of medicine, and hardly ever pick up a journal, but we find something bearing on the subject; but, while this all sounds very nicely, it is in reality a fleeting phantom and the most philanthropic, and humane physicians are, those who are the best compensated for their services.

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*CHOREA WITH FATAL TERMINATION.* By D. A. McLEAN,  
M. D., *Stanton, Mich.*

The following case is interesting chiefly on account of the

rarity of a fatal termination of the disease without the presence of some organic complication.

Case.—January 25, 1875, was called to see George T——, aged 13 years. Found him with the usual symptoms of chorea but with bowels regular, tongue slightly coated, pulse natural, without fever or any unusual symptoms except the irregular movements of the muscles.

The history of the case I found to be as follows: Two years ago he had measles and although there was nothing unusual in the disease, he had never appeared to recover his previous strength; otherwise he appeared well and healthy.

Some two or three months previous to the attack he had complained of uneasy sensations with inability to sit still long at a time, these symptoms gradually increased until the forepart of January, when he was taken to a physician who prescribed for him strychnia. This he continued to take up to the time I saw him, but without benefit, the symptoms steadily increasing.

The disease first appeared in the left extremities, gradually extending to the other side and muscles of the body.

When I first saw him there was some difficulty in swallowing owing to inability to control the muscles of deglutition which increased with the progress of the disease, becoming at last so great as to prevent his taking either food or medicine.

The spasmodic contractions continued to grow more and more violent, being greatly aggravated upon any attempt to assume an upright position and requiring the constant attendance of some one to keep him on the bed.

There was no tenderness discoverable along the course of the spine—the rhythm-force and frequency of the heart's action were not disturbed except as becoming weaker and more frequent as the system became exhausted from the violent muscular exercise. This exercise continued with increasing violence to within half an hour of his death, which occurred January 31st.

The only complaint which he made was of slight pain in the parietal region of left side of head.

From the extreme rarity of a fatal termination in this disease, I confidently predicted a favorable issue up to within twelve or

fifteen hours of his death, believing that the maximum intensity of the disease would soon be reached when the symptoms would begin to subside, instead of which the nervous system suddenly gave way and he died apparently of pure exhaustion.

The remedies employed during the course of the disease were various, as one failed to produce any effect another being tried. The bromides valerianates, chloral-hydrate, opium, belladonna, alcohol, Fowler's solution, etc., being successively administered but without apparently the least effect.

For the last three nights he got no sleep—the strongest medicines and doses I felt warranted in giving him failing to quiet him sufficiently to allow him to sleep. I confess myself unable to account for the persistent character and fatal termination of the case.

He had never suffered from rheumatism, nor was there anæmia to any appreciable extent, the boy being to all appearances as healthy as his play-fellows.

No post-mortem was allowed.

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*OVARIAN CYST AND PERFORATING ULCER OF THE STOMACH.*

Dr. Campbell reported and exhibited, at the Grand Rapids Medical Surgical Society, the stomach and organs of generation of the following case, in behalf of Dr. Calkins, of Sparta Centre :

Was called at 9 p. m., Oct. 13th, to see M. M——, aged 18, unmarried domestic ; found her lying on right side, complaining of intense pain in region of left ovary ; pulse full, 90 per minute ; no marked tenderness on pressure over seat of pain ; menses should have appeared two days previous but had not yet. At 4 p. m. she had pain while ironing but it passed away and she resumed her task ; pain did not return until 7 p. m. About 11 p. m. she vomited and complained of pain in stomach. Morphine was given which quieted pain, and patient went to sleep about 3 a. m. and slept all the forenoon of the next day ; at 4 p. m. she was again seized with pain in stomach and vomiting. I arrived at 4.45 p. m. and found her in collapse ; she

vomited what afterward proved to be part serum; death occurred at 5.30 p. m.

Post-mortem, held ten hours after; body presented appearance of death in robust health. The cavity of the abdomen was filled with gas and turbid serum. The parietal portion of peritoneum showed large roughened patches, but no adhesions. Left ovary normal; right ovary was enlarged and contained a ruptured cyst of capacity of 4 to 6 drachms—rupture one inch in length. The posterior surface of stomach presented a roughened aspect, with a perforation the size of a goose quill; internal surface showed ulceration with two points of marked destruction of tissue, one extending clear through and the other down to the serous membrane. The peculiarities of this case were the almost simultaneous rupture of the ovarian cyst and stomach, the affection of right ovary without any pain of that organ and but little of the left, evidence of chronic inflammation and ulceration of stomach with no pain, except at three or four times in the space of a year, and with these such robust development. One year ago she weighed 128 lbs, 3 months ago 146 lbs, and at death 160 lbs. With few exceptions she has never complained of any pain, loss of appetite, vomiting, or anything to interfere with the performance of her duties.

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## Proceedings of Societies.

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### *GRAND RAPIDS MEDICAL AND SURGICAL SOCIETY.*

TUESDAY, March 2, 1875.

Society met at office of Dr. Wooster. Vice President, Dr Miller, in the chair.

Members present; Drs. Johnson, Chipman, Boise, Wooster, Miller, Brown, Wood, McIlvain, Stephenson, Brady, Rutheford, Shepard, Maxim, Hazelwood, Griswold, Hume, Campbell, Albright, McPherson and DeCamp.

Minutes of previous meeting read and approved.

Dr. E. A. Hebard's application for membership was read and referred to Committee on Ethics.



Dr. Johnson presented a patient who had skin disease of fourteen years standing; he diagnosed "Lepra vulgaris." The disease presented scaly circular patches healing from the center, was non-vesicular or syphilitic; treatment, Donovan's and Fowler's solutions.

The valedictory address of Dr. Z. E. Bliss, now in Nice France, was read; it was an able article, and was thankfully received by the members of the society.

This being the annual meeting, the society proceeded to the election of officers for the ensuing year, with the following result:

*President*—Dr. William Wood.

*Vice-President*—Dr. William Campbell.

*Corresponding Secretary*—Dr. John Brady.

*Recording Secretary and Treasurer*—Dr. E. M. Hume.

Dr. Wood being called upon responded in a few brief remarks, congratulating the society on its present standing, and thanking them for honors conferred. Adjourned for one week.

TUESDAY, March 9, 1875

President Dr. Wood in the chair.

Secretary read minutes of previous meeting.

Committee on Ethics reported favorably upon Dr. Hebard's application, and upon balloting he was elected a member of the society.

Dr. Wood advised the establishing of a city hospital, under the immediate control of city physicians, but the members of this society should all be at liberty to visit it; he recommended the admission of chemists and pharmacutists as honorary members of the society.

Dr. Wooster presented a patient for examination; man, 65 years old, in apparent good health, but had a large ulcer on arm below shoulder.

Dr. Shepard thought it the result of "periostitis;" he would cut down, examine—remove necrosed bone if necessary; would amputate arm if too much diseased to hope for success by less radical means.

Dr. Johnson thought disease malignant; would examine first;

but, from present appearances, advised amputation at shoulder joint.

Dr. Wooster said he was undecided, but taking into consideration the man's age and that the ulcer was not a painful one, would question the advisability of operation.

Drs. Hume and Brady reported a case of poisoning from sulph. morphia, ten grs. of the drug being taken with suicidal intent. Emesis occurred first about one hour after the poison was taken, produced from sulph. zinc, ipecac, warm water and tickling of fauces. "Caffeine" and strong coffee were given, but patient soon became unable to swallow; 18 drops fld ext. belladonna were given hypodermically; patient became fully comatose; pupil contracted to mere points; respiration five per minute; pulse 145; all endeavors to keep him in motion were unavailing; whipping did not affect him in the least; upon lying him down on a lounge on his back, tongue fell back in fauces, and respiration ceased; turned him over face downwards, tongue fell out and artificial respiration was resorted to. Atropia sulph. was used subcutaneously, divided doses, until  $\frac{1}{2}$  grain was given. Pupils began to dilate, respiration increased to ten per minute, pulse fell to 108. After continuing in this condition about two hours, consciousness returned and patient recovered. The doctors felt sure the atropine saved his life, as all the morphine had probably been absorbed; the position in which he was placed, similar to that recommended in circular lately issued by State Board of Health, restored respiration, which could not occur while patient lay on his back.

Dr. Hume reported a case of hemiplegia of right side; patient had fallen into his hands for treatment one week after attack; he immediately diagnosed: Embolism in right side of brain; most probably "left middle cerebral artery;" also, obstruction of aortic semilunar valve, result of effusion of lymph from endo-carditis; patient had long suffered from rheumatism; at an examination three days later he decided that the mitral valve was implicated, as regurgitation was indicated by the murmur, which was systolic, being most distinct at apex in place of base, as was the case in first examination. As it was an interesting case, he

called in Drs. Campbell and Griswold, who coincided with his diagnosis; the patient died two weeks after the stroke; a post mortem was granted, and the brain and heart presented to the society for inspection; a clot was clearly discernible, completely occluding the anterior branch of the "left middle cerebral artery." Upon severing the aorta, a clot of fibrinous lymph escaped; the aortic valves presented a little roughening, but not enough to produce the obstructive sound first heard, but afterwards disappearing; this was probably caused by lymph which afterwards became detached. The mitral valve was covered with numerous vegetations of a warty character—of varying size, some quite large—evidently of long standing. The stroke which was sudden, produced total loss of motion and sensation of the right side, with aphasia; sensation gradually returned, but motion did not; the patient was a negro, 25 years of age, barber by trade; had been in poor health for a long time.

Dr. Shepard exhibited a fibro-cystic tumor, size and shape of small orange, removed from anterior neck of uterus; operated with probe pointed curved bistoury; was but little hæmorrhage; applied pledget of cotton with sol. ferri per. sulph; 15 minutes afterwards nausea with emesis occurred, followed by severe hæmorrhage, which was with difficulty controlled; patient recovered, and is now doing well; he would use ecraseur, if he operated again.

E. M. HUME, M. D.

*Secretary.*

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*VAN BUREN COUNTY MEDICAL SOCIETY.*

The annual meeting of this society was held at the office of Dr. J. Andrews, in the village of Paw Paw, February 2, 1875. Dr. J. E. Ferguson, of Bangor, President. Members present: Drs. Andrews, Briggs, A. E. Bulson, H. B. Bulson, Emery, Engle, Ferguson, Hathaway, Haskin, Keables, Sweet, Woodman and Wiggins—13.

Officers elected for the ensuing year:

*President*—Dr. J. T. Keables, of Decatur.

*Vice President*—Dr. A. E. Bulson, Gobleville.

*Secretary and Treasurer*—Dr. J. Elliott Sweet, of Hartford.

*Clinical Secretary*—Dr. A. E. Bulson.

*Censors*—Drs. A. E. Bulson, J. Andrews, and T. H. Briggs, of Mattawan.

In the afternoon the patients present were examined.

Dr. A. E. Bulson read a paper on Hæmatocele, for which he received the thanks of the society, and of which he was requested to furnish a copy for publication. (Dr. B.'s paper will appear in our May number.)

A resolution was adopted recommending the members to subscribe for THE PENINSULAR JOURNAL OF MEDICINE, and that the proceedings of each meeting be sent to it for publication.

It was also resolved, 1st, That at each regular meeting the President shall appoint two essayists who shall read papers before the next meeting on subjects chosen by themselves. 2d, That at each annual meeting the retiring president shall deliver a public address in the evening.

Dr. J. E. Ferguson, of Bangor, and Dr. T. H. Briggs, of Mattawan, were appointed essayists.

Adjourned to meet at Decatur on Tuesday, April 20, 1875.

J. ELLIOTT SWEET, M. D.,

*Secretary.*

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REPORT OF CLINICAL SECRETARY.

The following cases were presented for advice :

Case 1. Mrs. Culver, Aet. 39. Three years ago noticed she could not breathe through the nostrils. She consulted a quack doctor, who told her she was affected with catarrh, and prescribed accordingly. She experienced no relief, but about one year ago she discovered a tumor filling up her nostrils. Upon examination it was found to be a polypus, and removed by Dr. Andrews.

Case 2. Mrs. T. Fatty tumor situated in the popliteal space of right leg. The patient would not submit to an operation.

Case 3. Mrs. Dopp. Muscular atrophy of deltoid, caused from a contusion received some time ago on the right shoulder.

She stated it was gradually growing worse, and thought she would lose the use of her arm. Electricity, friction and stimulating lotions were directed.

Case 4. Dr. Andrews presented a case of organic disease of the heart, affecting the mitral valves. The patient stated that about 15 years ago he had an attack of inflammatory rheumatism, and since that time has experienced difficulty about the heart. Upon examination the heart was found hypertrophied. The impulse in the sixth intercostal space. Auscultation revealed a systolic murmur. No prescription was made, but the patient was directed to take out-door exercise, nutritious diet, and abstain from all alcoholic stimulants.

Case 5. Dr. Woodman presented a case of synovitis, affecting the wrist joint, occasioned from a strain received at work in the harvest field. The joint was very much swollen and painful. The arm was directed to be suspended in a splint, with extension of the hand, to be made by the use of adhesive strap; tincture of iodine to be applied over the joint once a day. Dr. Woodman was requested to report the progress of this case at the next meeting.

A. E. BULSON, M. D.,  
*Clinical Secretary.*

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## Correspondence.

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BERLIN, Feb., 1875.

EDITORS JOURNAL:— Having enjoyed opportunities for acquainting myself with certain facts respecting our profession, as taught and practiced in the German capital, I ask the indulgence of your readers while I briefly relate what I hope may possess interest.

The great popularity of the German schools has induced the students of all lands to leave their home institutions and come here for the purpose of finishing their education. At home one hears so much of the great discoveries and wonders performed

by the Germans that he has learned to regard their institutions and opinions with feelings akin to religious awe; so that the average American student, as found in Berlin, Leipsic or Vienna, comes here with exaggerated ideas of the real condition of the schools.

He expects to find surgical clinics where the bloody combats with disease are fought after the style of the gladiatorial theatres of ancient Rome; where the operator, armed with all the improvements and the master knowledge of his art, skilfully conquers his enemy, and then modestly acknowledges the applauding *pollicis versus* of the medical patricians. He also expects to find these courageous, enthusiastic teachers surrounded by ambitious, hard-working students. He finds, on the contrary, clinics and lectures conducted in a less enthusiastic manner than at home, while the ambitious students sit by leisurely smoking their cigars or reading the newspapers—content with accomplishing in four years what American students are expected to accomplish in three years.

Foremost among medical institutions here stands the University Clinicum, founded by the first Graefe, in 1810. Under him, in this clinic, until his death in 1840, German operative surgery attained its highest triumphs. Dieffenbach succeeded Graefe, and here made his famous plastic operations. In the operating theatre is still to be seen the old sofa whereon Dieffenbach suddenly expired from rupture of the aorta while operating upon a patient for carcinoma of the lip.

The present incumbent, Von Langenbeck, after Dieffenbach's death, in 1847, was called to the directorship of the Clinic, and in his hands the fame of the institution as an operating theater has lost none of its laurels. He is unusually cool and unconcerned in operations; uses only the knife, and leaves the closure of wounds, ligation of arteries, or use of saw or forceps almost entirely to his assistants. As an anæsthetic he uses chloroform, which he gives in pretty much the same manner as we give ether. During every anæsthetization the galvanic apparatus is put in readiness for convenient use; and not unfrequently—and, far as my observation goes, always with success—is resorted to

as a means of resuscitation from chloroform syncope. Clinical material exists in the greatest abundance, and from its great variety, the present Professor Bilroth, of Vienna, while assistant to Prof. Von Langenbeck, produced his work on the classification of tumors. Von Langenbeck's fame in the Taliacotian art brings to his Clinic patients from all parts of Europe, with the particular view of receiving the benefits of his skill in rhinoplasty.

The surgical clinic of Charity Hospital is not as well attended as the University Clinic, and is not so richly provided with material for bloody operations. Prof. Bardeleben, the Director of the clinic, is a warm advocate of the Edinburgh system or method in the management of wounds. He makes all his operations under solution of carbolic acid spray. In the dressing of all wounds, the parts are enveloped in an atmosphere of spray before being exposed to the air. All simple or compound fractures or resections are dressed with the plaster of Paris splint. In compound fractures and resections the limb is first enveloped in a roll saturated with a mixture of one part carbolic acid in ten parts of oil before the plaster is applied. After the plaster is applied in the ordinary manner as for simple fractures, and has become dry, an opening is cut through it over the wound, particular pains being taken to make it large enough to admit of easy and thorough cleansing of the wound. "Esmarch's Bloodless Method" is used in all operations upon the extremities both in this and the University clinic.

Among the many "medical clinics" of Berlin, those of Professors Traube and Frerichs, are the most popular. The former by his exact method of diagnosis, and the latter by his researches upon the diseases of the liver, have gathered about them hundreds of students. These clinics are held daily, and are better attended than any other in Berlin. In Traube's clinic are found many patients suffering from all grades of pulmonary disease. In the treatment of these cases, aside from the ordinary system of cod liver oil, etc., the very important question of climato-therapy is carefully discussed. The several questions of barometric pressure, dry, moist or sea air, are regarded of much less importance than the question of equability of temperature. By

this is understood a temperature, be it either warm or cold, which enables the patient, for many hours by day and by night, to inhale the fresh, pure, open air, and to exercise by walking or riding in it. The healing factor in the climate treatment is pure air. But where shall the patient go to find this, is equally as difficult to answer here as it is in America.

The high, wind-protected Alpine valleys are much resorted to for the summer. But there the night air is so cool that the patient cannot have the windows to his sleeping room open, and consequently must respire bad air for eight or ten hours out of the twenty-four. Hæmoptysic cases are said to do the best in sea air, and are usually sent to the Rivera, one of the most famous Italian *kurorts*. There the same objection is found as in the Alpine valleys; and, in fact, throughout the south of France, Switzerland and Italy the patient is unable to remain in the open air for more than ten or twelve hours without danger of taking cold. The Nile country, however, the German physicians regard as the long looked for Eldorado for consumptives. There the patient can respire the open air for eighteen or twenty hours without danger. The night air is never too warm or too cold, and the light breeze, as enjoyed from the deck of the Nile steamer, is said to have a most beneficial sedative influence, enabling patients who have passed restless nights and have suffered from occasional hæmorrhages in the popular resorts of south Europe, to enjoy in the open air good, refreshing, nourishing sleep, which so reduces the force of the circulation that all hæmorrhagic tendencies disappear. The most experienced practitioners lay great stress upon distinguishing between promising and hopeless cases, and insist that only such patients should undertake the climate cure who exhibit, after careful physical examination, reasonable prospects for improvement. The practice of dosing the patients in the earlier stages of the disease with medicaments until the stomach and nervous system have become so enervated that good sleep and digestion are almost impossible, and then, after the most favorable indications for the climate cure are passed, as a *dernier resort*, sending them off to a *kur ort*, is regarded as very unpromising to the cause of climato-therapy.



The climate-cure physicians advise that all patients suffering from tuberculosis or caseous pneumonitis, who are not benefited by four or five weeks of home treatment, should promptly undertake the climate cure; and this they are most likely to obtain where they can for the most hours remain in the open air regardless of barometric pressure, dryness or moisture.

HAL C. WYMAN.

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## Selections and Translations.

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### *HOW TO ESCAPE A HIGH AMPUTATION OF THE THIGH WHEN THE KNEE IS SEVERELY INJURED.*

A man, forty years of age, healthy and strong, had received a very severe injury, producing a compound fracture of the bones of the leg, affecting the muscles above and below the knee-joint, nearly tearing away the patella and extensively destroying the vitality of the skin. All the tissues were enormously swollen, and the swelling extended to a point half way up the thigh. The first suggestion was to amputate through some tissue at a point just above the injury. That would bring the operation well towards the upper third of the thigh. In the face of that suggestion was the fact—incontestably proven by statistics—that amputation at this high point in the thigh, in cases of compound fracture, was almost equivalent, *in the adult*, to a fatal operation.

A consultation was held, and it was determined to go directly through the damaged tissues and amputate at the knee joint. The object in so doing was to save the man from the shock of the high operation under these circumstances. It was known perfectly well at the time of the operation that the tissues above the point would slough, and perhaps extensively, but it was believed that the lesser shock of the operation at the knee-joint, although followed by sloughing, would be less jeopardizing to the life of the patient than the high operation would be under same circum-

stances. As anticipated, the tissues did slough, and quite extensively; the flaps were undermined, and the whole stump was one mass of granulations without purpose, and through these granulations and sloughing tissues the extremity of the femur protruded.

At this time, when the granulations in the wound were well commenced, the *secondary* operation was performed. The femur was removed within the lower third, the flaps brought together to cover the end of the bone and left to unite by secondary adhesions. The shock of the secondary operation was almost nothing. Patients bear these secondary operations well, and that was regarded as a point of great importance in the consideration of the case.

The result of the method of procedure was, escape of dangers attending the high operation, circumventing them by primary amputation at the knee-joint; secondary amputation when the patient was in far better condition to bear the shock of the operation. The operation, also, could be performed and be attended with but little shock.—*From Bellevue Hospital Reports of Practice in the Medical Record.*

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#### GENESIS ACCORDING TO SCIENCE (SO CALLED).

We cannot resist giving our readers the amusement—though the feeling excited, will probably be by no means one of unmixed amusement—of reading the following smart concrete statement of some modern “scientific” schemes of creation from one of our Transatlantic contemporaries:

##### THE NEW SCRIPTURES ACCORDING TO TYNDAL AND OTHERS.

1. Primarily the Unknowable moved upon cosmos and evolved protoplasm.
2. And protoplasm was inorganic and undifferentiated, containing all things in potential energy; and a spirit of evolution moved upon the fluid mass.
3. And the Unknowable said, Let atoms attract; and their contact begat light, heat and electricity.

4. And the Unconditioned differentiated the atoms, after its kind; and their combinations begat rock, air and water.

5. And there went out a spirit of evolution from the Unconditioned, and, working in protoplasm by accretion and absorption, produced the organic cell.

6. And cell, by nutrition, evolved primordial germ, and germ developed protogene, and protogene begat eozoon, and eozoon begat monad, and the monad begat animalcule.

7. And animalcule begat ephemera; then began creeping things to multiply on the face of the earth.

8. And earthy atom in vegetable protoplasm begat the molecule, and thence came all grass and every herb on the earth.

9. And the animalcule in the water evolved fins, tails, claws, and scales; and in the air wings and beaks; and on the land they sprouted such organs as were necessary as played upon by the environment.

10. And by accretion and absorption came the radiata and mollusca, and mollusca begat articulata, and articulata begat vertebrata.

11. Now these are the generations of the higher vertebrata, in the cosmic period that the Unknowable evolved the bipedal mammalia.

12. And every man of the earth, while he was yet a monkey, and the horse, while he was a hipparion, and the hipparion before he was an oredop.

13. Out of the ascidian came the amphibian and begat the pentadactyle, and the pentadactyle by inheritance and selection produced the hylobate from which are the simiadæ in all their tribes.

14. And out of the simiadæ the lemur prevailed above his fellows and produced the platyrhine monkey.

15. And the platyrhine begat the catarrhine, and the catarrhine monkey begat the anthropoid ape, and the ape begat the longimanous ourang, and the ourang begat the chimpanzee, and the chimpanzee evolved the what-is-it.

16. And the what-is-it went into the land of Nod and took him a wife of the longimanous gibbons.

17. And in process of the cosmic period were born unto them and their children the anthropomorphic primordial types.

18. The homunculus, the prognathus, the troglodyte, the autochthon, the terragen—these are the generations of primeval man.

19. And the primeval man was naked and not ashamed, but lived in quadrumanous innocence, and struggled mightily to harmonize with the environment.

20. And by inheritance and natural selection did he progress from the stable and homogeneous, to the complex and heterogeneous; for the weakest died and the strongest grew and multiplied.

21. And man grew a thumb, for that he had need of it, and developed capacities for prey.

22. For, behold, the swiftest men caught the most animals, and the swiftest animals got away from the most men; wherefore the slow animals were eaten, and the slow men starved to death.

23. And as the types were differentiated, the weaker types continually disappeared.

24. And the earth was filled with violence, for man strove with man, and tribe with tribe, whereby they killed off the weak and foolish, and secured the survival of the fittest.—*Med. Times and Gazette—Canada Lancet.*

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#### GLYCERINE-SICHEL

Is the name of a new topical application which has been used with success in France, under the name of glycerole; it enters into the phosphorous emulsion introduced at the Utica, N. Y., Insane Asylum. It consists of pure glycerine and the yelk of egg. It is highly recommended in fissured nipples and is reported to afford relief when all other means have failed. In eleven such cases in which it was used, it afforded relief in every one.

In the clinique of Dr. Vernier it is daily used to anoint the

hands when making an examination of suspicious women, and found to be a perfect protective against infection.

In fissured nipples it protects from the action of the saliva of the child, and from sour milk.

It has also been successfully employed in rupture of the perinæum, in which it protects the torn surface from being irritated by the urine and lochia.

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*CONGENITAL DEFORMITY SIMULATING FRACTURE.* By  
J. W. WILLEY, M. D.

The disfigurement in this case was exactly alike in both legs, and was as follows: In front of the tibiæ, instead of the sharp anterior edge, was an angular protuberance, which, on examination, seemed as if the bone had been fractured and united with much overlapping. The lower extremity of the apparent fracture seemed to lie on the outside, so as to turn the sole of the foot upwards and inwards. The legs were shortened to one-half of their normal length, being only three inches from the head of the fibula to the outer maleolus. The fibulæ were traceable above and below, but seemed to be involved in the middle of the shaft in the contorted condition of the tibiæ. Opposite the centre of the swelling was an apparently perfectly healed cicatrix, which cicatrix was held by attachments to the periosteum so as to be but slightly moveable.

Altogether it was a most striking and singular imitation of the results of compound fracture, in which the bones had been suffered to unite with overlapping of their extremities from one and a half to two inches.

At first sight it seemed as if there might be a false joint, but on trial the bones were found to be quite solid.

The case was a footling presentation, and the strange feel of the shortened and crooked legs caused repeated examination of the feet before I could be convinced as to what the presentation really was.

Notwithstanding that the head was extricated with the least possible delay, the infant, which was a female, after a few feeble

gasps, ceased all efforts at respiration, nor could any or all the usual methods succeed in re-establishing it.

This event was perhaps the less to be lamented as the deformity of its limbs, unlike most cases of club foot, was wholly irremediable. Owing to the extreme sensitiveness of the mother, who would not suffer the infant to be removed from her room, I had not the opportunity I much desired of taking a cast of at least one of its legs, much less that of securing one as a specimen. I have, however, made a drawing which may convey some idea of, to my mind, a very singular and unusual monstrosity. The body of the child was otherwise well formed and well nourished, the head perhaps somewhat oversized.—*Pacific Medical and Surgical Journal.*

*PILLS OF SULPHATE OF QUININE.*

R Quin. Sulph..... gr. cc  
 Acid Tart..... gr. xi  
 Aquæ..... gtt x

Rub the quinia and acid to a fine powder, add the water and make a mass. This makes a small pill and one easily worked.—*C. V. Swan. in Druggist's Circular.*

*OATMEAL, BONE, AND MUSCLE.*

Professor Forbes, of Edinburgh, during some twenty years, measured the breadth and height, and also tested the strength of the arms and loins of the students in the University—a very numerous class, and of various nationalities, drawn to Edinburgh by the fame of his teaching. He found that in height, breadth of chest and shoulders, and strength of arms and loins, the Belgians were at the bottom of the list; a little above them the French; very much higher the English; and, highest of all, the Scotch and Scotch-Irish, from Ulster, who, like the natives of Scotland, are fed in their early years with at least one meal a day of good milk and good oatmeal porridge.—*Pacific Medical and Surgical Journal.*

*HEAT AND HYDROPHOBIA.*

The mysterious influence of the "dog-days" upon the canine race is an opinion of the greatest antiquity, dating back, apparently, to Anubis, the dog form of the Egyptian Apollo, whose appearance in the heavens was a premonition of impending danger. It probably also had some connection with a festival of the Argives marked by the destruction of many dogs. In the "Iliad," Homer mentions Orion's dog as affecting human health disastrously. Pausanius, in his "Travels in Greece," alluding to the story of Actæon's destruction by his own hounds, was inclined to attribute the myth to the circumstance that the season had caused the pack of the famous hunter to run mad. Pliny remarks, in his "Historia Naturalis," that canine madness is fatal to man during the heat of Sirius, and proves so in consequence of those who are bitten having a deadly horror of water. For such reason, during the thirty days that this star exerts its influence, we try to prevent the disease by mixing dung from the poultry yard with the dog's food, or else, if he is already attacked with the disease, by giving him hellebore." From the time of Pliny until quite recently the development of rabies by summer heat has been accepted as a fact among scientific men, and the idea has become too deeply rooted in the popular mind to be easily eradicated. Only within the present century has it been proved conclusively by critical inquiry that no season of the year is specially concerned in the production of this formidable affection. Hence the absurdity of legislative enactments designed as precautionary measures against hydrophobia, and operative only during the summer months.—DR. C. P. RUSSELL, in *Popular Science Monthly* for December.

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*OXIDE OF ZINC FOR NIGHT SWEATS.*

The *Pacific Medical and Surgical Journal* remarks that the most ancient and venerable remedy for night sweats is aromatic sulphuric acid, in infusion of cinchona, serpentaria, or sage. The best of all remedies, however, is this: Oxidi zinci, gr. xxx. ext. hyoscyami, gr. xv. M. f. pil. x. Sig. Take one at bed-time.

*TREATMENT OF DIPHTHERIA.*

The following communication, appearing in the *New York Tribune*, although designed for the secular reader, we deem of sufficient importance to transcribe to our columns :

“ Diphtheria has prevailed so long and terribly in Brooklyn and this city that the opinions of the wisest and most experienced physicians should be sought, in the hope of finding some remedy for it. Among the poor, bad air and food are among the most active causes of the great mortality from it; but still it will only too often single out and kill its victims among the children of the rich, cleanly, and judicious.

“ In every case of the disease of course pure air, if possible, and good food, even if it have to be begged, should be procured. Any really good home-made soups, be they of beef, mutton, chicken, are just as good and often far better than beef tea; and they may be changed from one to the other as they pall upon the patient's taste. Good, undiluted milk is quite as useful as soup of any kind; and it may always be prevented from turning sour, or making the patient bilious or feverish, by the addition of a large pinch of soda to each teacupful of milk.

“ Beef tea, soup, or milk should be taken frequently, and in as large quantities as the stomach will bear and digest without danger of causing disgust or nausea.

“ If stimulants are required, and they are generally wanted early and abundantly, milk punch is the best; but it should always be made with the addition of soda or lime water to the milk, for the reasons above stated.

“ If milk punch becomes distasteful, barley water, rice water, arrow root, etc., may be used as a bland vehicle for administering stimulants.

“ Then, of all the remedies that a long experience (over 30 years) has proved eminently reliable, chlorate of potash is the best; but it should be given in one way only, and also thoroughly. It should be given dry upon the tongue, pure, not mixed with sugar, and not in solution. By giving it in this way it dissolves slowly in the mouth, and gradually and efficiently comes in contact with all the diseased parts of the throat.



“It is slightly disagreeable at first; but the youngest child soon becomes accustomed to it. It takes away the supposed necessity for forced local applications to the throat, and if the little patient be taught to open its mouth widely, without straining, and to draw in its breath deeply at the same time, the curtain of the palate will be drawn up, and the whole back part of the throat, down to the windpipe, will be exposed to view, without the use of any harsher means to obtain a view of the parts involved by the disorder.

“This treatment must be persisted in, the chlorate of potash being given in doses of two, three, five or more grains every hour at first, until some decided improvement commences, or for one, two, three, or even more days, without hesitation or faltering. Often no apparent improvement seems to take place for one, two, or more days, sometimes not until nearly up to the fourth day. But courage and perseverance will almost certainly be rewarded with success; certainly four or five times out of six.

“This treatment is considerate, but efficient; the child never becomes afraid of its physician or attendants; and generally, with a little management, takes or does all that is required of it, because its handling is always gentle, or at least not harsh or distressing.

“If the debility be very great, muriate tincture of iron may be required. If the mouth be dry, glycerine may be put into it frequently.

“It may be true that in the most destitute, filthiest, and careless classes the beginning of diphtheria may be the beginning of death, but I am very sure that a vast number of lives can be saved by the treatment above indicated.”

J. C. P.

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*ON IPECACUANHA SPRAY IN WINTER COUGH AND  
BRONCHITIC ASTHMA.*

The successful use of a secret remedy by a well-known practitioner induced Drs. Ringer and Murrell to try the effect of the inhalation of ipecacuanha spray. Their observations were made during the months of January and February, and were so satis-

factory as to make them of interest to the profession. Observations were made on twenty-five cases of winter cough, and the details of a typical case recorded. The patient had been troubled with a winter cough for many years, being during the summer comparatively well. Breathing during the winter is so short that he can at times walk only a few yards, and is rendered unfit for active life. The breathing is most difficult at night, paroxysms of dyspnoea sometimes coming on. The cough is generally very violent, frequently hacking and paroxysmal, and the fits may last ten or fifteen minutes, and may even excite vomiting.

The ordinary spray producer is used with ipecacuanha wine, pure or variously diluted. On the first application it sometimes excites a paroxysm of coughing, which generally soon subsides, but if it continues a weaker solution should be used. The patient soon becomes accustomed to it, and inhales the spray freely into the lungs. The spray may produce dryness or roughness of the throat, with a raw, sore sensation beneath the sternum, and sometimes it causes hoarseness; whilst on the contrary some hoarse patients recover voice with the first inhalation. As they go on with the inhalation they feel it getting lower and lower into the chest, till many say they can feel it as low as the ensiform cartilage.

The dyspnoea is the first symptom relieved. The night after the first application the paroxysmal dyspnoea is often improved, and the patient has a good night's rest, although for months before the sleep was much broken by shortness of breath and coughing. The difficulty of breathing on exertion is also quickly relieved. Patients are sometimes able, after a week's use of the inhalation, to walk two miles with less distress than they could previously walk a hundred yards. In some cases two or three days' spraying is necessary before any noticeable improvement takes place—this comparative slow effect being sometimes due to awkward inhalation, so that but little ipecac passes into the bronchial tubes. Sometimes for a few days the expectoration is rather increased. It speedily alters in character, so that it is expelled more easily, and the cough becomes easier even before the expectoration diminishes.

In employing the ipecacuanha spray, in order to ensure as far as possible only its typical effects, the patient should spit out and even rinse his mouth before each inhalation, otherwise a much larger quantity of wine collects in the mouth than passes into the lungs, and thus nausea and vomiting ensue. The duration of the inhalation will depend upon the amount of spray produced by each compression of the elastic ball and the susceptibility of the patient to the action of ipecac. It is necessary to look at the patient's tongue, and tell him to learn to depress it, for if the tongue is much arched it will hinder the entrance of the spray into the lungs. It is a good plan to have the patient hold his nose with his fingers, and to breathe deeply. The inhalations should at first be made daily, and in severe cases twice or thrice a day; afterwards every other day suffices, and the interval may be gradually extended. In cold weather the wine should be warmed.—*London Lancet.*

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#### THE PREVENTION OF SEA-SICKNESS.

Dr. Giraldes has published, in the last number of the *Journal de Therapeutique*, an account of the means by which he avoided sea-sickness during two passages to England and back. He was at Boulogne last June *en route* for London, when the weather was so rough that many intending passengers hesitated to cross the channel. Dr. Giraldes was informed by a colleague at Boulogne that American physicians used the syrup of chloral as a preventive of sea-sickness with successful results. He therefore obtained some syrup of chloral, put himself into a quiet corner, and took his syrup directly the vessel was in motion, when, although his fellow-passengers experienced the usual unpleasant consequences, he arrived at Folkstone without having suffered the least inconvenience. The same results were obtained on the return voyage: but he increased the amount of chloral. He had again occasion to cross the channel at the end of September, by the night boat from Calais to Dover, and thinking with reason that the sea would be rougher at that season than usual,

he had a draught made up composed of chloral, 3 grammes (45 grains); distilled water, 50 grammes; gooseberry syrup, 60 grammes; and French essence of peppermint, 2 drops. He took half of the draught as the vessel left the harbor, and arrived at Dover without having suffered in the least from sea-sickness, whilst his companions were in the usual condition of prostrate misery. A very heavy sea was running. On his return from London on October 30, there was a high sea and much wind; he accordingly took the remaining portion of his draught, soon went to sleep, and only awoke on his arrival at Calais in the best possible condition. Dr. Giraldes remarks that he is, as a rule, affected by sea-sickness when he crosses the channel, and that his two trials of chloral have convinced him of its efficacy as a preventive of that most disagreeable malady. He adds that he never goes down into the cabin, but makes himself as comfortable as circumstances will allow on deck.—*London Medical Record.*

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#### DRUNKARDS AND DIPSOMANIACS.

In a work recently published, entitled *Alcoholism, its various Forms, etc.*, Dr. Magnan defines the difference between alcoholism and dipsomania. Dipsomania he states to be a form of instinctive monomania; whilst alcoholism is a poisoning. He quotes Trelat, who says that "drunkards are men who get drunk when they get the chance of drinking. Dipsomaniacs are people suffering from disease, who get drunk whenever they get an attack of their peculiar disorder."—*London Medical Record.*

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#### JABORANDI.

In the *Journal de Therapeutique*, for March, there occurs a notice of a "new medicine, diaphoretic and sialagogue, the Jaborandi of Brazil," by Dr. Continho, of Rio Janeiro.

Jaborandi, the name given by the Indians to this new medicine, is a shrub which grows in the interior of certain provinces of the North of Brazil, and whose leaves resemble those of the laurel of Apollo. The leaves have no odor except when bruised, but then they exhale an aromatic odor. Their taste is slightly

acid, without any bitterness, and unlike that of any other plant used in medicine.

The leaves and small branches are bruised, and from four to six grammes are infused in a cup of hot water. Ten minutes after a cup of this infusion has been administered, there comes on an abundant secretion of saliva—to such an extent that a litre and upwards has been collected in the space of two hours; and frequently the patient can hardly speak on account of the abundance of liquid in his mouth. The bronchial secretion is not less abundant, and so great is the perspiration, that the patient has frequently to change his linen in the course of a few hours. One patient, to whom had been administered a cup of this infusion, continued the effects produced to an “internal vapor-bath.” The effects continue for four or five hours. It is not necessary to administer this drug hot; it produces its effects even when given cold; and, unlike sudorifics generally, it is in no way dependent on the rise of temperature in the body for the production of its effects. It appears to act by directly stimulating the sweat-secreting glands.

In an article in the same number of the “*Journal de Therapeutique*,” Prof. Gubler, of Paris, confirms the assertions of Dr. Continho, and says that the effects of jaborandi are extremely remarkable, and the evidence irresistible. This medicine has been tried a sufficient number of times at the Hospital Beaujon, and has always shown itself a powerful diaphoretic, and an incomparable sialagogue. He tells us that in a few minutes after the medicine has been taken, the sweat is streaming over the face and whole body. The saliva flows in great abundance, and the bronchial secretion is greatly increased. In two cases there was diarrhoea.

One of Professor Gubler’s pupils, who perspired with great difficulty, perspired very abundantly after drinking a single cup of the infusion of jaborandi scarcely hot. He recommends it in the early stages of affections arising from cold; in bronchitis, diabetes, and dropsies, and in maladies due to miasma and morbid poisons, as the eruptive fevers.

Much speculation exists regarding this remarkable plant.

Some maintain that it belongs to the Piperaceæ, others assert that it belongs to the Rutaceæ, but there is no sufficient reason for believing that it belongs to either of these natural orders. No doubt many plants belonging to both these natural orders are called by the Indians of Brazil Jaborandi; but it must be borne in mind that Jaborandi is a name given to plants on account of possessing stimulating properties, and not because of the botanical characters which they possess.

This much appears to be established: The leaf is what botanists call a compound leaf—impairi-pinnate—occasionally more than three decimetres in length. The leaflets are eight to ten in number, ten to twelve centimetres in length, and three to four centimetres in breadth. The leaflets are scarcely opposite, oval, elongated, elliptical, emarginate, and slightly unequal at the base, like the leaves of the genus *Ulmus*. They are glabrous, smooth, somewhat thickened, and brittle when dry. They are shortly petioled or nearly sessile. The petiolule is cylindrical, and scarcely thickened at the point of insertion into the common petiole.

From the leaf alone it is quite impossible to determine the order, far less the genus or species of the Jaborandi; and we must remain in ignorance of the plant which yields this remarkable medicine till we procure the flower and fruit of the shrub.

Dr. Continho, who is a distinguished botanist, has promised to publish shortly a work on the actions and uses of this interesting medicine, giving the natural history of the plant, its botanical characters and its chemical analysis, illustrated with drawings of the entire plant.

M. Rabuteau has made a chemical analysis of the leaves of Jaborandi, and has come to the conclusion that the leaves contain: 1. A volatile principle; 2. A part soluble in water, and perfectly flavorless; 3. A part insoluble in water, but soluble in alcohol and having a bitter flavor; and by experiments he has come to the conclusion that it is the last of these three in which all the virtues reside. It is the bitter alcoholic extract alone which possesses the power of producing the remarkable effects of Jaborandi.—*Ex. Richmond and Louisville Medical Journal.*

*Ars, ante omnia veritas.*

## Editorial.

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### POPULAR MEDICINE.

It has for some unaccountable reason been long considered essential to professional dignity, for medical men to invest their science with an air if not of mystery, with something at least very akin to it; to maintain a certain exclusiveness in their dealings with the laity on matters pertaining to their profession, and have thus, though perhaps not intentionally, yet none the less effectually, kept the public in ignorance on matters in which they too are vitally interested. From a pecuniary stand point we believe this to have been a most suicidal policy, while it is at the same time foreign to that spirit of liberality and benevolence which should characterize a learned profession.

There was doubtless a time, and that not very remote, when the assumption of a profoundly mysterious air passed for wisdom, and begat a certain amount of respect; but late years have wrought some strange mutations, and the healing art is no longer regarded as some great secret imparted through some accident of birth, or by special revelation, to a favored few. The wand of the magician, the incantations of witches and the contortions of the medicine man, have been shorn of their old time power over the imagination of men, and their value as therapeutic agents has woefully depreciated.

Medicine now lays claims to being considered a science, and as such it is but fit that it be as open to popular investigation as any of the collateral sciences. The professors of the latter have of late years set us an example worthy of emulation in their efforts to adapt their discoveries to popular comprehension by divesting their writings of technicalities. Tyndal, Huxley and Youmans, as pioneers in this direction, have merited public gratitude, and that their efforts have been successful is attested by the widespread amateur interest in scientific matters, an interest which cannot but be attended by beneficial results. There is no reason why a similar interest should not be awakened in medical questions. The science of medicine, moreover, pre-

sents peculiar attractions to all classes of the community. It has a personal interest not possessed by the others, and it is by recognizing this fact, which the regular profession have failed to appreciate, that a certain class of impostors and genus of mountebanks have attained a notoriety and established lucrative practices. The patent medicine man meets the popular demand by discoursing *learnedly* in his almanac on the functions and structure of the viscera, and speciously insinuates that his nostrum is a panacea for all the derangements to which they are subject. By this device princely fortunes have been accumulated. The Hahnemannian supplies the maternal head of the family with his little book which so convincingly asserts the superiority of *similia similibus*, and she in turn, in lieu of more scientific information, becomes a champion of infinitessimals. We pity the credulity of people who are so easily duped, but seldom reflect on our own share of the responsibility for this state of things. From our *noli me tangere* position we ignore this popular demand for information, and the charlatan, under the cloak of wisdom, steps in and converts negative ignorance into positively baneful information. The duty of the profession, under these circumstances, must be very obvious. It behooves us to offset the pernicious literature with which the country is flooded with a supply of wholesome information, and in this manner educate the public to discriminate between the true and the false. In no other way can quackery be successfully combated.

Legislative enactments to this end must be inoperative, unless backed by a healthful public sentiment; it is as impossible to legislate men into correct notions in medicine as into temperance; men will drink whisky in spite of laws, and so will they take the prescriptions of the empiric. The change, to be effective, must be radical, and this can come only by a proper education. The physician, therefore, who contributes to popular knowledge on medical topics is a public benefactor, and so far from being tabooed by his professional associates, or having his professional standing called in question, he should be encouraged and lent a helping hand. It is by some considered unprofessional for the medical man to resort to the public press for this purpose, but such an argument carries absurdity on its very face. The pub-



lic press is the only medium through which we may reach the public effectively, and that it may be utilized for this purpose, without any derogation to the professional standing of those who resort to it for that purpose, has, of late, been clearly demonstrated by the popular articles in the N. Y. city press from the pens of Flint, Hunt, Peters, and others—Nestors of the profession and models in all that pertains to professional propriety. We shall refer to this matter again.

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*AMERICAN MEDICAL ASSOCIATION.*

The twenty-sixth annual session of this body, will be held at Louisville, Ky., on Tuesday, May 4th., at 11 A. M.

In accordance with an amendment to the constitution, passed at the session held in this city last June, the representation are to be chosen from State societies, and from such local societies as are recognized by representatives in their respective State societies. It is to be hoped that this will work an improvement in the *materiel* of the association. Under the former system colleges, hospitals, etc., were entitled to representation, and this privilege was frequently abused, as it was at their last meeting. To accomplish all the good of which it is capable (and this the profession has a right to demand), the association should be composed of men representative of the advanced thought and persevering industry of the country. There is a suspicion, and indeed, it is rather more than a mere suspicion, that the association has been largely controlled by designing men, noted not so much for professional competency as for aptness at habits of political trickery, who have sought their own individual interests, to the detriment of those of the profession.

The new system of representation, may possibly remedy this evil, and restore the sympathy and support of able men, who have become alienated through the objectionable features which have too largely entered into the working of the association.

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*UNIVERSITY MEDICAL ALUMNI ASSOCIATION.*

On the evening of the 23d ult., the alumni of the Medical Department of the State University performed a long neglected

work,—the organization of an association. Notwithstanding the short notice given, the meeting was well attended, and was characterized by an enthusiasm which augurs well for success. Dr. Barnum, of Jackson, was chosen temporary chairman, and Dr. Prescott, of the University, secretary. Drs. Ranney, Kedzie and Frothingham were appointed a committee on nominations, and, in accordance with their report, the following officers were unanimously elected :

- Dr. R. C. Kedzie, *President.*
- Dr. B. Barnum, *First Vice President.*
- Dr. J. J. Mulheron, *Second Vice President.*
- Dr. J. E. Brown, *Third Vice President.*
- Dr. C. N. Metcalf, *Fourth Vice President.*
- Dr. W. J. Herdman, *Fifth Vice President.*
- Dr. W. F. Breakey, *Secretary.*
- Dr. John Kapp, *Treasurer.*

A committee of five, consisting of Drs. Breakey, Rose, Mulheron, Herdman and Mosher were appointed on constitution and bye-laws, and submitted the following, which was adopted :

ARTICLE I. This Association shall be called the Medical Alumni Association of the University of Michigan. The aim shall be to establish communication between all those who are eligible to its membership, that they may counsel and labor together for all their common objects as University alumni, and as members of the medical profession. Among these objects are recognized the promotion of a just and liberal policy toward the Medical Department of the State of Michigan, and the cultivation of its friendly relations with the profession in this and other States. The advancement of existing standards of general and professional education for physicians in our nation, and the maintenance of the best possible means and methods of instruction and training in the Alma Mater; the protection of the people from indiscriminate medication, and the enactment of wise public measures for the prevention of disease; the preservation of college ties and culture of social fellowship between different classes of the alumni.

ART. 2. All graduates of the Medical Department of the

University of Michigan are eligible to regular membership, and graduates of other medical colleges to honorary membership.

ART. 3. The officers of the association shall be a president, five vice presidents—all of whom shall be elected annually—secretary and treasurer, both of whom shall continue in office until the election of their successors. The president, secretary and treasurer shall constitute the Executive Committee.

ART. 4. The association shall hold its meetings annually, at Ann Arbor, the evening before the medical commencement, provided the time of meeting may be changed by the Executive Committee.

ART. 5. This constitution may be amended by the votes of three-fourths of the members present at a regular meeting. The by-laws may be enacted, amended, or suspended by the majority of members present at any meeting.

The next move on the part of the meeting was toward the dining room. After due justice had been done the very creditable spread, Dr. Kedzie called the association to order, and Dr. Breakey read letters from a number of absent alumni regretting their inability to attend, but all warmly endorsing the object of the meeting.

Dr. Frothingham, acting as toastmaster, proposed the following toasts :

The Medical Department of the University : May it always, as now, have its guardian Angell. Response by President Angell.

The State Medical Association : Composed largely of University alumni, may we not expect from it a deep interest in the welfare of our Medical School. By Dr. Kedzie.

The Regents of the University : We are glad to find our alumni represented on their board. By Dr. Rynd.

Prof. Abram Sager, the Nestor of the Medical Department : As wise in counsel as an emeritus professor as he has been learned and practical as a teacher. By Prof. Dunster.

Class of '75, the babe yet unborn, in whose future achievements our Alma Mater and we older brothers indulge fond hopes and great expectations. By William Austin, '75.

The following voluntary toasts were then offered :

Our toastmaster, Dr. Frothingham. By Dr. McLean.

The Ladies. By P. of Gerrish.

The society then adjourned.

It is essential to the success of the association that all alumni send in their names as members to the Secretary, together with their residences and year of graduation. The joining of the association involves no expense, there being no fees attached, and it is hoped that all will feel a personal interest in its success. An association of this nature is capable of an incalculable amount of good in stirring up a proper *esprit du corps* among its members, and in developing a sympathetic if not a material support to their *Alma Mater*.

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## Reviews and Bibliographical Notes.

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A PRACTICAL TREATISE ON THE MEDICAL AND SURGICAL USES OF ELECTRICITY. By Geo. M. Beard, A. M., M. D., and A. D. Rockwell, A. M., M. D. Second edition, revised, enlarged, and mostly rewritten, with near 200 illustrations; pp. 794. Wm. Wood & Co, New York. E. B. Smith & Co., Detroit.

It is with no ordinary pleasure that we notice the appearance of this most excellent work, occupying as it does a field which has been largely neglected by the regular practitioner. The subject is herein treated in a thoroughly systematic manner. The work starts out on the assumption, which has such a strong foundation in fact, that electro-therapeutics must be negative of good results unless based on a thorough knowledge of electro-physics, and the latter receives a clear and comprehensive consideration. The remainder of the work is devoted to Electro-Physiology, Electro-Therapeutics, and Electro-Surgery, each of which subjects we have only space to say is treated of in a manner fully abreast of the times. Sufficient space is given to a consideration of the varied apparatus in the market.

General Faradization, as a constitutional tonic, owes its intro-

duction into practice to the authors of this work, and is, in the present edition, fully discussed.

Probably too much space is devoted to reports of cases ; this is mainly objectionable on account of its increasing the size of the work ; this fault is, however, redeemed by the fact that failures as well as successes are reported, thus enabling the student to form a proper estimate of the value of the agent. The authors have been complimented by a translation of this work into the German by Dr. Vater, of Prague.

On the whole, it is one of the most concise and comprehensive treatises on the subject extant in any language.

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A MANUAL OF HISTOLOGY—By Prof. S. Stricker, Vienna. American translation Edited by Albert S. Buck, M. D.; 431 illustrations. Pages 1406. Price, \$10 (muslin). Wm. Wood & Co., N. Y., 1872.

With the present tendency of physicians to cease following theories, however plausible, that will not bear the tests of rational observation and analysis, which, by the way, is only in keeping with the course of thinking men all the world over, the study of physiology, histology and therapeutics has received such an impetus as has never hitherto been known in medicine.

In former years, before the introduction of the microscopical observation of the tissues and fluids of the body, physiology was based upon the anatomy, as apparent to the unaided vision, and various theories such as vital principle, irritability, excitability, were adopted, and were the result of reasoning upon an imperfect knowledge of the anatomy of the body. Within the past forty years the observations of Muller, Schwann, DeJardin Robin, Henle, Siebold, Conheim, Max Schultze, Virchow, Kolliker, Arnold, Huxley, Von Baer, Frey, Stricker, Rindfleisch, Bruke and Kuss, and a number of other observers chiefly German and French, have established legitimate histology and physiology upon a basis of purely scientific construction, and have necessitated the relinquishment of various theories, to one or another of which medicine had fluctuated from the time of Galen. To the microscope and the consequent discovery of the

cell and study of cell life is due the change in medical opinions more than to any change in the types of disease, or in the human constitution.

The student of to-day no more studies his profession in the paths traveled over by his preceptors of fifty years ago, than does the astronomer observe the heavenly bodies after the manner of the shepherds of Judea, and on account of the constant progress made by means of scientific study and observation, and by the development of collateral sciences, we find medicine can be traced from the earliest times by the wrecked theories which line the shores of twenty centuries.

To aid us in the study of physiology and consequently of a correct pathology, and a rational therapeutics, we need such works as the one before us.

We cannot give here a detailed examination of a work containing over 1,100 pages, nor can we find space to indicate the contents of the volume. All the tissues of the body will here be found, studied and illustrated in separate chapters by persons fully abreast of the histological and physiological knowledge of the day.

The translation is clear and perfectly comprehensible, and the arrangement of the matter is admirable.

Great credit is due to the able editors and publishers who have given to the American and English readers the opportunity of studying the most recent views of the learned observers.

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POPULAR SCIENCE MONTHLY.—The April No. of this valuable periodical has the following table of contents: I. The Triangle Spider. By Prof. Burt G. Wilder. (Illustrated.) II. The Royal Institution and Society of Arts. By Bernard H. Becker, Esq. III. The First Traces of Man in Europe. By Prof. Albrecht Mueller. IV. The Atmosphere in Relation to Fog Signals. By Prof. Tyndall (Ill.). V. Apoplexy. By J. R. Black, M. D. VI. On the Correctness of Photographs. By Dr. Herman Vogel (Ill.). VII. Manufacture and Conveyance of Gunpowder. By A. H. Atteridge. VIII. Raindrops in the Sea. By Prof. Osborne Reynolds, M. A. (Ill.). IX. Science from the Pulpit. By Prof. John Trowbridge. X. Sketch of Dr. Joseph Fraunhofer.

THE  
PENINSULAR JOURNAL  
OF MEDICINE

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MAY, 1875.

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Original Communications.

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*RETAINED BLIGHTED FÆTUSES— A paper read before the  
WAYNE COUNTY MEDICAL SOCIETY, by E. P. CHRISTIAN, M. D.,  
Wyandotte.*

The following cases are collated from my obstetric record with a view to ascertain if from the examination and comparison of a number of cases out of the ordinary routine cases of obstetric practice, any generalizations can be drawn as regards their natural history.

*Case I.* Feb. 26th, 1859, Mrs. A., aged about 40, mother of several children, labors all normal, good constitution and general good health, missed her menses seven months since and this event was followed by her usual symptoms of pregnancy in early months. When three months pregnant suffered severely from the jolting and fatigue of a tedious ride in a lumber wagon. After this her general health began to suffer, did not enlarge and quickening did not take place, from which she came to the conclusion that she was passing the change of life. At five months moderate uterine hemorrhage came on, and again at six months ;

at seven months labor pains came on, and she was delivered of a blighted and shriveled foetus of about three months development; very little hemorrhage.

*Case 1.* Sept. 3d, 1859, Mrs. M., age something above 40, mother of several children and subject of a number of abortions; general health good. When three months pregnant was seized with profuse flowing and other symptoms of threatened abortion. This was controlled by treatment, and patient continued to carry it until seventh month, when a three months blighted foetus was expelled, with moderate hemorrhage. In July 1861 this woman again aborted at three months, the placenta being removed with difficulty, and showing evidences of degeneration in its structure. And again, we shall see as we proceed, in Aug., 1864, had a similar experience to that here recorded, except in carrying a four months foetus to full term.

*Case 3.* Feb. 5th, 1863, Mrs. C., age 40 to 45, mother of a large family of children, and subject of several abortions; labors all normal, general health impaired by frequent pregnancies and lactation. When four months pregnant, her nearest neighbor's house was burned up, on which occasion she worked laboriously. She did not feel any quickening, her health became bad for two following months, when she expelled a dead foetus of four months development.

*Case 4.* Aug. 15th, 1864, Mrs. M., subject of case 2 narrated above, in which a three months foetus was carried to seven months. Became pregnant again, in Nov., '63; frequent indications of threatened abortion, and after third month not a month passing without hemorrhages, irregular in coming, easily induced by exertion, and other causes, and frequently profuse, from which her health has become badly impaired, is now disposed to regard her condition as owing to change of life, although at first very certain of pregnancy having occurred. Aug. 15th., was taken with labor pains, and in time expelled a mummified foetus of four months growth. A degenerated placenta of same character as in her previous pregnancy was removed. Her health improved after this; never conceived thereafter, and passed the change of life normally; now enjoying very good health.



*Case 5.* April 27th, 1869, Mrs. G. H., age about 25, mother of several children; labors normal: no abortions. Whilst still nursing her last child became pregnant, as she supposed, having missed her menses, which had previously been regular. When two months advanced, as she thought, a severe attack of choleraic diarrhoea came on suddenly. This diarrhoea continued to be very troublesome and entirely incorrigible by any remedies or regimen up to expulsion of foetus, which occurred at the full period of nine months, the foetus, a two months' showing evidences of commencing disorganization; expulsion preceded by flowing for three weeks, succeeded by a flooding very profuse.

*Case 6.* March 12th, 1871, Mrs. C., German, age about 35, mother of five children, all born in normal labors, subject of an immense goitre, and is a cretin; husband of feeble intellect, and children all idiotic or of very weak intellect. About nine months ago, her imbecility became converted to decided insanity, manifesting a suicidal character; within a short period made three unsuccessful attempts at self-destruction. The first, jumping into a well, from which she again climbed out after her bath. This was not, at the time, suspected to be an attempt at suicide, though it was hard to believe it accidental. But it being in a short time followed by successive attempts to cut her throat with a table-knife, it was then understood to be the result of insane impulse. The bleeding in the first attempt especially, was fearful from the distended vessels of the immense bronchocele. The enlarged gland saved her life by protecting the deeper vessels of the neck. The second cut merely reopened the first. The woman rapidly recovered from her immense depletion without any apparent change in her mental condition, except that the next development was of a homicidal character, making an attempt upon the life of a citizen with an axe. It was not known that conception had taken place until two months after this, though surmised that it had perhaps before this outbreak of mania. If it had, there was at least two periods of threatened abortion, with flowing, in the two following months. The menses, or any other uterine discharge, then ceased to make its appearance for between six and seven months, at which period the woman

was taken in labor and expelled a dead foetus of two to three months development, having the usual appearance of those a long time dead.

*Case 7.* May 7th, 1871, Mrs. K., age about 30, mother of several children, and subject of a number of abortions, all of which last were accompanied by profuse floodings. At about three months usual symptoms of induced abortion, with dangerous flooding; tampon applied and left in 24 hours, and ergot given liberally, which measures served to arrest further progress, contrary to my expectations. Urgent symptoms subsided, but patient continuing in poor health, no quickening or enlargement being shown, and occasional attacks of flowing coming on, and this condition continuing, much to her anxiety, until about six months from attack, when labor pains came on and she expelled a three months blighted foetus; severe hemorrhage at the time until removal of placenta.

*Case 8.* Aug. 22d, 1871, Mrs. S, age about 30, mother of several children, and subject of several abortions, with much loss of blood. After missing her menses three months with usual symptoms of pregnancy, profuse flowing came on with other indications of threatened abortion; the result, without much doubt, of medicines designed to produce that effect; ergot given freely controlled the most urgent symptoms and checked further progress, though moderate hemorrhage continued at times for several weeks, and then ceased; no quickening or enlargement: health became much broken down with great anxiety about herself; six months after a septicæmic fever gradually developed itself, in the early stages of which she expelled a blighted foetus with placenta disorganized; patient passed through a severe and tedious fever of low type, and gradually recovered, to pass, as we shall see, through another similar experience, but escaping the fever from which she so nearly succumbed in this case.

*Case 9.* April 10th, 1872, Mrs. C., age about 35, mother of several children, which mostly died in parturition, her labors being very severe and prolonged; her last labor was especially so, from which she suffered greatly; having missed her period and becoming convinced that she was again pregnant, she took large

doses of tinct. iron in hopes of procuring an abortion. The result was a fearful hemorrhage from the prostration of which she was long in recovering. There was no expulsion of the embryo, but continued ill health up to seventh month, when hemorrhage returned and she expelled an embryo of one month or six weeks development.

*Case 10.* June 26th, 1874, Mrs. J. S., mother of seven children, in all of which labors were normal, but in two followed by fever; no previous abortions. She became pregnant and progressed normally to 5th month or more; quickening occurred, but ceased to be felt soon after fifth month, and from this time ceased to enlarge; health has continued good, but has felt of late much concern about her condition, and during last month has had a sensation of coldness in her belly; examination by auscultation about eighth month failed to detect any indication of foetal circulation; at ninth month labor came on, and in one hour terminated with expulsion of dried-up foetus of about five months development; I was obliged to introduce my hand into uterus and separate the placenta from very firm adhesions to uterus. There was little hemorrhage and woman recovered rapidly.

Examination of placenta, which is here exhibited, showed complete fatty degeneration, so that its placental functions had become entirely abolished, necessitating the death of child, but though its proper functions were abolished it still continued to preserve a sufficient amount of organic life for the foetal peduncle to hold the fruit of the womb, though blighted, till its time of falling.

*Case 11.* Dec. 5th, 1874, Mrs. J., same as subject of case 7. At three months threatened abortion with great loss of blood, probably induced by drugs, as is supposed to have been the case in a number of previous abortions, as well as in her previous case of retention of blighted foetus, the expulsion of which occurred in May '71, and since which time she has carried a living child to full term. Ergot given freely, with arrest of flooding, and urgent symptoms controlled, hemorrhage occurring frequently until fifth month, when a blighted foetus of not more than three months

development was expelled, with such dangerous hemorrhage before removal of placenta as to almost occasion fatal prostration.

*Case 12.* Jan. 28th, 1875, Mrs. S., the same as subject of case 8. Threatened abortion at third month, probably. as in above case, induced by drugs; hemorrhage controlled by ergot, and arrest of abortive process; no return of hemorrhage in this case; no quickening of child and great anxiety on part of patient. Health very bad, at nine months expulsion of three months' foetus; scarcely any hemorrhage; placenta came away readily, and woman had no after trouble; in her previous case she was the subject of dangerous septicæmic fever.

REMARKS.—From the above record of cases occurring in the practice of a single physician, it is obvious that cases of detention to a longer or shorter period of foetuses blighted in early months, are by no means rare; that perhaps they are more frequent than is commonly supposed.

The proportion of such cases to whole number of deliveries, including abortions, has been in my practice about one in 117.

Of these, the cases of retention to full term have been one half (6) or a proportion of one to 234.

Of these six carried to nine months; one was a two months' foetus; three were three months' foetuses; one was a four months' foetus; one was a five months' foetus.

Four were carried to seven months; of which one was a one month foetus; three were three months' foetus.

One was carried to six months, a four months' foetus; one was carried to five months, a three months' foetus.

From which it is observed that the date of death of foetus has been at first month in one; at second month in one; at third month in seven; at fourth month in two; at fifth month in one.

The causes of death of foetus, as far as can be judged with probability, have been, in three accidental violence; in one a three months' foetus carried to six months, excessive fatigue and jolting, from a tedious ride in a farmer's wagon; in one a four months' foetus carried to sixth month, excessive labor in lifting and carrying at a burning house; in one, supposed to be a two

months' foetus, carried to seventh month, from injury to herself by insane impulses. In five the cause of death of foetus is attributed to drugs, in four of which death of foetus occurred at three months, and in one at one month. Of these, three were carried to ninth month; one was carried to seventh month; one was carried to fifth month.

In three cases the immediate cause of death was degeneration of placenta. Two of these occurred in the same individual in successive abortions, and in whom the cause, it is surmised, may have been syphilitic. The other was a case of fatty degeneration of placenta. Arrested development occurred in these three respectively as follows: At three months and carried to seven; at four months and carried to nine; at five months and carried to nine. In one case the cause was lactation at time of, and subsequent to conception, death of foetus occurring at two months and carried to nine. No case has been observed of retention of a blighted foetus beyond five months' development, and only the one from fatty degeneration of placenta at that period.

In more than one-half (7) the death occurred at about third month, and in four of this number besides in one other at one month, is attributed to drugs taken to induce abortion, which are suggestive facts. If this cause holds in the same proportion in all cases of abortion in general, we may form some good idea of the extent of its prevalence. It is also noteworthy that three women have each had two cases of retention, that is one-half the cases in three individuals; in one woman, two from degenerated placenta, and the other four induced. Another observation is, all these cases occurred in women who had borne a number of children, some of them a large number, and mostly the subject of previous abortions, in whom there seems to have been established both a facility of destruction and by habit a tolerance in the womb of its foetal contents. Most of these women in whom it was purely accidental were advanced towards the period of cessation of uterine functions, which may have had its bearing as a predisposing cause, in view of the fact of the liability of women to abort at about that time.

In all these women there was very general derangement and

impairment of health dating from about or soon after the time of death of foetus. The least notable was in the case of fatty degeneration of placenta, the death of foetus occurring at about five months; in this case there was a sensation of cold spoken of, in uterine region.\*

In many of them, as we might expect there were occasional sometimes frequent, returns of uterine hemorrhage, either attempts to expel the retained body or to re-establish the menstrual process? In one almost continuous diarrhoea; in only one was there any indications of blood-poisoning. Expulsion of the foetus, as a rule, has been followed by restoration of the mother to ordinary health. In four cases it is noted that ergot was given at the time of threatened abortion, to control hemorrhage, and which certainly seemed to arrest the abortive process; but with what effect upon life of foetus is uncertain. The danger, however, to life of child was less imminent from the ergot than from a continuance of the abortive process.

In conclusion, what can we learn from the study of cases of retention of the blighted foetus; of the physiology of parturition; and especially in regard to the determining cause of labor? Firstly, that this cause exists not essentially in the foetus in respect to either its full development or its death. Secondly, it exists not in the matrix in respect to any changes in its walls by reason of the full development of the foetus expanding the organ to complete obliteration of its neck, as a determining cause. These are merely favoring circumstances, or co-operating causes of normal parturition. For nature, with a profusion of resources, equalled only by economy of expenditure, aims seldom, if ever, to

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\* Dr Cohnstein, of Berlin, believes that whether foetus in utero is alive or dead "may be determined by means of the thermometer, for he has observed that the temperature proper to the child, is higher than that of the mother; the temperature in the uterus is consequently higher than that in the vagina, because in the former the thermometer registers the heat of the mother plus that of the child. If the child dies the latter factor fails, and the temperature of the uterus and vagina becomes equalized." "Cohnstein gives five cases in which a correct diagnosis was made of the life or death of the child by this means. Fehling has tried Cohnstein's method in eighteen cases, and found it reliable in all but two." (Lancet, Jan. 16, 1875. Monthly Abstract of Medical Sciences, March, 1875.)

compish a result by a single cause or to accomplish a result by this operation of any law. But in these exceptional cases we see that the confirmation of the theory determining cause of labor exists in changes having occurred not merely in foetus and matrix, but more especially in the attachment to the parent, in accordance with a law analogous to that which governs the growth, ripening and fall of the fruit of the vegetable kingdom; as stated by Carpenter, "what may be termed the maturation not merely of the foetus, but of its embryonic contents—a condition analogous to that which precedes the dropping of ripe fruits and which is acquired by the completion of the developmental process, appears to have more influence in determining the normal parturient efforts than any other cause which can be assigned. The placenta of the fully developed foetus, indeed, is somewhat in the condition of the footstalk of the ripening fruit, that of having attained its full evolution as an agent of temporary function; its connection tends to become dissevered in virtue of the further changes which take place in itself quite irrespectively of any external agency."

Such is the physiological explanation of the determining cause of normal parturition. "A condition of embryonic contents of uterus analogous to that which precedes the dropping of ripe fruits, which is acquired by the completion of the developmental process." But in the cases of retention of blighted foetuses, we observe phenomena analogous to what is observed in the vegetable world, and the evidence of the general application of this law as a determining cause of labor, normal or abnormal; and like the blighted fruit of the tree, some of which falls at its blight, others longer retained, and others still till the time of falling of ripened fruit, so, too, with the blighted foetus, and that the analogy holds good, not only of the placenta of the fully developed foetus to the footstalk of ripening fruit, but in that of the placenta of the immature and blighted fruit of the womb to the peduncle of the immature and blighted fruit of the tree.

*HÆMATOCELE RECTO-UTERINE AND SUB-PERITONEAL.*

*A paper read before the VAN BUREN COUNTY MEDICAL SOCIETY by  
J. E. BULSON, M. D., Gobleville, Mich.*

GENTLEMEN—The subject I present to-day for your consideration is one of much interest, and to the study of which but little attention has as yet been given. At the present status of medical science, it seems to me really surprising that so important a subject should be allowed to pass by without having been brought more fully before the minds of the medical profession, as it is well known that the literature on this subject is as yet very deficient, and a large number of physicians are wholly ignorant, or have at least but a vague idea of the disease, its nature, predisposing and exciting causes. It is not my purpose in the present paper to do more than call your attention to some of the leading features of the malady, and then leave the subject for further consideration by the members of this society.

Hæmatocele would imply a tumor formed by blood wherever found; the location may be various. This term has been used by some to imply effusions of blood into the areolar texture of the scrotum; by others to effused blood into the tunica vaginalis testis, and again it has been applied to effused blood into the interior of the tunica albuginea. At present, however, we will restrict the use of the term to blood effused into the peritoneal and sub-peritoneal cavity, the location of which may be the cul-de-sac of Douglas, vesico-uterine space and beneath the peritoneum corresponding with these locations. I shall first consider hæmatocele as found within the peritoneal sac, and then briefly allude to the sub-peritoneal variety. It may be a question with some present as to how we may have a blood tumor formed within the peritoneal sac, but upon careful investigation this may be readily understood from our anatomical knowledge of the parts involved.

As among the exciting causes of this disease, we have contusions and punctured and incised wounds, blood being effused as the result. We may have the rupture of any artery or vein. Pregnancy, uræmia attended with convulsions, etc., in which blood may be extravasated through the tissues into the cavities



forming the blood sac. I think, however, the most prolific cause to be retained and obstructed menstruation, the latter of which I will first consider.

It is well known that in normal menstruation every twenty-eight days there is a rupture of the Graafian follicle, and the elimination of an ovule which is grasped by the fimbriated extremity of the Fallopian tube, and passes through this canal into the body of the uterus, which is now highly engorged with blood, and from its mucous surface is effused a sanguineous discharge, which is eliminated through the os-uteri and vagina. Now, what would be the result if there were an obstruction to the free flow of blood from this organ—would there be any less blood effused? We think not; there would necessarily be an accumulation of fluid within the uterine cavity, increasing its size and weight or from regurgitant action, it must pass through the Fallopian tubes into the cavity of the peritoneum, thus giving us a blood sac. There may be a doubt in the minds of some present as to this regurgitant action, therefore I shall first give the *rationale* of the subject, and then elucidate my position from a case in practice.

In the oviducts there is, as stated before, a direct communication with the peritoneal cavity; these ducts, two in number, situated on either side of the uterus, about four inches in length, and with canals exceedingly minute for about half this length, which then gradually widen into trumpet-shaped extremities. As you have already seen, these passages are direct, and in their normal state unobstructed.

Now, in all cases where the os uteri is occluded the natural result would be the enlargement of this organ from the sanguineous flow from its mucous surface, which would render the patient liable at any moment to the escape of blood through the Fallopian tubes into the peritoneal cavity, and with it symptoms very marked, which upon careful investigation are quite easy of diagnosis. The patient has been suffering perhaps for months from obstruction or retention of the menses, with the usual symptoms following such cases. The exciting causes are various; for instance, ascending a flight of stairs, falling down, jumping out of carriage, etc., when suddenly she is seized with intense and

excruciating pain, so great that she is forced to cry out. The pulse now suddenly falls from its normal standard of 75 or 80 to be scarcely perceptible. The surface of the body becomes cold and bathed in perspiration; limbs flexed; abdomen tympanitic and tender, cannot bear the weight of the clothes; muscles of the face rigid, presenting the usual expression of peritonitis. The case is one grave in the extreme, and of very doubtful prognosis.

Now, as a greater proportion of these cases are seized without any premonition whatever, it is of the utmost importance that a thorough investigation of the case be made, without which the physician would naturally form erroneous opinions regarding it and the treatment. He finds his patient in a collapsed or semi-collapsed condition, with great thirst, vomiting, smallness and frequency of the pulse, great pains in the hypogastric region, etc.

In many instances he would infer from these symptoms that it was a case of pernicious, intermittent, and give largely of quinia and whisky, apply warmth to the surface, etc. In from two to four hours there is an increase of temperature, and general symptoms very much improved. Thinking, without doubt, the patient is suffering from malarious causes, he continues quinia in large doses, but reaction does not come on as he would like; there seems to remain a depressed or semi-collapsed condition; the vital powers have received a powerful shock from some cause, and manifest but little tendency to react.

The physician is now more solicitous as to the welfare of his patient; he is in great doubt as to his diagnosis. Consultation is held, and from the amount of hypogastric pain and tenderness it will undoubtedly be pronounced a case of metritis. If the case does not terminate fatally within twenty-four or forty-eight hours, it will be weeks and months before convalescence is fully established. Now, had the physician apprehended a blood sac within the peritoneal cavity, he would have pursued a different course of treatment; stimulation during the collapsed stage was proper, and the only medium through which life could be saved. Upon investigating the case per vaginam, undoubtedly he would have found a fluctuating tumor situated in the cul-de-sac of

Douglas, projecting even below the posterior lip of the os uteri. If the tumor is not found in this situation, it may be in the vesico-uterine space, and great care must be exercised in the discernment of the sac in this location, on account of the close proximity of the bladder, which may be distended with urine. If we do not find a tumor in either of these locations, it may be so situated as to be beyond our investigation. We may determine, however, from the gravity of the symptoms present, whether blood has been effused within or beneath the peritoneum. The sub-peritoneal variety is marked by many symptoms of the first, yet different in some respects. While obstructed menstruation is prolific in the production of the first variety, it only acts from the enlarged condition of the uterus through pressure upon the uterine and ovarian plexus of veins, in the production of the second. This variety of hæmatocele, as the term would imply, is situated beneath the peritoneum, and is generally produced from mechanical pressure, as for instance: ascites, pregnancy, ovarian cysts, fibroids, etc.; in fact anything that may tend to obstruct the free return of venous blood to the heart, together with contusions, punctured and incised wounds, not entering the cavity of the peritoneum.

The differential diagnosis from the first, is no collapsed condition following the initial stage, absence of the excruciating pain of the first, ready response to the use of stimulants, full and firm pulse, more rapid recovery, and much less danger to life. I will here report one very interesting case of peritoneal hæmatocele, which occurred in my own practice.

On the 23d day of May, 1870, at about 11 o'clock at night, I was called to see Mrs. B., aged 33 years; married; had never given birth to a child at full term, but had miscarried two different times at four and seven months. While at stool on the above night she was seized with excruciating tearing pain in the hypogastric region; a chill followed, pulse sank so as to be scarcely perceptible, cold sweat, bowels tympanitic and tender, continued vomiting, etc. From all indications death seemed imminent. Without a thorough investigation of my case, I immediately administered stimulants, quinia, whisky, capsicum, dry heat

externally, etc.; vomiting continued notwithstanding the administration of anti-emetics. I continued, however, local and internal stimulation, hoping that a portion at least would be appropriated. In from two to four hours the general features of the case seemed better, pulse stronger, increased warmth of the extremities, with stomach so much quieted that she could retain stimulants for some time without ejection.

From the suddenness of the attack and the extremely collapsed condition following, I at first thought it to be from malarious causes, and gave quinia accordingly, with morphine to allay pain, stimulants to be continued until the pulse was full. At about eight o'clock a m., the 24th I called again; found my patient more comfortable, vomiting had entirely subsided, hypogastric pain less severe, but there still remained a depressed or semi-collapsed condition.

As I was in great doubt as to the correct diagnosis, I interrogated her as to her past history, with the following result: She stated that she had always enjoyed good health until within a year past, when by exposure, during menstruation, she contracted a severe cold, and from that time until within the last four months, she had suffered severe pain, and had had but a scanty flow of blood at each menstrual period. The last four months she had experienced a great deal of distress in the region of the uterus, but had not menstrated, and thought herself pregnant; bowels constipated, vertiginous sensations, gradual enlargement of the uterus, but no enlargement of the mammæ or areola, and had felt no motion of a child.

I was not satisfied that she was pregnant, and introduced a speculum *per vaginam*, which was attended with a great deal of pain. When I pressed the instrument back against the os-uteri, I found a soft, elastic tumor situated between the rectum and uterus, extending below the posterior lip of this organ; just what this was, I was unable to tell; I was satisfied, however, that it was situated within the peritoneal sac, and I thought first I would evacuate its contents, but want of confidence rather restrained me from this procedure, and I concluded to let it remain and undergo the process of absorption. The os uteri was very sensi-

tive and intensely engorged. The body of this organ was about the size of one at five months pregnancy, and very sensitive upon manipulation. From this extreme sensitiveness of the uterus and vagina I inferred that it was a case of metritis, but could not account for the suddenness of the attack and collapsed condition following. As there had been no motion of a child, and nothing about the nipple indicating pregnancy I introduced a sound into the cavity of the uterus, which resulted in a black, offensive discharge from this organ. The discharge of blood following the introduction of the sound was conclusive evidence that the enlarged condition of the uterus was due to retention of the menstrual flow. The collapsed state and this fluctuating tumor situated between the rectum and uterus, were due to the escape of blood through the Fallopian tubes into the cavity of the peritoneum. The case being asthenic, I prescribed a tonic course of treatment. The blood effused I allowed to remain and undergo absorption; my patient after about ten weeks convalesced and menstruated regularly from that date. If I should have a case of peritoneal hæmatocele again, and had localized the tumor, I think I should remove the fluid from the sac by a free incision through the vaginal walls, or if the blood is not coagulated it might be removed by the use of the aspirator, which (if found expedient) could be accomplished without the admission of air into the peritoneal sac. Neither of these operations should be performed, however, until the patient has rallied from the collapsed stage. If successful in this procedure, the patient will make a more rapid recovery, on the principle that the offending matter is removed, and nothing remains to be done besides the assisting of nature in the restoration of the normal functions from the irritation produced by the presence of a foreign substance. If the blood is not removed, the next best mode of treatment would be to enjoin the dorsal decubitus until the effused blood becomes encysted, after which the danger is, comparatively speaking, removed, absorption taking place in course of time; should the blood be allowed to invade a greater portion of the peritoneum than the cul-de-sac of Douglas, the danger of peritonitis would of course be enhanced—fatal consequences rendered almost certain.

## Proceedings of Societies.

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### *WASHTENAW COUNTY MEDICAL SOCIETY.*

The thirty-sixth regular meeting of the Washtenaw County Medical Society was held at Cook's Hotel, Ann Arbor, March 23d, President Rexford in the chair.

Present—Drs. Rexford, Sager, Batwell, Kinne, Owen, Frothingham Maclean, Dunster, Palmer, W. B. Smith, Kapp, Georg, Rose, Prescott, E. Hall, Oakley, Munger, Cheever, Breakey.

Dr. H. B. Besac, of Milan, was elected a member.

Dr. Sager said he wished to draw the attention of the Society to a case which he now regarded as one of cardiac valvular lesion, yet at his first examination he had given a provisional opinion that it was probably a case of dissecting aneurism of the aorta descendens within the thorax. The subject presented himself for examination to obtain a transfer of life insurance policy to another company. The organs of circulation on the left side of the chest presented the normal valvular sounds over the usual space, and the normal apex beat; but on the right side a very distinct systolic murmur was heard, extending from the second rib to the ensiform cartilage, and distinctly audible, laterally to near the curvature of the ribs, but most distinct and well accentuated near the right margin of the sternum; here, too, on a second examination, a feeble second abrupt valvular sound was audible. As on my first examination only the first sharp murmur was detected, a hesitating opinion was expressed that it might be a case of dissecting aneurism (a displacement of the aorta being implied), but as a second sound was heard on next examination, I decided it must be cardiac in its origin, and possibly in the tricuspid valve; yet, as no general symptoms arising from venous reflux were present, the opinion was given with a doubt.

Dr. Palmer said he thought it could not be due to cardiac disease if the abnormal sound was systolic and completely on the right side. He thought it must be aneurismal.

Dr. Sager inquired whether a dull, abruptly-terminating second sound could be heard in aneurism.

Dr. Palmer replied that in some cases he thought it could be heard.

Dr. Sager said no dull percussion sound could be heard over the area of abnormal sound, and he should not expect that a sound simulative of the abrupt endocardial normal sounds could be produced in the fissure of dissecting aneurism.

Dr. Batwell reported a case of extraordinary tenacity of life in a patient who, about four years ago, was found on the M. C. R. R. near Wayne, with an extensive fracture of the skull, evidently the result of being struck by the engine. He lay comatose and with appearance of speedy death, but at the end of ten days he gradually became sensible and finally recovered. At the end of two years he again went to work, and on the first day of doing so a bank of earth fell, fracturing his leg very badly. From this he soon rallied, and while working on the railroad about two months after, was struck by an engine and thrown up on the smoke stack, but fell on the cow-catcher, and was brought into Ypsilanti, a distance of a mile, in that position. He did not seem much injured, and soon was able to be the victim of another accident, this time losing both his legs, both thighs being amputated in the lower third. He quickly recovered from this formidable operation and was sent to the County Poor House in good general health. It should be stated that he was deaf since his first accident and seemed to have lost nearly all sense of pain.

Dr. W. B. Smith reported a case of rapid tolerance of opium in a patient, a woman about 54 years old, who had acquired the habit of taking morphia so that she took *one drachm* every three days.

Dr. Batwell mentioned case of a woman who took *one drachm* of sulphate of morphia *daily*.

Dr. Kinne reported case that had been pronounced cancer by a cancer doctor, which proved on examination to be a vascular tumor of the meatus urinarius. The tenderness and irritability was such that sexual intercourse was impracticable. The tumor had been cut once and bled freely. The doctor applied the

actual cautery and reports the cure complete, and favored this method.

Dr. Frothingham spoke of similar case where operative treatment by excision was successful, and thought that plan preferable in some cases to the cautery, but inquired for special literature and authorities on the subject.

Dr. Sager thought the extreme vascularity of the tumor, together with the liability to its return, an objection to cutting and in favor of the cautery, and instanced a case within his knowledge in which excision had been followed by considerable hemorrhage. He remarked also on the extreme tenderness and pain in micturition in some cases in which there was not extreme sensibility to the ordinary touch or movements of the body.

Dr. Dunster said the sensitiveness of these tumors in general was explained by the hypertrophy or proliferation of nerve tissue, they being made up chiefly of blood vessels and nerves. He thought that excision was preferable to the cautery as being a less formidable operation; also, that that is the plan of treatment generally practiced in New York and in the Woman's Hospital there.

Dr. W. B. Smith reported a case of *eight consecutive transverse presentations*, occurring in a German woman weighing 145 pounds. He had attended her only in her last confinement in 1873, and had gathered the facts of her previous labors from herself and from the different physicians who had attended her, but could not give the exact dates of confinement, nor the positions in the former cases. She was married in 1859, confined first in 1860, head presenting, and was delivered with forceps of a healthy female child; in 1862 she was again confined, head presenting as before, and was again successfully delivered, with forceps, of another healthy, female child. In 1863 she was again confined, the presentation being transverse. Podalic version was successfully accomplished by grasping the feet and bringing them down, delivering her of a large boy that was somewhat deformed in the operation. She was again confined in 1864, the presentation again transverse, the child, a still-born female, turned and delivered by the feet, as before.



She was confined again in 1865, another transverse presentation, but which was converted into a head presentation, the forceps applied, and she was delivered of a still-born male child. She was again confined in 1866, and of a still-born male child by podalic version.

She was next confined in 1867, another transverse presentation, the child, a still-born female turned and delivered by the feet. Again, in 1869, she was confined; this, also, a transverse presentation; delivered of a fine live male child. She was next confined in 1870, this, also, a transverse presentation, which was converted into a head presentation, and she was again delivered by the aid of the forceps, of a still-born male child.

She was last confined in 1870, Dr. S. attending her. He found the upper strait much contracted, the coccyx curved forward and firmly ossified, a right shoulder presentation in the second position, as described by Bedford, labor advanced and the uterine contractions frequent and forcible, he succeeded in grasping the feet and delivering her of a little girl that weighed eight pounds.

It will thus be seen that the woman gave birth to ten children in thirteen years—nine of them being born in ten years—in the latter eight consecutive labors the presentation was transverse, the delivery being accomplished in five of the eight by podalic version, and in three by cephalic version completed by the forceps. Of the eight, three only were delivered alive; five of the eight were males, of the five still-born three were males; and of the whole ten cases five were delivered alive, and five were males.

Dr. Dunster said the tendency to the recurrence of these malpresentations is well known and constitutes a very instructive feature in such cases. In illustration he mentioned a case reported a few years since in the *American Journal of Medical Sciences*, by Dr. Hildreth, of Zanesville, Ohio, where in four successive confinements three were shoulder presentations. Another reported by Walther, of five successive confinements, and a third of Madame Renard of six consecutive shoulder presentations. In his own practice he had found this condition only

twice in the same patient. She was delivered by perforation across the ribs, under the presenting shoulder and then by evisceration and division of the spinal column, the child readily doubled on itself, and was so born. The patient had been in labor three days when he was called to attend her, and no effort whatever had been made for her relief. In her next pregnancy Dr. D. kept her under observation, and had an excellent illustration of the ease with which in some cases version by external manipulation can be performed before rupture of the membranes and escape of the liquor amnii. He could turn the child as readily almost as one could change the position of a ball in a basin, but when once the child was shifted it would go back at once to its original position unless the pressure was kept constantly applied. At time of labor podalic version was performed, but the child was lost. This tendency to mal-presentation is almost always associated with and dependent upon a narrowing of the pelvis anterior-posteriorly at the brim.

In closing Dr. Dunster inquired if there was any such narrowing in the case that Dr. Smith had attended.

Dr. Maclean reported several interesting cases from the University Clinic, which will be reported at more length, and some of them separately published.

A preparation and photograph were exhibited to the society, illustrating a case of epithelioma in which extensive destruction of the tissues of the mouth and face had taken place without infiltration of the contiguous tissues and apparently without general constitutional infection.

The disease could still be insolated from the healthy tissues, and notwithstanding its great extent seemed still to admit of removal without the sacrifice of structures absolutely essential to life.

The following history of the case is taken from Dr. Will J. Herdman's graduation thesis, entitled "A record of the Surgical Clinique of the University of Michigan for the Session of 1874-5."

The patient (F. H., aet 66, married) reported that he had always possessed a strong, vigorous constitution, with no hereditary tendency to disease so far as he knew.

In October, 1871, he observed a small ulcer in the mucous membrane on the inner side of the symphysis of the inferior maxilla, which steadily increased in size, involving the surrounding tissues, destroying their proper structure and leaving a rough, irregular and suppurating surface.

When brought before the class the patient presented a most loathsome spectacle. The disease had eaten away the anterior half of the body of the lower jaw on both sides, leaving the remnants of the bone rough and jagged. The soft parts anterior to the bone had sloughed away; shreds of partly severed tissues remained clinging to the ulcerated surface; the lower lip, almost completely separated from its attachments, dangled from the left angle of the mouth. The disease had involved the soft parts backwards almost to the fauces, downward to the thyroid cartilage and upward on the right side as far as the malar bone. The whole surface involved emitted a horribly offensive odor, disgusting both to the patient himself and all who approached him.

CAUSE.—From the history of the case no definite cause could be determined to account for the disease, but by the patient himself its origin was attributed to the presence of a set of false teeth.

DIAGNOSIS.—It was evident from the history, location and characteristic appearance of the disease, that it was of that variety of local cancerous affection termed epithelioma.

PROGNOSIS.—Had the diseased spot in the earliest stages been completely removed by the knife, the prognosis would have been very favorable. Now, however, it had advanced so far upon its destructive career, that there was no hope whatever of the patient living many days in his present condition, since the steady progress of the disease would soon fatally impair the functions of nutrition and respiration. The only hope that could be held out to him was that of a possible arrest of the disease by complete excision of the affected parts. This opinion, expressed by Prof. Maclean, was concurred in by the other members of the medical faculty present, as well as by Dr. Rynd, a Regent of the University, who chanced to be present, all of

whom advised the operation, though it was plainly stated to the patient that even this would afford him but meagre prospect of recovery ; he, however, promptly decided to submit to the operation. Chloroform was then administered and Prof. Maclean, with the assistance of Prof. Frothingham, proceeded to remove the diseased parts.

What remained of the body of the jaw was excised on both sides. The mass of disease in the soft tissues was then rapidly dissected out. The one half of the upper lip, the whole of the lower lip, the sublingual glands and the integument down to the thyroid cartilage were removed. The facial, lingual and ranine arteries were divided in the operation, but the hæmorrhage was at once arrested by torsion or the ligature, so that the entire loss of blood did not exceed six ounces. The tegumentary boundaries of the large, irregular wound were then brought as completely into coadaptation as possible, a triangular orifice being left to represent the mouth.

No unfavorable symptoms resulted from the operation. On recovering from the chloroform a quarter of a grain of morphia was administered by the mouth and he was removed to the hospital, where he continued to do well and manifested the best of spirits for several days. In place of the mass of loathsome disease there was now a clean and inodorous wound. Nurses were provided from the senior class, in relays of two, by whom he was carefully and constantly watched day and night. An abundant supply of nutriment and stimulants were afforded him by means of the stomach pump.

Everything appeared to progress favorably until the afternoon of the fifth day following the operation, when his breathing became labored, inspiration irregular and prolonged. This difficulty increased very rapidly and Prof. Maclean was sent for. On his arrival it was quite evident that death by asphyxia was impending, and the operation of tracheotomy at once suggested itself as the only chance of warding off this catastrophe. Preparations were rapidly made for the performance of the operation.

The prospect of affording any real relief by this means seemed so insignificant that the intention was abandoned, and in a few

minutes the respiratory movements came to a sudden stop and the patient was dead, apparently without a struggle or a pain.

A post mortem examination was made twenty-four hours after death, in presence of the medical class.

The wound was found to have healed to some extent. All the internal organs were free from disease except the lungs, and in them the disease was confined to the bronchial tubes. In these tubes was found a satisfactory explanation of the cause of death, viz: a complete fibrinous cast, well organized and solid, extending from the trachea through the whole tubular system of both lungs. This cast was taken hold of and drawn out by Prof. Maclean almost entire. (Exhibited to the society.) In such circumstances the operation of tracheotomy must have been futile.

Dr. Maclean observed to the society that this case and the case of femoral aneurism were the only fatal cases that had occurred at the clinique this session, and he reported a number of interesting and successful cases.

(Reports of these cases will appear separately in a future number of the JOURNAL.)

Dr. Batwell presented the patient, whose case had been reported at previous meeting, in whom a traumatic aneurism of the axillary artery resulted from a pistol shot in the arm, the bullet not having been extracted. The patient's arm was examined with much interest by members of the society, and the peculiar sounds heard which characterized the circulation of blood through a common lesion of an artery and vein, and the diagnosis of the present condition was arterio venous aneurism. The case was apropos as illustrating the cases reported by Dr. Maclean.

Dr. M. recommended ligation of the artery above and below the aneurismal sac, which he believed would be successful if resorted to before the calibre of the artery becomes too much dilated or the tissue of its walls degenerated.

Dr. Johnson, of Milford, presented a patient, requesting that he should be examined by the society and an opinion given as to his pathological condition. The patient, a man of 30, had a

good family history, was of active habits and had had good health previous to July, 1874, when he had been treated by Dr. J. for pneumonia of right lung, which was followed by irregular action of the heart, functional derangement of liver, bowels, etc. There has been steadily increasing debility, no cough, some enlargement of abdomen, no œdema of the extremities, no albuminuria, no emaciation. He was examined by Dr. Frothingham for the society. No evidence of organic disease of the thoracic viscera was observed—there was general dullness over the abdomen, increasing downward, tenderness over spleen, but no evidence of enlargement of that organ or of the liver. There had been a rectal abscess, but no fistula.

In the opinion of Dr. F. there were tubercular deposits in the peritoneum with plastic effusion.

Dr. Sager thought the omentum might also be the seat of tubercular deposit.

Dr. Dunster suggested the possible bearing of the rectal abscess, and its relation as cause or effect.

Dr. Johnson was made an honorary member of the society.

Dr. Sager read an interesting voluntary paper entitled "Brief notes on the serpent as a medical emblem, and its relation to the moral and physical pathology of man"; for which he received a vote of thanks of the society, with the request that he would furnish a copy for publication with the transactions of the society.

[No attempt at a synopsis of the paper is made, as it is hoped the Dr. will comply with the request of the society.]

Dr. Oakley read an interesting voluntary paper entitled "A few remarks on the true cause of death in cases of sudden death from injuries or blows upon the epigastrium," advancing the theory that death in these cases, where no lesion is found, results not from shock or paralysis, but from suffocation by the forcible expulsion of air from the lungs, followed by the sudden closure of the epiglottis, the closure being not spasmodic but by atmospheric pressure, the result of a partial vacuum within the thorax.

The Dr. stated that he had been led to these views by **seeking**

an explanation of the symptoms he had experienced in his own case in a recent accident of this character, when, in his opinion, he came near being a victim of such a death.

This novel theory of the cause and mode of death in these cases gave rise to an interesting discussion, which was participated in by various members of the society, the majority of whom, though they did not agree with the Dr.'s conclusions, gave him credit for originating an ingenious hypothesis.

A vote of thanks was tendered Dr. O. for the paper, with a request for a copy for publication.

Drs. Oakley, Maclean, Rexford, Webb and E. Hall were elected delegates to the American Medical Association, in Louisville, in May, Drs. Sager, Palmer, and some others, being permanent members of the association. The president and secretary were authorized to fill vacancies.

Drs. Cheever and Dunster were appointed essayists for next meeting.

Society adjourned to meet in Ypsilanti in June, on call of the secretary.

W. BREAKEY,  
*Secretary.*

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#### STATE BOARD OF HEALTH.

The annual meeting of the State Board of Health was held at Lansing on Tuesday. All the members of the Board were present.

Dr. H. O. Hitchcock delivered his annual address, in which he pointed out the necessity for constituting local boards of health, and their duties.

The highest and most legitimate work for the physician is to guide the people in the way of perfect obedience to the laws of hygiene, the prevention of disease, and the promotion of health. The physician should be paid not so much for his skill to cure as for his watchful care and success in keeping his patrons well. He should be employed by the year as a hygienist.

Under the present condition of things, however, there is

absolute necessity for local boards of health; and at least one member of each board should be a well educated, active, and honest physician. Boards of health cannot thrive for the interests of society in the soil of politics, for the functions of a board of health must be for all the people. While the present law exists, boards of health should organize and meet at stated times and urged the appointment of a physician to each. One duty of these local boards should be to ascertain the facts in regard to any unhealthy conditions that may exist within their jurisdiction.

The president presented a set of rules and regulations for adoption by all local boards of health. These rules were referred to a committee consisting of Dr. Kedzie and Dr. H. B. Baker.

Various subjects were discussed, among which were vaccination and the duties of local boards of health in regard to free vaccination.

Dr. Kedzie reported having drawn up a joint resolution for the compilation and publication of the laws relating to public health, and that the same had become a law.

A bill for the inspection of illuminating oil was drawn up and is now before the legislature.

Dr. H. B. Baker read a communication from the secretary of the State Board of Health of Minnesota, transmitting a copy of the law lately passed in that State through the efforts of their Board, the law being based on the best features of the Michigan law, and embodying the modifications recommended by our State Board of Health.

The Board made arrangements for securing regular correspondents from different parts of the State, and persons outside of the Board were also to be asked to prepare papers for publication by the Board.

The secretary was directed to refer papers relating to the water supply of Saginaw City, to the local Board of that city, requesting it to investigate and report to this Board.

The secretary made a detailed statement of the amount of property purchased, issued, used, and on hand.

Dr. Lyster moved that it is desirable to have six meteorological stations within the State.



Dr. H. F. Lyster read a paper showing the changes induced in the character and prevalence of diseases as the result of drainage, and illustrated his subject by a description of the city of Detroit as it was in its pioneer days, and its present beauty and healthfulness.

Dr. Lyster was appointed a special committee on the milk supply of cities.

Dr. H. O. Hitchcock was unanimously elected president for the ensuing year.

The various committees were reorganized as follows :

Sewerage and drainage—Henry F. Lyster, M. D.

Buildings, public and private, including ventilation, heating, etc.—Robert C. Kedzie, M. D.

Climate, general and by season of year, and as related to age of inhabitants—Henry F. Lyster, M. D.

Disposal of excreta and decomposing organic matter—Homer O. Hitchcock, M. D.

Poisons, explosives, chemicals, accidents, and special sources of danger to life and health—Robert C. Kedzie, M. D.

Occupations and recreations—Rev. Chas. H. Brigham.

Education—The relation of schools to health, the kind and methods of instruction in use, and methods to be proposed—Rev. John S. Goodman.

Geology and topography ; influence of forest trees on health, and their removal, shade-trees near dwellings, etc.—Rev. Charles H. Brigham.

The death rate as influenced by age, climate and social condition.—Henry B. Baker, M. D.

Legislation in the interests of public health—H. O. Hitchcock, Baker, and Robert C. Kedzie, M. D.

Finances—Rev. J. S. Goodman.

## Ophthalmology and Otolology.

*CLINICAL LECTURE ON MIDDLE-EAR AFFECTIONS COMPLICATED WITH ADENOID VEGETATIONS IN THE NASOPHARYNGEAL CAVITY. By PROF. POLITZER, of the Imperial Hospital, Vienna. (Allg. Wien. Med. Ztg.) Translated from the German by A. G. SINCLAIR, M. D., Detroit; formerly Resident Surgeon to the New York Eye and Ear Infirmary.*

*(Continued from March No.)*

To Wilhelm Meyer, of Copenhagen, belongs the credit of having first accurately described the disease under consideration and its relation to middle-ear affections, in his excellent work on "Adenoid Vegetations in the Naso-Pharyngeal Cavity." Through the study of a large number of cases he found that growths are developed by the chronic inflammation both on the postero-superior wall of the pharynx, where the so-called pharyngeal tonsil of Luschka is situated, and elsewhere in the upper portion of the pharynx, which, under the microscope, exhibit the characteristic features of adenoid tissue, as described by His. They contain both enlarged mucous glands and distended cysts, and the meshes of their connective tissue are occupied by a large number of so called lymphoid corpuscles. These vegetations are either tongue or rod shaped, or hemi-spherical, and occur chiefly on the superior wall of the pharynx, whence they frequently extend into the nasal cavities, diminishing the calibre of these passages.

In the case before us the first thing to be attempted was the removal of these growths, because only in this way could we hope to reduce the tumefaction of the Eustachian mucous membrane, and render these passages permanently free. But preliminary to this, it seemed judicious to remove the exudation which, by auscultation, we had found to exist in the middle ear. For this purpose paracentesis of the memb. tymp. was performed, the incision being made through the posterior fold in order to relieve by its division the tension of the sunken and

tightly stretched memb. tymp. This is an operation which was first performed and described by myself, and one to which I have resorted in a considerable number of cases with great improvement in hearing. Immediately after the division of the posterior fold—an operation easily performed—the hearing increased to 30 ctm. for the watch, and 5 metres for the voice. A strong current of air was then driven through the Eustach. tube by means of the catheter and air balloon, and the exudation, which was of a viscous, ropy, sem-fluid consistency, expelled from the middle ear through the opening in the drum-head to the external auditory canal. A still further improvement in hearing followed this procedure, the patient then being able to hear distinctly words spoken in a whisper at a distance of eight metres. The wound was cicatrized by the third day and the improvement in hearing continued until the fifth, when a marked diminution was observed, which, however, was not unexpected, as the swelling and obstruction of the Eustach. tube rendered repeated relapses probable.

It was therefore necessary to resort to radical treatment of the growths in the naso-pharyngeal space, but before I speak of the course adopted in this particular case I shall describe to you the methods recommended by Meyer.

Every one who has been engaged in the study and treatment of adenoid vegetations in the naso-pharyngeal cavity is aware that such astringents as are commonly employed, with excellent results, in simple catarrhal swelling and hypersecretion of the nasal mucous membrane, are utterly useless in these cases. The reason of this is easily understood when we reflect that here we have to deal, not with a simple serous infiltration of the mucous membrane, but with an hypertrophy produced by a genuine neoplastic formation of adenoid tissue in which atrophic changes cannot be induced by the use of astringents. From this it will be seen that the removal of the growths by operative procedure, as recommended by Meyer, is the only means by which a cure can be effected. The first of his methods consists in the abscission of the growths, a course which I have also adopted a number of times with excellent results.

Meyer's instrument consists of a ring-shaped knife, 1 ctm. in diameter, the inner margin of which forms the cutting edge. This blade is fixed upon a stem and handle 21 ctm. in length, upon the latter of which is a mark which indicates the position of the blade while in the pharynx.

The abscission of the growths is performed as follows: Taking the instrument in the right hand, with the blade in a vertical position, it is introduced through the nostril and passed on between the septum nasi and turbinated bones into the pharynx, and then rotated until the blade becomes horizontal. The index finger of the left hand is then to be introduced through the mouth, behind the soft palate and upward until it comes in contact with the knife, which is then to be pressed against the upper wall of the cavity with the point of the finger. The growths are thus made to project through the ring, and by drawing the instrument forward all the excrescences which it embraces are abscised, and generally, together with blood and mucus, expelled through the nose and mouth with a forcible expiratory movement.

This operation may be repeated several times at one sitting either upon the same side, or withdrawing the instrument and inserting it through the other nostril, upon the opposite side of the pharynx. The hemorrhage which follows is inconsiderable and is readily overcome by the injection of cold water through the nostrils.

The repetition of this operation depends on the extent of the growths on the upper wall of the pharynx, and is to be continued at intervals of one day as long as any vegetations capable of removal by the knife can be detected by digital examination.

It is evident that only the more protuberant cylindrical or conical growths upon the superior wall of the cavity can be removed by this method. For the less prominent growths, and those situated upon the posterior and lateral walls of the pharynx, the second method recommended by Meyer, viz: their destruction by thorough cauterization with the solid stick of nitrate of silver, is to be adopted. For this purpose he has devised a number of caustic-holders, adapted to the different walls of the cavity,

which, however, I have combined in a single instrument consisting of a quadrilateral piece of silver  $1\frac{1}{2}$  ctm. long and 4 mm. in diameter, which is fixed upon a stem 20 ctm. in length. The ends and sides of the instrument are roughened in order that the molten caustic may the more firmly adhere to them. The head of the instrument is capable of being bent in any required direction, and the caustic is to be applied to that portion of it which corresponds to the part of the pharynx to be cauterized. Pressing the tongue well down with a spatula, the instrument is introduced into the pharynx and the vegetations thoroughly cauterized by passing it repeatedly over them in various directions. The eschar produced by the cauterization usually separates within forty-eight hours, but it is well to wait another day in order to ensure the complete separation of all crusts before resorting again to the caustic, as its use before this occurs is liable to cause excoriation, hemorrhage and an increase of the growths. The burning sensation in the nose and pharynx which immediately follows the cauterization, is most readily relieved by pouring warm water, or a weak solution of chloride of sodium, from a spoon through the nostrils into the pharynx. This does not in the least diminish the efficacy of the cauterization.

[To be continued.]

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## Selections and Translations.

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### MEANS FOR RELIEVING CHRONIC PHTHISIS.

Dr. James Little contributes to the *Dublin Journal of Medical Science* for January an article on "the means most generally useful for relieving the cough, sweating and chronic dyspepsia of chronic phthisis." For the relief of the second condition, five grains of Dover's powders administered at bedtime will check phthisical sweating more frequently than any other remedy. Next to it is atropia, or its sulphate, given in the form of a pill  $\frac{1}{100}$  to  $\frac{1}{80}$  of a grain. To prevent the great discomfort

of the damp night dress, Dr. Little advises a large loose night dress of fine flannel.

For the relief of cough, Dr. L. advises a mixture of morphia, atropia, hydrocyanic acid and syrup of wild cherry. When the expectoration is very tenacious, this mixture does not answer so well as one containing small doses of iodide of potassium, with bicarbonate of sodium, hydrocyanic acid and compound tincture of chloroform. To this small doses of tincture of opium may be added. This mixture may be taken at short intervals, and continued until the expectoration becomes easier.

In cases where great distress arises from the pain produced during violent coughing by the stretching of old pleuritic adhesions, the play of the diseased lung may be limited by adhesive straps. Dr. L. has used with success strips of dimity, five inches wide, and long enough to extend from sternum to spine. One or more may also be drawn across the shoulder, from the infra-scapular region behind to the mammary in front. Thus supported, the chest walls are no longer injured by the concussion of the cough, and the greatest relief follows. Chloral, to the amount of ten grains in each dose of an opiate cough mixture, will render the effect more immediate, and permit a smaller quantity of opium to be employed. Chloral lozenges are also useful in the case of consumptives who are still going about. In the dyspepsia of phthisis, where there is simply a loss of appetite, the only combination that seems to give relief is that of strychnia, with phosphoric or hydrochloric acid. It may be given in an infusion of columbo or of orange. When, with the loss of appetite, there is a feeling of load after food, a dessert spoonful of pepsine wine, with ten minims of dilute hydrochloric acid in a little water, after a meal, usually relieves. In pain, flatulence, cough and vomiting after meals, tonics and cod liver oil must be given up for the time, and a regulated and rather spare diet, together with counter-irritation to the epigastrium, must be employed, together, if necessary, with some of the aperients which act on the upper part of the intestinal tract, and some of the medicines which are good against gastric catarrh.—*Phila. Med. Times.*

TULLY'S POWDER.

The following form for this remedy is given by H. & J. Brewer, of Springfield, Mass. as the original one, having been dispensed by them for Dr. Tully on many occasions:

R Morphiæ Sulph ..... gr. i  
 Camphoræ.....  
 Cretæ.....  
 Glycyrrh. Rad. aa..... scr. i

M.

All the items are to be finely powdered and intimately mixed. It is sometimes incorrectly called Camphorated Dovers Powder.

—*Canada Lancet.*

HILL'S BALSAM OF HONEY.

For coughs and colds.

R Balsam Tolu..... ℥ii  
 Mellis..... ℥viii  
 Styracis..... ℥ii  
 Opii..... ℥ss  
 Alcohol..... ℥xxxii

Macerate eight days, and filter. —*Druggist's Circular.*

ELIXIR OF PHOSPHORUS.

R. Phosphorus..... gr. i.  
 Æther sulph. conc..... f. ℥iiss.  
 Alcohol..... f. ℥i.  
 Tr. menth pip..... f. ℥ss.  
 Bower's glycerin. q. s. to make..... f. ℥iij.

The phosphorus completely dissolves in the ether in about twenty-four hours, care being taken to introduce no water into the ether with the phosphorus. After the solution of the phosphorus is effected, the alcohol may be added, but the glycerine should be added in small portions, and the mixture shaken after each addition, and allowed to stand until it becomes clear before another portion of the glycerine is introduced

A great deal of care has to be exercised in the addition of the glycerine; if too much be added at a time it will disengage a quantity of phosphorus, which will fall to the bottom. The essence of peppermint may either be added with the alcohol, or as the last ingredient, the latter is preferable, especially if the preparation is not made with 95 per cent. alcohol. Some apothecaries, I believe, use 80 per cent. alcohol in making it.

This preparation contains one-twenty-fourth grain of phosphorus to each fluid drachm, or teaspoonful. It is quite burning to the taste, but can easily be administered in a little simple syrup, when it will not be at all unpleasant to take. It has quite a milky appearance when mixed with syrup, but I do not think the phosphorus is precipitated, at least not rapidly enough to prevent its being taken.

I have also often added fluid extract of *nux vomica* to this preparation in quantities of three drops to each fluid drachm, and in this form it has been styled compound elixir of phosphorus. —J. G. LUHN, in *Am. Journal of Pharmacy*.

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#### COLD POWDERS.

Dr. Beard has for some time been employing a "cold powder," the composition of which is as follows: Camphor, 5 parts; dissolve in ether to the consistence of cream; then add carbonate of ammonia four parts, and opium powder one part. Mix, and keep in a tightly corked bottle. The dose is, of course, regulated by the opium, and ranges between three and ten or fifteen grains. He has been accustomed to prescribe it for his friends by the finger nail full, or as much as can be put on the finger nail.

The powder may be taken in a little water just before retiring, by preference, or at any hour during the day, when there is any *suspicion of having caught cold*. If need be, a moderate dose may be taken several days in succession.

The advantages of the powder are said by Dr. Beard to be:

1. The taste is agreeable, or at least not disagreeable. Even the bitterness of the opium is mostly neutralized by the camphor and ammonia. No child objects to it.



2. It is singularly and inexplicably efficacious. He believes it to be more efficient than Dover's powder, and incomparably more agreeable. In some cases it produces gentle perspiration; in others its effect is not observed: — *Ibid.*

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*TWO NEW DIFFERENTIAL SIGNS IN DISLOCATIONS OF THE SHOULDER.*

In a clinical lecture recently delivered at Bellevue Hospital, Prof. Frank Hamilton gave the two following as new differential signs in dislocations of the shoulder :

Let us return to the consideration of the two special signs of shoulder-joint dislocation (liable to only one exception, as I shall hereafter explain), which I wish to add to those already given by surgical writers.

1. While the head of the humerus remains in its socket, if a rule be laid upon the outside of the arm from the shoulder to the elbow, it will not touch the acromion process, but will be distant from it at least half an inch, generally one inch or more. On the other hand, if the bone is removed from the socket, in whatever direction it may be displaced, whether forwards, downwards, or backwards, unless the shoulder is much swollen, the rule, placed in the manner above stated, will touch the acromion process.

2. If, standing behind the patient (in case of the right shoulder), the thumb and forefinger of the left hand is made to grasp the top of the shoulder in such a manner as that the interdigital commissure shall rest upon the acromion process, just outside of the acromio-clavicular articulation; and if then the finger and thumb are dropped perpendicularly, the tip of the finger will (in case the head of the humerus is not dislocated) rest upon the center of the round upper extremity of the humerus, as it projects in front of the acromion process, while the end of the thumb will rest upon the head of the humerus behind; but the head will be felt indistinctly by the thumb, for the reason that, instead of projecting as it does in front, it actually recedes a little beneath the acromion process. Up to

this moment the surgeon may entertain some doubt whether he is actually grasping with his thumb and finger the head of the bone, but if he now moves the elbow of the injured limb forwards, so as to carry the head of the humerus backwards in its socket, he will feel it press strongly upon the thumb, and this will be conclusive. If a dislocation exists, the head of the bone cannot be felt in this situation, and by the thumb thus placed.

I have told you that both of these differential signs, in their application to shoulder-joint injuries, are liable to one exception. The phenomena would be the same so far as these two signs are concerned, whether there was a dislocation of the head of the humerus, or a fracture with displacement of the neck of the scapula. The latter accident must, therefore, be first excluded by a careful application of the rules of diagnosis given in our treatises upon surgery; but that upon which you can most safely rely is the relative infrequency of the two accidents. It is doubtful whether a long and active surgical practice will ever furnish you with an example of fracture of the neck of the scapula, while you will meet with a great many cases of dislocation of the shoulder.—*Medical Record.*

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#### *DRY CUPS IN THE VOMITING OF EARLY PHTHISIS.*

Prof. W. H. Thompson makes some remarks on this subject in the *Med. and Surg. Reporter*, from which we collate the following:

The stomach, in phthisis, is somewhat involved in many cases, so much so that the attending physician will have a good deal of trouble at the very beginning of the disease. The patient will not be able to take cod-liver oil and will be nauseated on very slight provocation.

For a long time the lecturer thought it rather singular that this class of cases would, every now and then, appear. He remembered the case of a gentleman who said he had been vomiting his food for a year, and he had no suspicion that anything was wrong with his lungs. On examination of the mouth, the throat was found to be intensely congested. Whenever

there is a congestion of the throat in a dyspeptic patient the lungs should always be examined, for it is more than probable that the patient is affected by phthisis, although he may never have coughed at all. He did not know how it is that congestion of the arch of the palate has more to do with lung trouble than congestion of the palate itself; but if phthisical patients be carefully examined, it will be found that the lower part of the arches of the palate and not the mucous membrane of the pharynx are congested. If the whole pharyngeal mucous membrane be congested, and the lung is examined and there is a change at the apex of one or the other lung, the question is, why the vomiting? He had seen it put down in books, that in these cases a disease of the stomach sets in as early as the affection of the lungs begins. Notwithstanding this, he had come to the conclusion that the vomiting is due to a deposit growing in the bronchial glands, at the root of the lungs, which press upon the pneumogastric nerves. At the same time they cause this congestion of the pharyngeal mucous membrane, there will be present a reflex irritability of the palate, the uvula and the pharynx so that trifling causes of irritation will throw these patients into a paroxysm of coughing.

For the relief of this trouble, the Professor has been in the habit of applying dry cups between the scapulas. He has found it, during the last two years, of invaluable service.

There is no other kind of vomiting that may be stopped by applying dry cups between the shoulders but this. He had tried cupping for diseases of the liver, but never found it to do any good; but in this form of vomiting he had never seen it fail. Thus patients may be enabled to take cod-liver oil and other articles of food and medicine which may be found necessary for nourishing purposes. When the bronchial breathing is much higher in pitch than normal, the diagnosis of enlargement of the gland is very probable.

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*DRUGGISTS' AND PHYSICIANS' MISTAKES.*

It is human to err; we are all liable to it, physicians as well

as druggists, and yet it is a subject on which we ought never to be weary of warning those who come after us, so that they fall not into the same errors. It has been somewhat unfortunate that it has happened, within the last few years, that several painful cases of death have followed from the putting up of the wrong article in a physician's prescription.

Loss of sleep, an attack of indigestion, or pre-occupation of mind, will cause this difficulty. It should be both our duty and pleasure to thank the druggists for bringing us a prescription in which we have forgotten some item, or ordered incompatibles, or too large a dose of one of those articles which we all know will poison.—*Med. and Surg. Reporter, April 3d, 1875.*

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Dr. J. B. Sullivan, of North Newburg, sends us the following, which he has employed as a topical application in diphtheria for the last fourteen years, with marked benefit.

R

Acidi tannici.

Aluminis.

Sacch. albi aa.....3ij

Sodii chloridi.....scr. j

Misce et tere bene.

This preparation is blown into the throat every hour, or oftener if the severity of the case demands it, and the neck bathed with spts. terebinth. three or four times in twenty-four hours.

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*A PATHOGNOMONIC SYMPTOM OF THE MORIBUND CONDITION.*

Dr. John Shradly, in a paper upon the "Moribund Condition," recently read before the Yorkville Medical Association, of this city, maintained that the earliest, and therefore the most valuable symptom of approaching death, was the up and down movement of the trachea; that the inferior laryngeal nerve, owing to a partial paralysis or impairment of its function, is concerned in

this phenomenon, and sounds the first note of alarm that the medulla oblongata is invaded.

This tracheal symptom is particularly prominent in fatal cases of uræmic convulsions, opium poisoning, apoplexy and delirium tremens; the air then ceases to stimulate the glottis, the respiratory movements are impaired, and the lungs can no longer de-carbonize the blood.

In pneumonia this symptom is of especial value, anticipating, as it does, alarming changes in pulse and temperature, while in phthisis, the doctor has known it to be a precursor of death three weeks in advance. Its presence or absence in membranous croup should be, in his opinion, an important element in the prognosis of a given case of tracheotomy.—*Medical Record*, April 3, 1875.

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#### RESECTION OF THE ANKLE-JOINT.

Dr. Hamilton stated in his clinic that he was now satisfied after a long experience that, in compound dislocations at the ankle-joint, resection or amputation should be resorted to. He remarked that he had treated two or three cases successfully with the plaster of Paris dressing. But his experience was very decided that recoveries without resection or amputation were exceptional; therefore, as a rule, one or two inches of the tibia should be excised. He exhibited a patient with this dislocation which had been treated with a plaster of Paris dressing. Gangrene had commenced, and the patient's condition very unfavorable. Dr. Hamilton removed about one and a half inches of the tibia. Two weeks after the operation the patient was much improved, and the indications are that the limb will be saved.

The plaster of Paris is used by some practitioners in this place in the treatment of Potts' disease. Two layers of the plaster applied, and made to encircle the body from the trochanters to the axillary spaces, with three or four narrow pieces of sheet-zinc interposed between the layers of plaster parallel with the body. This has proved an excellent dressing in the treatment of of that formidable disease. Its cheapness recommends it, as

Potts' disease often occurs among the poorer class, who are unable to purchase the costly apparatus that has hitherto been in general use.

Dr. Sayre contends that the morbid condition of the hip-joint disease, as well as Potts' is produced from local trouble, not in the least dependant upon constitutional vice.—*N. Y. Correspondence Rich. and Louisville Med. Jour.*

#### LIME GLYCERINE FOR BURNS.

This remedy is as follows:

R. Oxidi Calc.....gram. iij  
 Glycerine..... gram. cl  
 Sp. æther chlor.....gram. iij  
 M.

This preparation has been used by Laub for several years with great success. Charpie is to be dipped in the mixture and placed over the the burned surfae; it is then covered with a thin sheet of gutta percha, and then a layer of charpie added; the whole to be surrounded with a loose bandage. It is very important that the charpie should be applied to the whole of the burnt surface. The pain ceases almost instantly, and the sore heals very rapidly.—*New York Medical Journal.*

#### A CHEAP DILATOR.

Dr. Hamon (de la Rochelle) reviews the various uterine dilators proposed from time to time, and finally mentions the small red balloons so extensively sold as toys for children. These balloons are already provided with a neck for insufflation. They are easily fixed by the introduction of the common sound. The great suppleness of their walls, permitting thus a uniform compression which is at the same time gentle and superlatively inoffensive, at all points, renders them exceedingly efficacious as dilators, tampons, or for applying refrigeration. Their price is almost nothing.—(*Gaz. des Hopitaux*, Oct. 20, 1874.—*Clinic.*)

*Ars, ante omnia veritas.***Editorial.***UNIVERSITY OF MICHIGAN.*

We notice in the Philadelphia *Medical Times* of the 27th ult. an editorial article on "The University of Michigan," in which, after various complimentary remarks respecting the character and success of the institution as a whole, some criticisms are indulged in upon the medical department, similar in character and spirit to those made in the last November number of the *Detroit Review of Medicine and Pharmacy*, and which were so fully replied to by the medical faculty of the University, in a subsequent issue of that journal. Although these gentlemen of the University are quite competent to defend the department of which they have charge, and the action of the Regents in its supervision whenever they may deem such defence called for, yet, as citizens of Michigan, as members of the medical profession of the State, as graduates of the institution attacked, and as medical journalists we feel called upon to ask the attention of the editor of the *Times* to some considerations he appears to have overlooked, to some facts of which he is possibly ignorant and to some statements he has made, which, on fuller information, he will doubtless be glad to retract.

The charges of the *Times* are, that the Regents of the University having had placed in their hands an enormous power for good or for evil, have failed to appreciate their mission, have lost the opportunity of making the University of Michigan the most famous medical school of the country; that their policy has been to have large classes, which have been a shame to them rather than an honor; that the standard of graduation has been as low or even lower than that of Eastern schools, and their diploma of no more, if of as much value as those of such schools; and that "in the past the University of Michigan has been a grave injury to the profession."

We shall not attempt to specify the motives which may have prompted these charges, but to those who know who the editor

of the *Times* is, and his position in a large Philadelphia medical school, competing with other medical schools for patronage and fees, a motive may not be altogether inconceivable. But upon what grounds the conclusion is arrived at that the University of Michigan has been a grave injury to the profession, unless by this is meant an injury to the money receipts of *professors* in medical schools, is quite beyond our comprehension.

Let us look at the facts of the case. The medical department of the University of Michigan was established about a quarter of a century ago. At that time all the medical schools of this country, excepting that of the University of Virginia, which combined a reading with a lecture term,—a small school with but few professors—had courses of instruction not exceeding, and in many cases falling short of four months each; no written exercises in the presence of professors were demanded; the amount of dissection required did not exceed one quarter of a subject, and in many colleges all requirements for dissection were omitted; and work in analytical chemistry, in laboratory and all practical knowledge of toxicology, and the analysis of urine and other excretions, chemical and microscopical, were scarcely provided for and nowhere required. Could it be regarded as “a grave injury to the profession” that the University of Michigan established at this time a course of instruction of *six* months instead of *four* and less, that it demanded of the candidate for graduation repeated written exercises on themes given out at the time and executed under the eye of the teachers? Was this “injury to the profession” inflicted by fully doubling the amount of practical anatomy required, and by demanding a thorough course of laboratory work in analytical chemistry, toxicology, and the examination by all modern means of physiological and pathological products?

We have attended two courses of lectures in the University of Michigan, and know from personal experience how faithful, earnest and full these lectures have been, and how means were there taken, such as are not resorted to in any other medical school in this country, of which we have any knowledge, to ascertain the actual daily presence of students, and to secure their attention; and we cannot think that these means inflicted “a grave



injury upon the profession." At the end of our course we submitted to the final examination, and having submitted to examinations elsewhere we know, in part at least, how that of the University compares with others. We know full well the character of that examination: we understood before hand how rigid it would be, and we know how every member of our class worked, with what might and main we all worked, for the prize of the diploma now attempted to be disparaged. We further know the number who fell out of the graduating class as their deficiencies, by frequent "quizes" became manifest, and how many went to other schools for their diplomas for the declared reason that they could there avoid the written exercises and severe final examination of the University. And however the medical diploma of the University of Michigan may be regarded by the editor of the Philadelphia *Medical Times* or others connected with Eastern medical schools, we know how it was regarded by examiners for admission to the medical service of the army during the war, and how it is regarded by the people among whom our fellow *alumni* practice. In all this we have failed to discover the "grave injury" done the profession by the University of Michigan.

But a considerable portion of the article of the *Times* is devoted to a comparison of the requirements of the University for admission to, and study in, the department of medicine, and those of Engineering and Pharmacy. That there is much force in this part of the article we do not deny. That more time of study in college should be required for degrees in engineering and pharmacy than in medicine, considering the extent of the different sciences and arts, and the responsibilities their practice involves, seems absurd. But this state of things is not the fault of the University of Michigan. It is the fault of our whole system of education and laws on the subject of medicine, and of public opinion and practice. This state of things, the conditions and causes of which we have not now time or space to discuss, those having charge of the University in common with all intelligent men must deplore; and we have no doubt they have honestly striven to remedy it. They have not only "aimed to elevate the standard of medical attainments," but they have set an example in the improvements they have inaugu-

rated which the schools generally have done very little to imitate.

As to admissions, there is not a school in the United States, so far as we know or believe, except that of the University of Michigan, which has any show or even pretence of preliminary examination whatever. At that school we understand such examinations to be now a substantial reality. Notwithstanding the improved opportunities for education existing all over the country, and the larger numbers constantly availing themselves of them, six men on examination at the beginning of the last session were refused admission, all of whom it is believed—some of whom it is known—directly after sought and obtained admission to other schools. For admission to future classes a still more thorough and extended system of preliminary examinations, we are credibly informed, has been agreed upon and established. In this we fail to see the “grave injury” done the profession.

As stated by the faculty “it is true, in justice to the whole people of the State, who may desire to avail themselves of the advantages of the medical school, a high standard of requirements for admission is not at present thought advisable. It is proposed to move in this matter cautiously and judiciously, but still to move as rapidly as justice and all the interests concerned will permit, and as the profession at large (not a few enthusiastic or interested individuals) will practically approve of.” When we consider the total absence of all requirements for admission to all other schools of medicine, including the one to which the editor of the *Times* belongs, this is as much as we could reasonably expect.

We refer to one more fact in confirmation of what we have said of the thoroughness of the ordeal for the diploma of the University : out of a class of 370 in attendance during the last term, the number graduating was *sixty-five*, while in Jefferson Medical College, of Philadelphia, as appears from a statement on the same page of the *Times* closing this attack, the diploma was granted to *one hundred and seventy* men, more than twice as many in proportion to the number in attendance as at the University of Michigan.

We hope the editor of the *Medical Times* in his future efforts to

elevate the standard of medical education, will be careful to deal justly and give honor to whom honor is due.

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Prof. Gerrish, who was appointed to fill the temporary vacancy in the Medical Faculty of the University of Michigan, caused by the ill-health of Prof. Cheever, on the return of the latter from his two years' residence in Colorado in a much improved condition, has resigned and resumed his practice in Portland and his duties as professor in Bowdoin College.

We hear, both from his associates and students, that Prof. Gerrish performed the duties of his position with marked ability and acceptance, and this is the more complimentary to him, as Prof. Cheever, whose place he filled, has always been considered so excellent a teacher.

We are much gratified to learn of the improved condition of Prof. Cheever and of his prospects of resuming his duties at the next session.

The rumor that obtained currency, that Prof. Frothingham was to resign, we are assured was without foundation. His success in his department of surgery, and as a teacher of practical anatomy fully entitles him to the position he so usefully occupies.

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## **Reviews and Bibliographical Notes.**

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SECOND ANNUAL REPORT OF THE SECRETARY OF THE STATE BOARD OF HEALTH OF THE STATE OF MICHIGAN, FOR THE FISCAL YEAR ENDING SEPT. 30, 1874. Large 8 vo. pp. xxxiii, 221. Lansing. From Dr. H. B. Baker, Secretary of the Board.

The first part of this volume gives a summary of the work of the Board during the year. We can only call attention to one statement in regard to the reports from local Boards of Health.

It appears that of 1,147 local Boards of Health only 345 sent reports to the State Board of Health. This is a shameful neglect of duty, and should be remedied as rapidly as possible.

Physicians can do more than any one else to arouse an interest in questions regarding the public health, and they should use every endeavor to second the efforts of the State Board. In regard to the duty of clerks of local boards in reporting to the State Board, Dr. Baker says: "There is believed to be required nothing impossible or even extremely difficult. But the information sought to be obtained is of such importance that even though it should be extremely difficult to obtain it, there is good reason why it should be demanded until obtained. Knowledge on any subject is not likely to be collected except through some effort. This knowledge, which to the public is the most important of all knowledge, because it is needed to enable the people to act out the 'first great law of nature, self-preservation,' is no exception to the rule. It would never be systematically collected, and our present ignorance would continue to be profound, except for some methodical plans and demands for its production. It is believed to be the duty of this board to make and to continue this demand in the interests of the people until the supply shall be generous and prompt."

In this work the Board should receive the material as well as moral support of every public spirited citizen of Michigan. The prevention of disease is a much higher prerogative of the physician than its cure, and it is by united and concentrated efforts only that the general conditions of climate, soil, etc., as modifying disease in our State, can be made available for study and practical benefit. Of the nine special reports which go to make up the body of the work, we have not space to speak separately. Every one is creditable to its author, while some of them show much original research, and furnish much exceedingly valuable information. Abstracts from many of them have appeared in the public prints and been widely quoted for the benefit of the lay public. Dr. Baker and Prof. Kedzie especially have shown themselves zealous and efficient officers, and the State may well take pride in the result of their labor.

CEREBRO-SPINAL MENINGITIS. Report to the State Board of Health upon an epidemic in Monroe and Lenawee counties, Michigan; and a study of some other facts relative to the cause of the disease. By Henry B. Baker, M. D., Lansing. From the author.

This is a reprint, in pamphlet form, from the general report of the Secretary of the State Board of Health, and is a very valuable contribution to the literature of the subject. Dr. Baker shows indefatigable industry and zeal in the prosecution of the work assigned to him, and has given us some new ideas on the etiology of this disease. The pamphlet is a large octavo of seventy-seven pages, about a third of which is taken up with the record of the searching investigation into the epidemic in question, and the balance of the report with the study of the action of ergot on the system, which the author believes is a very probable cause of the disease. There are many valuable statistics collected, but we have only space to give the mortality, which is stated at 32.95 per cent of all cases reported. The mortality in the epidemic in Massachusetts in 1872 was given as a little less than 44 per cent, while that in New York in the same year was reported at 75.45 per cent. Dr. B. thinks the death rate may sometimes be rated too high, because of the constant effort of those who study the disease to exclude all but undoubted cases, which generally means severe cases.

Neither have we space to go into details of the author's study on the action of ergot, and the causes which probably led him to make the study so thorough a one. However, we may say that he found large quantities of "smut," or the refuse from the wheat ground at the mills along the river Raisin, were annually thrown into the stream, and that during the season preceding the epidemic, the wheat in that section was affected with smut to an unusual degree.

From the possible action of fungi in producing the disease, the Dr. came to study in particular the influence of ergot as an

exciting cause. He does not arrive at any positive conclusion, but the evidence which he brings forward in support of this theory is very striking, and, in future epidemics, will turn investigation into a new channel. The summary of his work he expresses in these general terms: "It is extremely probable, but not yet proved, that any substance or agency which causes unusual contraction of the nonstriated muscular tissue throughout the body is capable of being a prominent cause, and any substance, agent, bodily position, condition, sensation, or emotion, which tends to produce general muscular tension, or otherwise to force unduly the blood into the blood vessels of the brain and spinal cord, is capable of producing this disease."

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A SERIES OF AMERICAN CLINICAL LECTURES, Edited by E. C. Seguin, M. D. New York: G. P. Putnam's Sons. Price 40 cents each.

This series of publications promises to be of great interest and value to the profession. One or two will be issued each month, in neat pamphlet form, embodying, in concise language, the best thought of the best teachers in our country. No. I. on Hip-Joint Disease, by Prof. Sayre, is terse, practical, and to the point. We are especially pleased with No. II on Acute Rheumatism in infancy and childhood, by Prof. Jacobs. It is a thorough, finished, scholarly production, and, we venture to say, will stand as one of the best of the series. Prof. Flint, sr., contributes No. III. His subject is Pneumo-Thorax which he treats in his usual able manner.

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TWENTY-SIXTH ANNUAL ANNOUNCEMENT OF THE WOMAN'S MEDICAL COLLEGE OF PENNSYLVANIA. North College avenue and Twenty-first street, Philadelphia. Session of 1875-76. Rachel L. Bodley, A. M., Dean.

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PENINSULAR JOURNAL  
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Original Communications.

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*THE PHYSICIAN AS THE PREVENTOR OF DISEASE.—An Address to the Graduating Class of the Medical Department of the University of Michigan. Delivered March 24th, by PROF. R. C. KEDZIE, of the Agricultural College.*

*Gentlemen and Ladies of the Graduating Class :*

You have seen enough of life to learn that many things contrive to get themselves done, simply because it is customary. It may seem to you that one of these useless but customary things that are handed down from generation to generation is an address to the graduating medical class. You come to the present stage of your professional life, armed with all that science and art can furnish for offensive and defensive warfare with disease. You are loaded to the muzzle with diagnosis and prognosis, theory and practice, therapeutics and materia medica. Anatomy you have in every bone and muscle. Surgery haunts your night dreams and fills your day visions. Chemistry, like some

ethereal presence, pervades and controls the sphere in which you move. The very lancet in your pocket tingles for its coming use; scalpel and catlin gleam with excitement for the coming fray. Pills and powders—the artillery and musketry—are in place and ready for use. You are prepared to outflank death with a blister, or break his central column with rifled-shot of quinine. When the array of battle is set, why should I for a weary hour hold you back from the onslaught on the army of disease, or withhold you from charging the cohorts of death? Short and sharp should be the words before battle. Napoleon earned for himself the victory when he pointed to the Pyramids and cried, “Soldiers of France, you are going to fight the tyrants of Egypt. Remember, that from the heights of these monuments forty centuries gaze upon you!”

And yet this very *preparedness to do* gives me a text to address you. The logical result of all your past study and of much of the instruction in college halls is to impress your mind with the fact that the great office of the physician is to *cure*. To detect disease unerringly, to know its history and probable results, to resist its unfavorable tendencies with all the enginery of the pharmacopœa, and to assist nature in her efforts to restore the weakened and deranged organs to healthy action—such has been the drift of your thought and study. It is natural and proper that this should be so. We accomplish nothing worthy in life except by giving our whole mind to the business. Divided counsels and half-purposes have never accomplished aught of good. Their general adoption would bring in the reign of doubt and chaos.

But at this stage of your professional education it is proper to remind you that to *cure* is only half of the duty of the physician. I announce, therefore, as the theme of my discourse, *the office of the physician in the prevention of disease*.

Do not suppose I undervalue the healing power of the physician. To cure disease is a noble calling. To confront and battle with death for the relief of the suffering and the dying—to go far away from home and safety to meet in advance the dread



destroyer as did Louis and Andral, when Asiatic cholera was first sweeping over Europe,

“And crowded cities wailed its stroke,”—

to hasten forward to Memphis and Shreveport where the destroyer was reaping his yellow harvest of death, shows a heroism before which the warrior's wreath withers and fades. No braver men, no truer martyrs ever walked the earth, than those who, calmly and silently, with no waving pennon or stirring trumpet-call, taking life and all its hope in their hands, walked forth in the path of duty only to win the martyr's crown! All honor to these knights-errant of humanity and God!

But if *to cure* disease is so noble, how nobler still is the *prevention of disease*. If the one calls forth all that is noble and chivalrous in human nature, the other partakes of the divine beneficence.

I ask you, therefore, as you thus stand at the threshold of your professional life, that you forget for the moment all the enquiry of *reparative medicine* and turn your thoughts to the subject of *preventive medicine*. I ask this, not as turning your minds away from your chosen calling into a new field of thought and inquiry, but as opening up before you the whole field of your work. I ask this not from sentimental considerations—not alone from the good you may accomplish in such fields—but because your highest success even in a business point of view lies in this broadening out of your range of thought and field of work.

But to show you how much of good may be garnered from such fields, let me recall to your minds a few facts with which you are already familiar. Men often speak regretfully of “the good old times” and complain that this age has drifted so far from those ancient land-marks. Let us see whither we have drifted in medicine, and see if we would return to the times of old: Before the discovery of the prophylaxis of vaccination, out of every 1,000 deaths 100 were caused by small pox; now only one in 1,000. In other words, for the present time and for all the immeasurable future, Dr. Jenner has saved 99 persons in every 1,000 from a most loathsome form of death. What arith-

metic shall compute the happy millions who have been saved and shall yet be saved by this discovery of one man?

In former years scurvy was the scourge of every ship that floated on the seas, and in the navies of the world this foul disease killed more men than the cannon shot and sabre stroke of the enemy. By proper food and hygiene on shipboard, this disease has been remanded to the pages of history.

In the good old times, so imperfect were all sanitary arrangements that when men were permanently crowded together in masses, Typhus was so universal that it became known as jail fever, ship fever, etc. The hygiene of some of our jails has been so improved that during the prevalence of yellow fever last year some persons begged to be sent to jail to escape the fever.

I need not urge upon you the good which may be secured in every community by preventive medicine—the tide of sickness and woe which may be stayed by the efforts of one man. The common instincts of humanity should teach every man to seek the welfare of the community in which he dwells. Where removable causes are developing preventable sickness, it is the duty of every man, but especially of the physician, to remove the cause and thus obviate the effects. To refuse to do this is to cherish the spirit of the primal murderer when he asked, “Am I my brother’s keeper?”

I repeat the thought that your highest success in business lies parallel, if it does not coincide, with energetic work in preventive medicine. Preventive medicine is now pressing its claims with a emphasis never before heard. The race demands of the profession not only to repair the ravages of disease, but to save them from its power. In no class is this desire more strongly felt than in the medical profession. Whenever you find a man earnestly at work in the cause of preventive medicine, you will find in nine cases out of ten that man is a doctor. No higher proof can be demanded of the inherent nobility of our profession than the fact that physicians themselves are foremost in the onslaught upon what would seem to be the selfish interests of the profession.

Let me recall to your mind how wide is this field of preventive medicine. I advance this general proposition, that no man has a right to die of anything but old age, that is, by honestly and fairly wearing out. Any other form of death partakes more or less of the nature of suicide. I am aware that there are exceptions to this rule as there are to all general laws, but the exceptions are not sufficiently numerous to overthrow the law. But if we view human life from this standpoint, what a race of suicides! Consider the horrible fact that half of the human race die under five years of age. Ignorance is the bloody Herod that has filled the earth with weeping Rachels, and Rama is the name of every city and hamlet! Follow the phalanx of human life as it marches on and see how fast its ranks are depleted by deserters till we arrive at three-score years, only to find a body guard left. Admit that there are fixed climatic conditions unfavorable to long life; that accident and unavoidable conditions destroy a certain per cent; pass over all the victims whom human foresight and prudence could not save, and what a fearful host still remain, cut off in their vigor and prime by preventable causes! See consumption like the hovering wings of the Angel of Death, overshadowing the race; cholera and yellow fever sweeping over the land and sowing the earth thick with graves; intemperance sending body and soul to the demon's hell; typhus and typhoid gathering the sheaves of the harvest of death! Consider these and a score beside, and then tell me if there is no work to be done in the fields of preventive medicine. "Lift up, your eyes and look on the fields, for they are white already to harvest." The old superstitions which connected unusual sickness with the wrath of offended Deity, have faded in the light of science. The Black Death, the Plague, cholera, typhus, scurvy, etc., are as truly the penalties of violated sanitary laws as is death by submersion in water. As science sheds more fully its light upon these dark and perplexing questions, we see more and more clearly that sickness and pain are the fruits of our own misdoing. The "mysterious providences" about which we have heard so much, are resolving themselves into "defective drainage," "sewage contamination," "un-

wholesome food," "poisoned walls," "no ventilation," etc.

The school rooms, the lecture halls, the court rooms, the temples of religion, the halls of legislation, the hospitals, the prisons and even our secret bed chambers are full of subtle poison. God breathed into man's nostrils the breath of life, but we breathe it out the breath of death. The whispered words of love, our noblest expressions of thought, our words of prayer and hymns of praise are all wafted on poisoned wings. The old hymn says,

"Give to the winds thy fears,"

and that is the best thing we can do with them, but we must have plenty of wind to carry them away. Man is an air animal, must live in air, his house must be founded on air, every room he inhabits must be swept by viewless wings of air, and even the vesture that clothes him must be penetrated and sifted by air. All men know this, but how few obey this primal law of health! Go through this State from lake to lake, and find me five public buildings that are properly ventilated, and I will give you a diploma as an original discoverer!

Go into our cities and villages and see the festering graveyards pouring their literally *deadly* contents into every well in the vicinity; the cess-pools pouring rectified death through all the subsoil. An epidemic of dysentery or typhoid fever sweeps over the afflicted community, and men bow themselves before the "mysterious providence" and roll up their eyes as though they were objects worthy of deepest pity. Away with the impiety which would flout our filth in the face of Deity, and say that these afflictions come from his hand! The voice of God thunders as of old, "Wash you and be ye clean," if you expect his favor—clean in your persons and homes, the food you eat, the water you drink and the air you breathe—clean in thought as in life.

Let me give you a few illustrations of these statements, for coin of fact is worth an ingot of assertion.

Last month I received a letter from Dr. Chipman, of Gr Rapids, calling my attention to the serious sickness which prevailed in families living in a certain alley in that city

gather the following facts from the letter: There is in Grand Rapids a grave yard called Fulton Street Cemetery. The soil to the depth of 10 or 15 feet is gravelly and sandy, and beneath this is a tenacious clay. The land dips to the east towards the alley, on which are 10 residences. The people derive their water from wells, which penetrate two or three feet into the clay. In seven of these 10 houses severe sickness of a typhoid, or typho-malarial type has prevailed, the sickness lasting from 15 to 35 days. In the family which has resided longest in the alley, of six persons, five had the fever, three of them in a very severe form. Some of the wells are not more than 20 feet from graves. I sent for a specimen of the water for analysis, but have not yet received it. Who can doubt that these unfortunate families have been drinking the very drippings of death? What wonder that sickness has swept through the alley, visiting almost every household?

What can we call such water but a *cold infusion of death*? Grand Rapids might well exclaim, with Paul, O wretched city that I am! Who shall deliver me from this body of death? The people in this alley are literally "sitting in the region and shadow of death."

This whole subject of the disposal of the dead demands careful consideration at the hands of our profession. These city and village cemeteries, surrounded by dwellings where the water supply is derived from wells, must be suppressed with a strong hand. The old command, "let the dead bury their dead," seems to be too literally obeyed. It is certain that it is too often done without any proper consideration of the safety of the living.

You will pardon me if I bring before you an illustration that occurred in my own practice. Early in my professional life I settled in a village in the interior of the State. In one family in the village sickness was the rule. I was puzzled to account for this, for the family were temperate and regular in their habits, and I could see no cause for so much sickness. At last I examined the well; the water appeared bright and sparkling, but after standing for some time in a warm place, low forms of

life developed and offensive gases escaped. I told the husband that the well-water was the cause of their sickness. He took up a glass of the water, looked through it, smelt of it, tasted it, and exclaimed, "As clear, sparkling and good-tasting water as a man could wish! You must be mistaken." Time passed on; the sickness continued, but the question of the Prophet to the Shunamite woman continually came to my mind, "Is it well with thee? well with thy husband? well with thy child?" for I was satisfied it was *the well* with them all. A nephew died suddenly with typhoid fever; the husband went lingeringly to his grave; a son died; a daughter died; and the mother became a bed-ridden invalid. The family was broken up, and the place sold to a family remarkable for their uniform good health. Soon they began to sicken, and then I *insisted* on filling up the well and obtaining water elsewhere, when the family regained their old health with a new well.

The soil is the great reservoir to receive and dispose of decomposing animal and vegetable matter. A portion is oxidized and danger so far averted: the balance may remain in the soil, or be washed away in the currents of water usually circulating in the soil. The contaminated soil might exclaim with Hamlet's uncle:

"Is there not rain enough in the sweet heavens  
To wash away my stain?"

Yes, *unless it is a dry season!* But when the rainfall is deficient, the amount of water coursing through the ground is small, and this water becomes a concentrated aqueous extract of the soil; the water in well is scant in supply and poor in quality, and men drink in disease with every draught of this water. Throughout the State physicians have observed a marked change in the type of disease, especially in the older settled parts of the State. Typhoid and typho-malarial have usurped the place of intermittents and remittents. How much of this is due to water contamination is yet to be determined. The worst epidemic of typhoid I ever saw followed the dreadful drought of 1856. During the excessive drought of last fall and winter, when the wells were low and a supply of good water difficult to be obtained,

typhoid and typho-malarial have been alarmingly on the increase. In Lansing and vicinity these fevers have been very prevalent and severe. In many instances it has been found that a number of families, in which typhoid prevailed, used water from the same well, and in every such instance the water was found to be loaded with putrescible organic matter. In Jackson I am informed that typhoid has been very severe in the high and airy parts of the city, where the best sanitary conditions ought to exist, but that the soil is a porous sand, and that often in one part of the yard is a well, and in another the privy, with a vault leaking its loathsome contents in every direction. Who can doubt that sewage matter is the cause of this excessive sickness in such localities? The sons of the prophet once cried out in horror, "O man of God, there is death in the pot." Enlightened public opinion may yet cry out, "O men of healing, there is death in the well!"

I need not weary you to go through the long and sad list of violations of sanitary laws. From palace to hovel, you will find them everywhere. Oh that this goodly band who face me to-day would earnestly set themselves to the noble work of grappling with death at the beginning of his work, to meet him in the advance skirmish line, instead of coming in as a reserve at the end of the battle, to gather up the wounded and the dying.

I presume that you are ready to admit that in preventive medicine "there remaineth yet very much land to be possessed." Perhaps you will say that sickness and disease are the very conditions which make necessary the healing art. Why, then, should you seek to remove the conditions which alone call for a medical profession? This is the very question I want to answer, in order to show you that the best possible condition of success for a young physician is the fact that he is in hearty sympathy and enters vigorously into the work of preventive medicine.

The two or three years that follow graduation usually give the young physician abundant opportunity for calm and undisturbed philosophical reflection. I do not say that this will be the fortune with any now before me, but such things have happened, and may again. If such hours of quiet reflection should be

afforded you, you will probably be struck with two important facts: 1st, how difficult it is for an old doctor to shake off his practice, and 2d, how difficult it is for a young doctor to take on a practice. You may say, "Here is old Dr. Blank, who is an old foggy; he cannot name the parts or give the relations of the sphenoid bone, or name the arteries of Munro's circle, or tell the ganglia of the great sympathetic; yet all persons are after the old foggy when they are sick, while I, who am fresh on all these points, am left in undeserved neglect;" and you may indulge in some very natural and appropriate reflections on the ignorance and invincible prejudice of the human kind. Now your premises may all be true and your conclusions false. Dr. Blank could not name in order the ganglia of the great sympathetic, but he has what is infinitely better for his patients—the sympathy and confidence of his patrons. He has stood by their bedside in hours of sickness and anguish, knows their peculiarities and weaknesses, and the long years of faithful service have implanted a confidence which gives a healing power to his crude drugs, of which your potent remedies might utterly fail. This confidence of a patient in his physician is a central fact in the healing art, and without it a physician is shorn of his strength.

You may object that the long years of experience which are one ground of confidence in medical practice, are demanded in no other profession. Folks like to hear young ministers, we let young bankers handle our money, young lawyers get practice, and young politicians, if they have studied agricultural chemistry and know the immense value of "subsoiling," get into office. It is only in medicine that men demand the

"Years that bring the philosophic mind."

But consider the interests that are placed in the doctor's hands. If the minister mislead his flock, the penalty is only in the misty hereafter; if the banker steal our money we may earn more; if the lawyer lose our suit we may appeal it; if the politician prove a rascal, election soon comes around and we may elect another rascal; but if the doctor fail, where is our remedy? Ease, comfort, health, life—all are placed in his hands. If he fails, there is no remedy, no appeal, no new election. No wealth



of gold or wealth of love will give back to us our loved and lost.

That old cynic who thrust himself among the sons of God, who were holding a consultation over the case of Job, announced a very important truth when he exclaimed, "skin for skin, yea, all that a man hath will he give for his life." It is not wonderful therefore that for the physician, whose ministrations lay hold on the issues of life, there should be demanded a wealth of confidence required in no other profession.

There are two essential conditions for success in the practice of medicine: First, thorough preparation and qualification on the part of the physician. Second, the confidence of the community in his qualifications and in his fitness for the work. That you possess the first condition you have given pledges to the public in the fact that you are graduates of this University. The second condition, the confidence of the public, you have yet to win. Without the last, the first is inoperative, and for the time as useless as a lever without a fulcrum. Wherewithal shall a young M. D. win the confidence of the community in which is the field of his future professional life?

"Confidence," says Chatham, "is a plant of slow growth." It is more than slow, it is coy and capricious—utterly intolerant of direct cultivation. It bears much the same relation to our intellectual nature that the sympathetic nerve does to our physical nature. While it is beyond the reach of the will and is influenced only by indirect means, it adjusts us in our relations with all surrounding influences. It is the great organic nerve of social life—or rather it is the unconscious reflex action of our moral nature. Without it society would instantly expire, and a ferocious solitude would speedily blot out the race.

One effectual way *not* to win public confidence is to show yourself devoid of all fixed principles and convictions in medical practice. It is to be presumed that you have well settled views in regard to the true method of treating disease.

If you have no fixed principles of medical practice, you had better "tarry at Jericho 'till your beards be grown." If you have fixed principles, abide by them. If you are a regular, homœopath, allopath, hydropath, or are on the war-path as In-

dian doctor—whatever you really are, let it be known without equivocation or disguise. Pull down any false piratical flag and sail under your true colors. If you have adopted any of the “special theories of medical practice,” stick to that without concealment or compromise. But when your one-sided theory brings you defeat, do not be so mean as to covertly steal the rifled-guns of the regular practice to win you victory or to cover your disastrous retreat. If the disciples of any of these special theories of practice would confine themselves rigorously and honestly to their own kind of practice, in my opinion, five years would see them wiped from the face of the State. I am not now in the practice of medicine, having “fallen from grace” by accepting a professorship, but like an old soldier I like to keep the weapons of my old warfare about me. At one time a number of my neighbors came to me, one after another, each asking for 18 grains of quinine. The uniformity of this request excited my curiosity, and I asked the meaning, when I was told that they had had a homœopathic doctor prescribing for them for two weeks for the ague, and he had told them that he had so improved their general health that it was now safe to break their chills; to go to Dr. K. and get 18 grains of quinine, and that would be all the medicine they would require. Honor forbids such dishonest practice; manliness lies in no such devious path.

There are some in the profession, I am sorry to say, who, while claiming to be regular in their own practice, will still coquet with these special systems for popularity and profit. In their honesty as well as in their shrewdness they remind me of the dying Scotchman who was required by his confessor before receiving absolution, to renounce the devil and all his works. “Eh Sir! I’m ganging into a strange countrie, and I dinna ken wha I may meet.” If you have no principles in your professional life, there is *no* doubt whom you will meet!

I have said that confidence is utterly intolerant of direct cultivation. It may seem paradoxical to say anything about cultivating the confidence of the community in which you dwell; but there are methods of culture worthy of the thoughtful consideration of every young man. Confidence is not bought or sold;

there is great force in the expression, "we *give* our confidence." It is a *gift*, and we give it to every one who proves himself worthy of it. The great Apostle of the Gentiles struck the keynote of genuine confidence when he exclaimed "I seek not yours, but you." The intelligent endeavor to advance the real interests of those about us is the best way to secure confidence. Selfishness in its very nature tends to its own defeat, but a generous nature that "seeketh not her own," tends to secure the very good which it does not directly seek.

No man acquires distinction by doing what any one can do. The common place is never the distinguished. A man may follow the highway and go with absolute certainty from here to Detroit, and not become a hero by such a feat; but if the intervening space were a trackless wilderness and a man should proceed with the same directness and certainty, we would regard him with respect. To do a thing which the common-place man cannot do is to acquire distinction. To possess knowledge which is unattainable by others is a ground of distinction, but people do not stand in awe before the possession of knowledge which is equally open to every one. This is one reason why people have so little respect for mere book-learning. Another reason is that second-hand knowledge is only half-knowledge. The mind has such a profound respect for originality that even the lying pretense of originality will often awaken the enthusiasm of men. We often give vent to a righteous indignation by denouncing quackery; but the study of its methods may elicit many curious facts. Much of it is mere deception and only awakens disgust; yet how shall we explain the singular hold it has on many of our kind?

A pure specimen of the quack visits Lansing occasionally. He wears very long hair, carries watch seals of mysterious form, and a cane big enough to knock down Death at sight. He claims to be a "clairvoyant, can see through the bodies of men and behold their diseases just as one sees dirt suspended in water; he has a medicine of wonderful power which will race through the system with the searching power of lightning, seeking out and destroying the disease wherever it is, but gentle as the sun-

shine which searches out and destroys the darkness." Men eagerly buy this wonderful medicine at \$5.00 a bottle and the quack draws in green-backs from the pockets of green-horns. Yet this wonderful medicine is only the common "sarsaparilla syrup" of the soda fountains—simple syrup flavored with oil of sassafras. Why will people pay freely their hard-earned money for such stuff? Because they believe he has sources of information not open to other men.

At a State fair at Jackson a few years ago, I amused myself by listening to the "lingo" of a vender of "lightning oil." To hear his talk you would think there was an acre of lightning in each bottle of oil, and men cheerfully drew up the "bottom dollar" to buy a bottle of this wonderful oil. If you should tell the buyer that this oil was nothing but alcohol holding in solution a little chloroform and essence of peppermint, and you would make any quantity for him for 25 cents a bottle, he would refuse your mixture, because any one could make that.

Perhaps the quack is a spiritualist and the secrets of the unseen world are at his command, and disembodied spirits give him information and do his bidding. Do not suppose that such credulity is confined to the ignorant and degraded classes. Read the confessions of Robert Dale Owen concerning Katie King, in the January *Atlantic*, and remember that the Vice-President of the U. S. and Members of Congress attended these driveling "seances," if you would sound the immeasurable abyss of human credulity!

If we examine the foundations of successful quackery, we shall find it rests upon two falsehoods, first, that they have sources and means of knowledge not accessible to other men; and second, that they possess remedies, which, in nature or form, can be used by no others. Take away these two foundation stones, and the huge temple of quackery would tumble in promiscuous ruins.

I do not bring the methods of the quack before you for approval or imitation, but it was long ago conceded that it was right to learn from your enemy. I do not undervalue books, for they are the priceless legacy of the past, and we should

be poor indeed without them. But the use of books has its limits. The knowledge you derive from them is in no proper sense your own. You may verify it at the dissecting table, in the laboratory or in the sick chamber, and thus make it your own, but otherwise it is an alien possession. Hearsay evidence is excluded from courts of law, and hearsay knowledge is excluded from the chancery court of life. There was a wonderful insight into human nature in the old Greeks who made *to have seen* the full equivalent of *to know*. In science we know nothing properly till we have seen it. If, in your coming "struggle for life," you are pitted against the quack, armed only with book-knowledge, unverified and second-hand information, while the quack couches his lance of original information, he will drive you to the wall. You must have something better and stronger than mere knowledge of books. You must make that knowledge your own by personal verification. You must also possess and exhibit powers of original observation if you would command the confidence of an observing and critical public. You must possess the learning of the scholar and at the same time exhibit the aptitude of the philosopher.

Preventive medicine opens before you a wide field in this direction—a field in which you may win for yourselves public confidence in regard to your professional work. To intelligently apprehend the causes of disease, to show the community that you have other sources of knowledge than what is already crystallized in books, to exhibit an earnest desire to remove all recognized sources of sickness—these will command a confidence "more precious than rubies." By entering on such disinterested work you will also place yourselves above all suspicion of mercenary designs, which saps the foundations of confidence, for the work itself would seem to be in direct conflict with your selfish interests. Disinterested effort is the very nursery of confidence. Let it be known in any community that you of all men most earnestly and intelligently seek to remove all causes of disease, and you of all men will be chosen to minister to the diseased. I know this statement has its limitations. I know that there is a class in society who look with suspicion on every

*SALICYLIC ACID.* By R. ROTHER.

The exceedingly high price of at best but an impure salicylic acid will unquestionably interfere with its general application, even if the most exaggerated effects attributed to it by its sanguine supporters should ultimately be realized. On the supposition that it represents all the admirable virtues that its eulogists claim for it, then the unfortunate circumstance of its commercially impure condition will render it liable to extensive sophistication. If, in addition to its natural impurity, an intentional adulterant is associated, the merit of the preparation will correspondingly suffer; and that it will be subjected to fraudulent contaminations is undoubtedly certain, since this can be easily inferred from the unusual inducements its particular form and market value present. Pure salicylic acid is white and crystalline, but it can only be brought into this form with the greatest difficulty, hence the commercial acid is variably impure from the persistent contact of certain coloring matters peculiarly associated with the derivations of phenol. It is not the coloring matter, *per se*, that is so objectionable in commercial salicylic acid, as this acid may be medicinally just as effective as the absolutely pure, but the objection is based upon the comparison with other organic principles largely employed, in whose composition no foreign taint is even approachingly tolerated, as quinine, for instance. What physician would submit to having an "unbleached" quinine dispensed on his prescription? The question as to salicylic acid would be a parallel one. But nevertheless there are manufacturers who, although very pretentious about the high standard of purity self-evidently inherent to their goods, have loudly advocated the general use of such potent agents in a semi pure condition; and these are foremost again, in attempting to palm off an impure salicylic acid. With the necessary skill and mechanical appliances salicylic acid can be produced in a perfectly pure state, and consequently a manufacturer who can furnish pure quinine can as readily prepare a pure salicylic acid. But it is also evident that a fabricator who mainly throws himself upon the production of a line of goods whose exact medicinal status is exceedingly difficult for most any fellow to find out, and whose capabilities are

insufficient to produce an acceptable morphine, would consequently be able to turn out but an impure salicylic acid.

The remarkable tenacity with which the inevitable colored products attach themselves to the phenol derivatives amply evidenced itself to the writer in his experience with the phenylsulphates. But by the application of a peculiar method, the writer succeeded in overcoming this affinity, and thereby obtained especially the sodium salts free from discoloration. This was effected by precipitating the sodium phenylsulphates from the crude solution by adding sodium chloride to saturation, redissolving the precipitate in boiling water, and completely decolorizing with animal charcoal. Hence it is the writer's opinion that the crude salicylic acid could be purified by the same or a similar method.

Without further digressing upon the yet doubtful salicylic acid, with its enormously high price, it would seem eminently proper and expedient to put in a good word for benzoic acid. The superior state of purity of benzoic acid, and its greater solubility in water, which is one in two hundred of cold and but twenty-five of boiling water (salicylic acid is only soluble in one thousand parts of cold water) are already marked advantages, but the incomparably lower price is a still greater recommendation; however, the culminating scope of its excellence is reached in view of the fact that benzoic acid is very probably the better antiseptic of the two. The application of benzoic acid as an antiseptic is nothing new, however; it has most generally been employed for this purpose in the shape of gum benzoin, which averages about fifteen per cent. of the acid.

Before salicylic acid was brought out, the writer had been using benzoic acid for a novel purpose, with entire success. It being so difficult to keep a solution of pure magnesium citrate in a condition of freshness during even a very limited period, the writer resorted to the excellent method now so generally employed by pharmacists everywhere, which consists in a manipulation whereby the magnesium citrate and potassium bicarbonate are kept asunder by the intervention of an undisturbed stratum of dense syrup. It was, however, soon observed that two very interesting annoyances speedily made their appearance. One was

the formation of organic flocculi, and the other a dissociative tendency in the magnesium citrate whereby white, although soluble incrustations crept up from the liquid on to the curved walls of the glass. With a view to circumvent the mouldy growths the writer added one-sixth grain benzoic acid to each bottle of the solution, which not only checked the abnormal tendency but also entirely obviated the chemical change in the saline constituent. This interesting circumstance is simply remarkable. According to Pasteur's repeated demonstrations, the experiments of all the adversaries of his theory to the contrary, it seems that there is a wide difference between the different actions usually classed together under the general term fermentation. Pasteur's conclusive results show that what is popularly known as fermentation and putrefaction are simply the evidences of animalcular life, the decomposing body constituting the food of the animalcules and the products of the fermentation, taking the alcoholic fermentation as an instance, the alcohol, carbonic acid, and a few other concomitants, are simply the excrements voided by the animalcules. The signification is, therefore, in this connection, erroneously applied; or calling this fermentation, then, septism would be a better designation for the actions apparently analogous to fermentation. Septism, as the writer chooses to call it, is that undetermined action whereby, unaided by living organisms, either total disruption or molecular disintegration of certain bodies is effected. It, however, bears a close relation in several particulars, to galvanic action, and we may assume that the transformation is caused by a galvanic arrangement based upon molecular insulation and atomic vibrations of a peculiar order. Generally it is taken for granted that the so-called catalytic action of certain bodies is analogous, if not identical, with the power of the natural ferments, as emulsin, diastase, pepsin, &c., and therefore it is assumed that the action of sulphuric acid on alcohol in the formation of ether, is identical with the conversion of albumin into pepton by the action of pepsin and chlorhydric acid.

The effects may be arranged into isologous or homalogous series, differing in intensity and rapidity by a coefficient of action



characteristic of the series. Although sulphuric acid would not ordinarily be considered a true septase, it yet belongs to that category, having, however, a slower septic force. In this case the mode of action can be more definitely observed, being characterized by a system of decompositions and recompositions which is also characteristic of the voltaic pile, but infinitely more rapid. Dialysis may be simply a modification of this force, having a very low order of intensity. As solution is disruption in a certain sense, by increasing the molecular and atomic distances, hence dialysis may determine a dissociation, that is, a portion be torn off by the more rapid transmission of the rest. According to Graham's view the dialysis of gases is effected by a preliminary condensation to the liquid state before they can pass through the septum. This also agrees with galvanic action, as the liquid state is indispensable to its propagation. It may here be in order to suggest that perhaps the anomaly exhibited by certain gases in regard to Mariott's law, is due to a degree of condensation which marks a transition analogous to the pasty condition of certain metals and other bodies in passing from the solid to the liquid form.

From these illustrations and comparisons it becomes evident that the action of a true septase is purely chemical and mechanical in character, and differing apparently from the fermentations induced by living organisms. The relation is, however, not so distant when further viewed, since it must be considered that the real active principle or principles of ordinary yeast are analogous to the ferments or digestive principles of all living or organized beings. The fermentative action of yeast is therefore a combination of several actions which, as a whole, is termed organic, each of which, in itself, is, however, either purely chemical or physical or both.

An antiseptase or body which annuls fermentation and septism may be considered as one whose order of atomic vibrations is antagonistic to that of the septase, however certain bodies which arrest fermentation are without influence on septism. Thus cyanhydric acid is said to be powerfully destructive to the yeast animalcules, but the writer has observed that syrup of wild

cherry will ferment in spite of the cyanhydric acid, but that the transformation of the sugar into the uncrystallizable state is effected by the emulsin (?) just the same.

The writer would now suggest that benzoic acid in exceedingly small amount be incorporated with all medicinal syrups prone to ferment.

In conclusion, the writer would also suggest that the body known as tribromophenol or bromo-carbolic acid, be submitted to a trial as an antiferment generally. Its peculiar form and composition seem to fit it most admirably for the purpose. This body would be even much cheaper than benzoic acid. It is white, crystalline, slightly soluble in hot and practically insoluble in cold water. It is very soluble in alcohol, chloroform, and the and the fixed and volatile oils. It combines firmly with bases forming generally very soluble salts. Its solution in alcohol possesses the sharp, burning taste of phenol. It is easily prepared by mixing diluted aqueous solutions of carbolic acid, and bromine with potassium bromide.

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*TWO CASES OF ANEURISM.*—Reported to the WASHTENAW COUNTY MEDICAL SOCIETY, by DONALD MACLEAN, M. D., *Prof. of Surgery University of Michigan.*

1. *Aneurism.* Two cases had presented themselves at the clinique during the session just closed.

The first was that of J. R. K., recommended by Dr. Post, of Ypsilanti.

The patient is a carpenter, aged 41, married; general health good. Patient states that while serving in the Union army in 1862, he received a wound from a pistol ball, which, coming from an eminence above him, penetrated the lower part of the neck on the left side, passing in a direction downwards, backwards and inwards. That a few days after the injury, the swelling having subsided, a distinct buzzing sound was heard over the spot where the ball had penetrated. In reply to questions asked before the class, the patient stated that at the time of the accident there was *no hæmorrhage*, that there had been no change

that he knew of in the condition of the parts since the original wound healed, which it did shortly after the receipt of the injury; also, that having been frequently examined by different medical men his ailment had *always* been diagnosed as "*a false aneurism of the common carotid artery.*"

When this patient appeared before the class, the following points in his case were considered of especial interest.

First. General health unexceptionable. Second. The cicatrix of the original injury was distinctly visible one and one half inches above the left clavicle in the center of the triangular interval between the sternal and the clavicular insertions of the sterno-cleido mastoid muscle. Third. Absence of aneurismal sac. Fourth. Peculiar and characteristic sensations communicated to the fingers applied over the seat of injury, viz: a. A strong arterial pulsation synchronous with the action of the heart; might be termed, with propriety, aneurismal pulsation. b. A continuous, thrilling sensation resembling that which is afforded by the movements of a bee in a paper bag. This latter sensation was superficial and limited to a comparatively small area, and compression (even slight), applied over this area, at once arrested it. Fifth. On auscultation with the stethoscope a sound was heard which may be described as a "continuous, harsh murmur like the ceaseless rushing movements of the steam forge hammer." Sixth. On pressing deeply into the tissues in the immediate neighborhood of the injury, a hard mass could be felt which suggested the presence of a foreign body, but which, no doubt, is a mass of bone developed in the altered tissues of the affected vessel, a condition frequently noticed in cases of arterio-venous aneurism. Seventh. That the diagnosis of false aneurism of the common carotid is, by the history of the case and by the symptoms just enumerated, clearly proved to be incorrect, the case being obviously one of arterio-venous aneurism of the common carotid artery and the internal jugular, or one of the inferior thyroid veins. Eighth. That operative interference is entirely out of the question.

The second case of aneurism was recommended by Dr. Montary, of Marshall, Mich., and was admitted to the University hospital on the 27th Feb., 1875.

The patient was a colored man named Walter Bell, *aet.* 26. He gave the following history of his case: He was injured during the war by a ball or piece of shell striking in the line of the femoral artery about an inch below Poupart's ligament in the left thigh. No hæmorrhage of any consequence occurred at the time of the injury. The patient suffered very little inconvenience of any kind from the wound and received no treatment. He believed that a foreign body of some kind had penetrated his thigh, and that it had never passed out or been removed.

He stated that his health had always been good, and that he had never suffered in any way from the injury to his thigh, although there had remained from the time of the injury a small defined swelling which pulsated, and communicated a peculiar thrilling sensation to the hand applied over it. A slight, superficial scar at the original seat of injury, and this small but peculiar swelling were the only results, which, so far as patient knew, had remained from his wound. Three weeks ago, however, a sudden change took place. The swelling all at once became very much increased, the part became painful, and patient was compelled to keep his bed.

On admission, the following conditions were found: The general appearance of the patient indicated acute suffering and very considerable debility, tongue coated, pulse 90, bowels constipated, appetite bad, temperature  $99\frac{1}{2}$ . The old cicatrix was distinctly visible one inch below Poupart's ligament and right over the femoral artery; Scarpa's triangle was completely filled with a tumour of irregular form, which pulsated distinctly and uniformly, but not very forcibly. Patient complained of burning pain and great tenderness in the part, and a red inflammatory blush could be plainly seen through the naturally yellow complexion of the skin. Compression of the external iliac arrested completely the pulsation in the tumor, but did not in the least diminish its size. The whole limb was slightly œdematous.

The diagnosis was, secondary false aneurism of the common femoral artery.

Treatment, ligature of the external iliac.

Prognosis, without operation, certain death within a few days

from hæmorrhage, and with operation, very unfavorable, owing partly to the general condition of the patient and partly to the fact that the large tumour and the serious interference with the circulation had lasted so short a time, viz., three weeks, that the collateral circulation and the tissues of the limb generally could not be expected to be in a favorable state for any operative procedure.

The external iliac artery was tied, as a last resort, on the 6th March. No special difficulty was experienced in the performance of the operation, which was done in the usual way.

The artery was found very greatly enlarged and its coats much thinner and softer than natural, suggesting the apprehension that in the event of the patient passing through the earlier dangers of the operation, secondary hæmorrhage would be extremely likely to occur at a later period.

Death occurred from mortification and peritonitis forty-eight hours after the operation.

The autopsy revealed the following facts: The ligature had been applied to the external iliac quite correctly in every respect. The external and common iliac on the affected side were at least one-half larger in diameter than the abdominal aorta at its termination.

No wound or opening could be found in the femoral artery opposite the superficial scar on the front of the thigh. A large quantity of fluid blood was found occupying an undefined cavity in the tissues of Scarpa's triangle. On turning out this fluid and tracing the vessels downwards a *pair* of well defined sacs were found at a point nearly two inches below the origin of the profunda; one of these belonged to the femoral artery and the other to the femoral vein, and the two sacs communicated with each other. Each of these sacs was about half the size of a common hen's egg, and it was evident that the large secondary false aneurism of recent formation had been the result of rupture of the arterial sac. The venous sac remained entire, except, of course, where it communicated with the arterial one. In both sacs there was calcareous deposit, and in the venous one a well organized sliver of bone resembling the half of a breast bone of a common fowl.

The case was one of secondary false aneurism supervening upon a varicose aneurism of long standing.

This complication might have been diagnosed *before* rupture of the arterial sac, and so also might the true situation of the original disease in the artery (which was certainly remote from what was naturally expected), but of course these points in the diagnosis were impossible after the rupture of the primary aneurism. Knowledge of either of these facts would have led to a different method of treatment, as follows: Had arterio-venous aneurism of ten years' standing been diagnosed, no operation would have been attempted, because experience has shown that this condition, when it has lasted for any length of time, always induces those changes in the arterial walls which were found in this case, and which are certain to result in secondary hæmorrhage in the event of the artery being tied. And in the next place had the precise seat of the lesion been determined, viz., two inches below the origin of the profunda, the old operation with the aid of Esmarch's elastic bandage should certainly have been preferred ~~by~~ the Hunterian method.

The case, although an unfortunate one, is highly instructive and interesting, and to those who are entitled to form an opinion upon the subject, will not be regarded as a discreditable one to surgery.

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*A CASE OF CONVULSIONS AND ERYSIPELAS.* By W. H. ROUSE,  
M. D., Detroit.

The subjoined clinical report seems worthy of a passing notice on account of certain peculiarities.

W. C., a previously healthy boy of one year old and not weaned, seemed somewhat restless and feverish on the 7th of April, but this excited no particular attention. I saw the child about 2.30 o'clock on the following morning. It was apparently recovering from convulsions of some severity. It was reported to have been in convulsions about half an hour. The pupils were contracted, and the eye quite sensitive to light. There was some twitching, considerable retraction of the head, and very marked

tenderness along the spine, especially in the upper part of the dorsal portion. The pulse was slow and the bowels not constipated, they having moved several hours previous to the attack. On the outer part of the left leg a little below the knee was a small burn, about an inch long, but nearly healed. The parents said they could remember no fall or injury the child had sustained except the burn.

I ordered castor oil as a cathartic, and bromide of potassium and ergot to relieve the congestion of the brain and spinal cord. I saw it again about 10 A. M. The oil had acted, pupils normal, tenderness along the spine less marked, head still retracted, general symptoms favorable, the bromide mixture continued.

Apr. 9th, 9.30 A. M. Nervous symptoms very much relieved. There were some fever and restlessness yesterday afternoon and evening. The bowels had moved, but the passage was green and offensive. In the vicinity of the burn on the leg there were redness and swelling, the throat was inflamed, and presented the usual characteristics of the prevalent "sore throat." Ordered hyposulphite of soda, both externally and internally.

Apr. 10, 10 A. M. Considerable fever yesterday afternoon and evening. The bowels relaxed and passages green, tenacious and offensive. The stomach irritable, some emesis. The erysipelas had extended to the foot and above the knee. Ordered oil to relieve the bowels and antiperiodic doses of quinine after the subsidence of the fever in the evening. Tr. iodine was used around the inflamed portion to prevent its spreading; other treatment as before.

11th, 4 P. M. Fever not so well marked, the whole leg and foot inflamed, bowels swollen and tender, passages offensive emesis continued. Hot fomentations were applied to the bowels, and the child removed from the breast. Treatment continued, with Tr. Ferri Mur.

The mother's health was good, but she was very anxious in regard to her child. Her breasts became flaccid, and milk appeared to be the cause of the trouble with the child's stomach and bowels, hence the request that it be not permitted to nurse.

Apr. 12th. The stomach and bowels much better, the fever quite slight, and the condition of the limb much improved. Early this morning the child was permitted to nurse, and in about two hours became very restless, cried, drew up its limbs, seemed to have a return of its previous trouble with the bowels, and the limbs became much worse. The bowels were relieved by hot fomentations and an injection. The quinine and iron internally, and the hyposulphite of soda to the limb were continued, with strict injunctions not to permit the child to nurse.

Apr. 13th. Child much better, no trouble with the bowels, erysipelas below the knee, principally. Treatment continued.

Apr. 14th. Still considerable redness about the ankle, symptoms more favorable. From this time the child continued to improve with no feature of especial interest.

Now, in this case there are several features worthy of note, viz:

1. The convulsions, opisthotonos, and tenderness along the spine, with most of the usual symptoms of cerebro-spinal meningitis.
2. The marked remittent character of the fever and erysipelas, they being both aggravated in the afternoon.
3. The condition of the alimentary canal, somewhat resembling enterocolitis, or summer complaint.
4. The marked influence of the mother's milk on the child's bowels and on its general condition.

The injurious effects of the milk seems to have been due to the peculiar mental state of the mother, for her milk was innocuous both before and after the illness of the child, i. e., when the maternal mind was tranquil. This peculiarity should be remembered while treating the enterocolitis, of the summer months.

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## Proceedings of Societies.

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### WAYNE COUNTY MEDICAL SOCIETY.

THURSDAY EVENING, May 6th.—The society met at Dr. Leonard's office, the President in the chair. Dr. Leonard acted as Secretary *pro. tem.*

The subject of the evening's discussion—dyspepsia—was introduced by Dr. Harlow, who said, in his early practice he did not meet with as many cases, relatively, as now; attributed the cause now, in great part, to the amount of "pills" dealt out by patent right men to people promiscuously, and instanced cases where parties had not gone to bed for several years without taking the customary dose. Another cause is rapid eating, etc. He regarded "mixed meats" more pernicious than "mixed drinks."

Among other symptoms he noticed a peculiar binding or cording of the arm, especially after exercise, as quite common in advanced cases. Always more or less acidity of stomach, and irregularly acting bowels. There is a multitude of remedies, and all may fail. Regards pure air and plenty of it, wholesome food and proper exercise, as more efficacious than drugs. Regards *nux. vom.*, *pepsina* and *bismuthum* in combination, the most applicable combination. *Hydrastis* also good. If acidity, rheum and potassic bicarb.

DR. ROUSE seconded Dr. Harlow's theory of cause, and would add coffee, tea and tobacco. Regards regimental drill and exercise as the best remedies; camp life being excellent. Doubts the utility of *pepsina*. *Capsicum* good in certain cases.

DR. MULHERON regards dyspepsia as a *symptom* only. It may come from *hypo* or *hyper*-secretion of the gastric juice, and this fact explains the so generally inefficacious treatment. Regards improper manner of living one of the most common causes. The artificial hurrying, bustling life of Americans predispose them to it. Mental trouble, also prolific in its dyspeptic fruitage. Regards the excessive use of common salt as a most com-

mon cause, this changing to H Cl. in the stomach, giving rise to excessive acidity; where strict surveillance was had over salt-eating he had seen beneficial results in cases where no other treatment was employed. Meat should not be eaten to excess.

DR. GUSTIN—Regards dyspepsia as a symptom only of either a local or a more foreign implication of proper functional action of the system at large. Regards some cases as incurable, especially when a complication, as in phthisis. Over-acidity should be treated by some largely diluted acid (H. Cl. preferred) given *before* meals, as it is a symptom of *weakness* of the stomach; the acid acts by strengthening the glands and restoring tone to the walls, zinci sulph. (gr. 1 to 1 cup water) also good; the other kind (coming on a while after eating), regarded as a fault of the intestinal tract; this would require a different, or nearly opposite course of treatment to the other.

DR. KIER—Causation, owing largely to irregularity in food-taking and improper quality. Regards it as a *debility* of the stomach, chronic inflammation being an entirely different thing. Narrated a case significant of how the laity regarded dyspepsia, where a young babe at the breast was said to have it by its mother, because it vomited. At last a lumbricoides was thrown up which was seven inches long. A unique case, as the child was so young, and at the breast.

DR. LEONARD mentioned excessive drinking at meal-time (as it prevented proper salivation of the starches and their mastication) and irregularity of the teeth (some having been lost) as two prime causes not yet mentioned. Regarded the excessive acidity after meals as due more to butyric acid and fermentation rather than H. Cl. Would advise *meat* diet in all such cases; even if it was of the H. Cl. variety (the more rare kind), thought meat the best, as this was wholly digested by the acids and pepsine of the stomach. Regarded pepsina as good treatment in many cases; also mixture of liquoris bismuthi, alk., syr. rhei, potassii bicarb. and acidi carbolici as excellent.

DR. STEWART—Recognizes three kinds of dyspepsia—nervous, inflammatory, and duodenal. In first, pain before eating; in third, about one hour after meals; in inflammatory, when H Cl

is not properly given out. Gives H. Cl. dilute to good advantage. His experience is that of Dr. Leonard's, that meats are the best diet. Pepsina also good, especially when combined with H. Cl. In nervous, gives nux. vom. and arsenic, Begins by "blue pill;" aloes, nux vom., taraxacum and gentiana, in pill, also good. Does not endorse the salt theory of Dr. Mulheron. In cases of reflex irritation, counter irritation to spine was valuable.

PREVAILING DISEASES. DR. KIER—Pneumonia and scarlet fever; latter mild. Fatality of puerperal fever spoken of by the members present. A committee was appointed to draught resolutions expressive of the feelings of the Society upon certain practitioners continuing their obstetric practice. The committee reported the following, which were adopted:

WHEREAS, It appears from the mortality reports of the past few months that puerperal fever is unusually prevalent in this city; and

WHEREAS, It is a fact almost universally recognized by the medical profession that puerperal fever is a highly contagious disease, and that it is possible for physicians and nurses to be the bearers of the contagion from patient to patient; and

WHEREAS, It has come to the knowledge of this society that the puerperal fever that is at present afflicting this community occurs principally in the practice of a very limited number of the physicians of this city; and

WHEREAS, The prevention of disease is a duty as incumbent on the physician as its cure; therefore be it

*Resolved*, That it is the opinion of the society that the physician who does not for a sufficient length of time discontinue his obstetrical practice, after the occurrence in such practice of several cases of puerperal fever, lays himself open to discipline, and acts in violation of his professional and moral obligations.

Dr. Harlow reported a case of membranous croup, relieved by turpeth mineral.

Dr. Gustin was appointed to open the next debate upon the "Contagiousness of puerperal fever."

C. H. LEONARD, M. D.,  
*Sec. pro tem.*

P. STEWART, M. D.,  
*President.*

## Ophthalmology and Otology.

CLINICAL LECTURE ON MIDDLE-EAR AFFECTIONS COMPLICATED WITH ADENOID VEGETATIONS IN THE NASO-PHARYNGEAL CAVITY. By Prof. POLITZER, Vienna. (*Allg. Wien. Med. Ztg.*) Translated from the German by A. G. SINGLAIR, M. D., Detroit.

(Continued from May No.)

The number of cauterizations depends upon the size of the growths and the extent of mucous membrane involved, and although, in the case before us, six cauterizations were sufficient to effect their complete removal, in other cases a much greater number are found necessary, and it can only be said in general terms; that the cauterizations must be continued until no prominences can be detected on the pharyngeal mucous membrane by digital examination. I must here observe that I prefer this method of examination to that with the pharyngoscope, because, while it produces no greater irritation than the use of the mirror, any unevenness of the mucous membrane is more readily detected, especially where the membrane is covered with mucus. The removal of the growths by means of curved nippers, as recommended by Meyer, is adapted only to those cases in which they are isolated, and do not rise from the mucous membrane by broad bases. With reference to the value of the galvano-caustic method of treatment, recommended by Voltolini, I am not prepared to speak, having invariably followed the methods above described.

Let us now return to our patient. As already stated, I proceeded to remove the growths by cauterization with nitrate of silver, using the instrument already shown you. After the third application the good effect of the treatment became evident, inasmuch as on both sides the middle-ear could then be readily inflated by means of the air balloon, which, as we had already seen, previous attempts failed to accomplish. Through the destruction of the excrescences in the pharynx the swelling of the Eustachian mucous membrane was also reduced. Three weeks

of treatment, during which the middle-ear was inflated three times a week, sufficed to restore normal hearing to the right ear, but that of the left was still somewhat imperfect. On digital examination the mucous membrane was found to be perfectly smooth. The patient could again respire freely through the nose, and had entirely lost that peculiar expression of the countenance previously observed while breathing through the open mouth. This symptom classifies our patient with those cases published by Meyer, whose work contains the photographs of six patients, illustrating the difference in the expression of the face before and after the removal of the vegetations.

Since then the patient has been entirely free from relapses, such as followed the methods of treatment previously adopted, but we still use the air balloon at intervals of several weeks.

This case is of practical interest in several respects. In the first place it shows that inflammation of the middle-ear attended with free secretion and marked swelling of the mucous membrane, may sometimes continue for many years without inducing permanent tissue changes, although, frequently, in an attack of brief duration connective-tissue growths are produced which by destroying the mobility of the ossicula auditus permanently injure the hearing. We learn, further, from this case the intimate relation which exists between disease of the naso-pharyngeal walls and that of the neighboring mucous membrane in the middle-ear, and how greatly the cure of the aural disease may depend upon the energetic treatment of the pharyngeal affection.

In the light which the works of Meyer have thrown upon this subject a very great advance has been made in the therapeutics of aural disease.

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*LACHRYMAL FISTULA CURED BY A SINGLE INJECTION  
OF TINCTURE OF IODINE.*

This case is recorded by Dr. Del Toro, in the *Cronica Oftalmologica de Cadiz*. The patient, a woman of twenty two, had been affected for three years with a fistula of the lachrymal sac

of the right eye,' which took place after the formation of an abscess. Pure tincture of iodine was injected by means of one of Anel's syringes. Inflammation of the internal men brane of the sac, extending to the conjunctiva, was the result. Fomentations with a solution of borate of soda were applied, and a complete cure was effected in the space of four or five days. Dr. Toro mentions that the existence of conjunctivitis confined to one eye ought always to induce the surgeon to suspect either the presence or the imminence of lachrymal fistula.—*Lancet—Braithwaite's Retrospect.*

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*A PATHOGNOMONIC SYMPTOM OF THE MORIBUND CONDITION.*

Dr. John Shrady, in a paper upon the "Moribund Condition," recently read before the Yorkville Medical Association of this city, maintained that the earliest, and therefore most valuable symptom of approaching death, was the up and down movement of the trachea; that the inferior laryngeal nerve, owing to a partial paralysis, or impairment of its function, is concerned in the production of this phenomenon, and sounds the first note of alarm that the medulla oblongata is invaded.

The tracheal symptom is particularly prominent in fatal cases of uræmic convulsions, opium poisoning, apoplexy, and delirium tremens; the air then ceases to stimulate the glottis, the respiratory movements are impaired, and the lungs can no longer decarbonize the blood.

In pneumonia this symptom is of especial value, anticipating as it does alarming changes in pulse and temperature; while in phthisis, the doctor has known it to be a precursor of death three weeks in advance. Its presence or absence in membranous croup should be, in his opinion, an important element in the prognosis of a given case of tracheotomy.—*Med. Record.*

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*A REMARKABLE NERVE TONIC.*

Dr. J. J. Caldwell, of Baltimore, in a paper published in the *Virginia Medical Monthly*, gives an account of a Mexican plant

called *damiana*, possessing singular aphrodisiac powers. He relates the following cases in illustration of its action :

Case 1. Mr. H., of Carroll county, Maryland, aged 70, called, June 1874, to be treated for impotency. As he had just married his fourth wife he manifested great anxiety concerning his weakened powers. I advised him to try the benefit of the Faradaic current through the genito-sacral plexus. His occupation being such as to require almost constant travel, he was unable to follow my orders in this particular. I then placed him upon the strong tincture of *damiana* in table spoonful doses three or four times a day, which resulted in a marked improvement in his procreative powers, so that after a few weeks continued use of the remedy he reported himself "well able to enjoy sexual congress, of course observing a moderation due in a man of his age."

Case 2. In October, 1874, Mr. M., of Baltimore, informed me that his wife, after a severe illness with mental trouble, lost all her sexual appetite, her age being 40. Her health being re-established, I resorted to this nervine tonic with very happy results. Her husband being robust and vigorous, as a matter of experiment used the same remedy in tablespoonful doses twice a day, resulting in excessive and almost ungovernable sexual desire; and this has proven true in several other cases of vigorous constitution upon which I have experimented.

Case 3. Col. L., of Baltimore, aged 55, called December 1874, suffering from general debility of the genito-urinary organs, attributed to the excessive use of alcohol. He, too, was placed upon tincture of *damiana*, and following it up faithfully for a month or six weeks with the very best results, greatly increasing his urine, besides improving his sexual ability.

Case 4. Mr. K. has been under my care for over a year, suffering from stricture of the urethra with extreme irritation of the bladder (sympathetic). The stricture was treated by galvano electrolysis successfully, by placing an elastic insulated steel-pointed catheter, attached to the negative pole of the galvanic battery, applying the same with gentle pressure, while the positive pole, a zinc plate four inches square, covered with a napkin saturated with salt water, was placed over the sacral spine; these applications were made on alternate days, with fifteen minutes application each. After the stricture had been absorbed and removed by this mode of treatment, the irritability of the parts yielded to the use of the tincture of *damiana* in moderate doses, twice a day.

## Correspondence.

MESSRS. EDITORS :—Will you permit one who is deeply interested in the progress of regular medicine in our state to submit a few thoughts to the profession upon the condition and prospects of the “ Old School,” arising from the introduction of homœopathy into the medical department?

Under a somewhat vague and elastic title the late Legislature authorized the Board of Regents to establish a “ Homœopathic College as a branch or department of the University,” and granted the requisite pecuniary aid, with the sole restriction that it should be exclusively applied to the fulfillment of the conditions of the act.

The phraseology employed, “ a college as a branch or department.” indicates a want of comprehension of the sense in which the term “ department” has hitherto uniformly and with manifest propriety been applied. In chapter 25th of the Revised Laws of Michigan relating to the University, and section 8th, it is enacted, “ That the University shall consist of at least three departments, 1st, a department of Literature, Science and the Arts; 2d, a department of Law, and 3d, a department of Medicine.

The idea here expressed by the term department implies something fundamentally distinct in its nature from the other courses of instruction, as e. g., of law, and of medicine, and not a mere difference of detail, as may be seen in the branches of civil and of mining engineering already established in the department of literature, science and arts. Hence, to speak of a department of homœopathy as fundamentally distinct from the regular school of medicine is manifestly absurd, as every homœopathic institution claiming the name of a college has its chairs of Anatomy and Physiology, of Chemistry, of Surgery, and of Obstetrics, which differ in important but subordinate details from the corresponding courses in the old school. In their doctrines respecting the materia medica and the practice of medicine the opposition of the two schools, as is well known, is most strikingly manifested. Hence, in carrying out the provisions of the act, the Board



of Regents would conform their action to existing facts and usages by discarding the title "homœopathic department" and substituting that of "homœopathic school or college of the department of medicine in the University.

In organizing such a college two courses are open to the Board of Regents, either to establish a complete school or college of homœopathy with the usual number of six chairs, as in the colleges of Detroit and Chicago; or, by naming only two professors make it practically connected with, and dependent upon, the present school of medicine in the University.

By adopting a four months' course, which is the usual period in other homœopathic colleges, it would be entirely within the limits of practicability to appoint a full corps of six professors, and give to each member one thousand dollars (that being a full proportion), without any disparagement to the new Faculty. They would thus avoid the otherwise inevitable collisions, the strifes and distracting doubts among students and faculties, arising from opposite teachings, and relieve the Faculty of the old school of the grave responsibility of employing their talents and experience as teachers, and yielding to their opponents the prestige of an old and well established regular school, and of thus directly promoting a school of dogmatism, which, in common with nine-tenths of the profession the world over, *they believe to be false in principle, and prejudicial to the best interests of humanity.*

The adoption of this course would also do much to conciliate the feelings of the regular profession, to whose good will the school, as now established, owes its high rank and prosperity and which, moreover, is not likely to be deceived by any thin garb of dissimulation, or look with favor upon the old Faculty if once they become imbued with a suspicion of their complicity, although it be only by an unresisting acquiescence in the present humiliating status of the department.

If the attempt be made to carry out the other alternative by the appointment of two professors of homœopathy, then will the Regents and faculty incur the responsibility of giving great dissatisfaction to the regular profession, which has hitherto given the department a true-hearted and generous support; of placing

the present Faculty in a false and dishonorable position, and of having grown weary in their honorable and hitherto successful struggle to maintain the purity and prosperity of the department.

The confidence of the regular profession, always jealous of purity of blood, being lost, and not to be regained, it will soon regard the department as, not the favorite, but the foster-child of the University; and the history of legislation during the last session, and especially the rapid passage of the University appropriation bill after the enactment of the homœopathic law, will in no degree tend to lessen the suspicion.

The homœopaths will thus also be placed in the humiliating and dishonorable position (which, for ulterior purposes, they seem inclined to accept) of parasitism on the medical school as at present constituted, employing the larger part of the faculty of the old school for the promotion of their designs, avowedly hostile to the regular profession.

To avoid these embarrassments and professional immoralities let them have a college as an independent school, in the only sense in which the term can with truth and propriety be used. Let humiliating parasitism on the one hand, and impure hybridism on the other, be avoided, and the regular profession will withdraw all objections.

VERITAS.

*Sage*

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*Ars, ante omnia veritas.*

## **Editorial.**

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### *THE RELATION OF THE PHYSICIAN TO THE LAITY.*

There is perhaps no question more difficult for the young physician to satisfactorily settle in his own mind than the one which determines how much or how little he can with propriety tell his patients about their ailments, the action of remedies in removing them, and what hygienic measures will prevent their re-

currence in the future. He will receive every variety of advice on the subject, from him who thinks his patient has no right to ask questions on a subject about which he can know nothing, to him who explains all morbid phenomena to the sufferers under his care, and supplies them with all available literature on the subject. Recently eminent physicians have written for the current press essays on purely medical subjects, giving outlines of medical treatment to be pursued, as well as curative and preventive hygiene; these, in turn, have been severely condemned by many of their professional brethren, as unprofessional and worthy only of the charlatan. What is the golden mean for the honest and sincere physician to pursue, who has at heart the best physical, and, as a sequence, the best moral welfare of the community in which he lives?

The tendency of the times is to popularize all branches of science, which the people generally are only too eager to learn. The most beneficial results of such instruction are witnessed in displaying the fallacy of many popular beliefs, and thus uprooting old superstitions and dogmas.

It is a peculiar characteristic of the human mind to always seek after a cause for every phenomenon, and which the imagination will always furnish if observation and facts fail to provide the proper foundation for a rational belief. Thus the old Greeks peopled Olympus with the divinities of their religion, and the Catholic Church could prove to Columbus from all the sacred writings that the earth was nothing more than a broad plain.

But the gods fled before those who dared to scale the heights of the sacred mountain, and the earth was proven a globe when the San Vittoria, of Magellan, came to anchor in the port of St. Lucas. In medicine the absurdity of giving red medicine for the blood and yellow medicines for the liver has long since been exposed, while faith in charms is found only among the profoundly ignorant.

To the great mass of humanity the action of medicine in the cure of disease is a wonderful mystery. The credulity of mankind in all matters is measured only by their ignorance, and the less they know of the composition of any nostrum the greater ~~is~~

their faith in its potency to cure all bodily ills. Its very secrésy only draws them on to test its power, and keeps them looking for the fulfillment of its promises.

It is their knowledge of this peculiar trait of human nature that gives the charlatan and the quack their remarkable influence with the masses. We believe this is to a great extent a matter of education, and that most of those who run after pretenders in medicine do so from ignorance rather than folly.

Such being the case is it not stupid, arrogant, and obstructive to the diffusion of useful information for the people for us to fold our arms in professional dignity, and declare that the very laity who make our profession a necessity, shall never learn from us how to distinguish the true from the false. The quack may scatter his specious falsehoods broadcast among your friends, and pretend to a knowledge of remedies not possessed by ordinary mortals, but you will never open your mouth to inform your people in such a way that their misapprehension may be removed. You will only cry "fraud," but you will not expose the fraud and put truth in its place.

Rather do we think is it the part of reason and common sense to so inform the people in regard to the action and use of medicines that the flaunting of any pretended new but secret discovery will meet with the scorn which it deserves from those whom it is meant to deceive.

We look forward to a time when a knowledge of the functions of the several organs of the body shall be so widespread that the patent medicine man will find his trade impossible. Then we will have a more appreciative cliental as well as a more intelligent and successful therapeutics.

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#### *HOMŒOPATHY IN THE UNIVERSITY.*

Just before adjourning the legislature provided for the establishment of two homœopathic professorships in the University and appropriated \$6,000 per annum for their maintenance. Thus, after many years, has this vexed question been adjusted,

and we have every reason to congratulate ourselves and the profession in the manner of the adjustment. These chairs, although nominally a part of the medical department, have practically and in reality no such connection. The professors occupying them will not even lecture in the same room or building, but will have apartments supplied them entirely removed from the medical buildings. The department of homœopathy will be no more an integral part of the medical department than are at present the departments of engineering and pharmacy. The students of these departments have always attended certain lectures delivered by professors in the medical department, and the same privilege cannot be denied those attending the department of homœopathy. But as the names of the professors in the medical department do not necessarily appear on the diplomas of graduates from other departments, so also will not these names appear on the diplomas issued by the regents to graduates from the department of homœopathy. It will thus be seen that the medical department is not required to recognize in the remotest degree this excrescence imposed on the University by a whimsical legislature.

Notwithstanding the animadversions of our esteemed correspondent "Veritas," we think it would be difficult to conceive of a more desirable method of "downing" this homœopathic ghost, or of a method which could work less injury to the fair name of our University. The University being a State institution, we cannot question the right of the Legislature to provide for the teaching therein of any subject they in their judgment may deem desirable, but we had a right to enter our solemn protest against their attempt to foist upon the medical department an unscientific and therefore an obnoxious system.

We are of the opinion that this will prove to be the most disastrous blow homœopathy could have received. So long as its champions were denied a place in the University they appeared in the *role* of the persecuted, and thus begat a certain amount of sympathy; now, however, the scene is changed and the "system" will be obliged to stand on its own bottom—and a very infinitesimal bottom it is. We have faith enough in the

law of the survival of the fittest to believe that it will require but a short time for the evil to work its own cure. A more desirable location than Ann Arbor could not have been selected. The contrast between the gentlemen of the medical department and the exponents of homœopathy will have much to do in disgusting intelligent students with the dogma of *similia similibus etc.*

We regret the action of the legislature, however, for one reason: having accorded homœopathy a place in the University, how can they consistently deny the same privilege to the champions of more plausible "systems," to wit: hydropathy, allopathy, electropathy, eclecticism, spiritualism, etc., etc.? We submit this as a nut for our Solons to crack at their next meeting.

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#### AMERICAN MEDICAL ASSOCIATION.

The late meeting of this association at Louisville appears to have been an eminently successful one—successful not only in the amount and quality of scientific work done, but also in the restoring of a spirit of unanimity among the profession in different sections of the country. For the first time in many years has that spirit prevailed in the Association. Massachusetts, who so persistently and pertinaciously held aloof, has at length fallen into line, the difficulties of which she complained having been satisfactorily adjusted. This is as it should be.

The delegates report a most enjoyable time. With characteristic Southern hospitality the Kentuckians seemed to vie with each other in entertaining their guests.

The president's address was a well written document, an able plea for higher literary qualifications on the part of medical students. It was received with marked demonstrations of approval.

Among the papers read was one by Prof. Gross, on "Blood-letting as a lost art." Prof. Flint, as president of the section on practical medicine, referred in his address to medical discoveries, among which he enumerated alcoholism, motor centres, transfusion of blood and the natural history of crime.

Dr. Moore, of Rochester, also read a paper on "Transfusion of blood," which was well received.

Dr. Bowditch's paper on "Hygiene" was an able handling of the subject.

Dr. R. C. Kedzie, of this state, was elected chairman of the section on "State Medicine and Public Hygiene" for the coming year.

Dr. J. Marion Sims, of New York, was elected president of the association, which has honored itself in placing such a man at its head—a man whose reputation is world-wide and well earned.

The next meeting will be held in Philadelphia on the first Tuesday in June, 1876.

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We commend the action of the Wayne County Medical Society in its adoption of resolutions in the question of puerperal fever (see published proceedings, page 270 of this number of the JOURNAL).

If the preamble and resolution referred to are founded on facts—and we are credibly informed that the facts are indisputable—the society has done a good work in giving this decisive expression at this particular time. In the light of our present knowledge of its contagiousness, the physician whose track is marked by a succession of cases of puerperal fever is, to put it very mildly, guilty of very culpable conduct and must be gifted with a peculiarly elastic conscience. There are few questions on which there is a greater unanimity of concurrence than that of the contagiousness of puerperal fever, and of the possibility of its being carried from patient to patient by the attending accoucheur; and should there possibly be some who affect to believe in the non-contagiousness of the affection, the overwhelming testimony to the contrary notwithstanding, the remarkable "coincidence" of a number of cases occurring consecutively in their practice, should admonish them, that after all there may be some grains of truth in the opinions entertained by the vast army of contagionists.

We are pleased to learn of the organization in East Saginaw of a Society to be known as the "Saginaw Academy of Medicine." The society appears, from the number and standing of the names already on its list of members, to have made a very auspicious start. As the interest manifested in local medical societies is a reliable index of the professional status of the medical men of a community, we hail the Saginaw Academy as a harbinger of good omen from the Valley. We trust the Secretary will let us hear from him occasionally.

The officers elect are: President, Dr. J. H. Jerome; Vice President, Dr. Geo. A. Lathrop; Secretary, Dr. J. J. Lutze; Treasurer, Dr. B. Hesse.

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## Reviews and Bibliographical Notes.

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**REFERENCE AND DOSE BOOK.** By C. Henri Leonard, A. M., M. D., Detroit. Second Edition; revised and enlarged. Cloth, 75 cts.

This little work is emphatically a *multum in parvo*. It contains, in addition to the doses of all the officinal preparations, the doses also of nearly, if not quite all the non-officinal preparations in the market. Besides being a dose book it contains a fund of valuable information of every day requirement, culled from many sources. It gives the amount of drug contained in various waters, cerates, plasters, infusions, decoctions, liquors, pills and other preparations of the pharmacopœia; a list of incompatibles, antidotes to poisons and tests for urinary deposits, etc. Under the head of "short drops," it gives rules for action in emergencies. It gives also the code of ethics with the Hippocratic oath, a table of weights and measures, and rules for reducing decimal weights and measures to the denominations in use by us.

It would be difficult to crowd more information into a book not inconveniently large for the pocket or pocket case. Besides



being the most complete dose book we know of it is an indispensable to the practitioner on account of its other contents. We bespeak for it a ready sale.

It may be had at the various bookstores of the city, and at this office.

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THE HISTOLOGY AND HISTOCHEMISTRY OF MAN. A Treatise on the Elements of Composition and Structure of the Human Body. By Heinrich Frey, Professor of Medicine in Zurich. Translated from the fourth German edition by A. E. J. Barker, with six hundred and eight engravings on wood. New York: D. Appleton & Co., 1875. Detroit: E. B. Smith & Co. 8vo. Cloth, \$5.00.

This is a book which we would wish every advanced student in medicine to thoroughly study. Not only does it furnish the knowledge necessary to a full acquaintance with the structure of the human body as disclosed by modern research, but it is a logical work throughout. The unfolding of every fact following as the natural sequence of what precedes. It is a model of systematic arrangement, and every student of its pages would do well to first learn by heart the whole table of contents as a complete skeleton to be clothed with the details to be found in the succeeding divisions of the work. These are three in number, the first devoted to a description of the elements of composition, embracing the proteine compounds and albumenoids, fatty and other acids, organic bases, coloring matters, mineral constituents, etc., and the elements of structure, that is, the cell and the other elements of tissue. To Schumann is given the credit of showing that the cell is the starting point of all the animal tissues. "This is the greatest discovery ever made by the aid of the microscope," says the author. The second division is devoted to the tissues of the body, beginning with the simplest "tissues composed of simple cells with fluid intermediate substance," as the blood, and closing with the composite tissues, i. e., "nerve tissue, combination of the tissues," etc. "The organs of the body" under the two heads of the "vegetative type" and the

“animal group” are treated of in the third general division of the work. The translation is a good one, and the publishers have been liberal with the engravings, which add much to the value of the text. The work appears for the first time in English, although it has within a short time, passed to a fourth edition in Germany, and been translated into French. Its publication here, we are sure, will meet with the hearty reception it deserves, and give a new and widespread impulse to the study of this important branch of medicine.

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A COURSE OF LECTURES ON PHYSIOLOGY. By Professor Kuss, of the University of Strasburg. Edited by M. Duval, M. D. Translated from the second and revised edition by Robert Amory, M. D. Boston: James Campbell, 1875. Detroit, E. B. Smith & Co. 12mo. Cloth, \$2.50.

We believe this little volume will mark a new era in the method of teaching physiology in our American schools. It may be well called the modern physiology, as it embodies and elaborates most of the recent researches on this subject. To give a single striking instance, we refer the reader to the description of the phenomena of absorption and secretion in the sixth part. Herein Prof. Kuss shows that these are not phenomena simply of osmosis or capillary attraction, but that they take place “in virtue of the special function of the epithelial cells and of the plasmatic elements of the villus.” Indeed, throughout the whole work, great prominence is given to the consideration of cell action, in which, the author thinks, we must look for the manifestation of all those phenomena which are peculiarly vital. The essence of physiology to day, he says, can be no more than cellular. The first few pages of the book are devoted to a description of the cell, its attributes, the varieties of cells, and their special properties. Then the nervous system is studied, and in the third section contractile elements, and then successively the blood, epithelial globules and epithelial surfaces, digestive system, respiration, animal heat, the skin, special senses, and lastly the urogenital system and embryology.

There is no other text book on physiology in our language which gives the student so succinct an exposition of this science in the present stage of its development. There may be wide differences of opinion on the statement of questions still unsettled, and there may be deficiencies which could hardly be avoided in a book of its size, still, no student or physician can keep pace with the late rapid advances in this branch of medicine without a careful perusal of its pages.

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OPHTHALMIC NOTES. By C. R. Agnew, M. D., Professor of Ophthalmology and Otology, College of Physicians and Surgeons, New York. Pp. 30.

In these notes Prof. Agnew reports a case of "Trepining the cornea for the removal of a foreign body deeply imbedded in its substance"—a procedure which will be highly appreciated by those who have experienced the difficulties often encountered in the treatment of these cases.

"A contribution to the statistics of cataract extraction of 118 recent cases," forms a most valuable portion of these notes. The cases were unselected. The methods adopted, and number by each, were as follows, viz: Graefe, 85; Liebreich 21; Lebrun 6; Flap 6. Cases in which vision was  $\frac{1}{10}$  or more, were reckoned as successes; ability to go about alone up to  $\frac{1}{10}$ , partial successes; below this, failures. Graefe, successes, 66; partial, 9; unknown, 3. Liebreich, successes, 15; partial, 2. Lebrun, successes, 4; partial, 2. Flap, successes, 6.

Prof. Agnew has arrived at the conclusion that "the Graefe operation is the best, provided the middle of the cut is not made far from the junction of the sclerotic and clear cornea;" and further, that "an insufficient wound is the most dangerous complication of a cataract extraction." To these conclusions we attach the greatest importance, formed as they have been, by a surgeon whose skill as an operator and unswerving devotion to the interests of science have made him an ornament to the profession, and an honor to the school in which he has long been a distinguished teacher.

COMPENDIUM OF CHILDREN'S DISEASES. A Hand-book for Practitioners and Students. By Dr. Johan Steiner. Translated from the second German edition by Lawson Tait, F. R. C. S. New York: D. Appleton & Co., 1875. Detroit: E. B. Smith & Co. 800. Cloth, \$3.50.

Steiner's compendium will be found a valuable addition to the literature of children's diseases, though not marked by the striking originality which we might expect from the author's long experience in the Prague Hospital for children. In his description of the diseases mentioned, Dr. Steiner is clear, concise, and easy of comprehension—a great desideratum in all text books, and one which greatly lightens the mental labor of the student. This will make the book a good one for students and young practitioners, though its value would have been greatly enhanced, especially for this class of readers, if the directions under the head of treatment had been more explicit, or even formulated sometimes. The centigrade scale is used for records in thermometry, and the metric system of weights and measures where weight or dimension is recorded. This is now becoming such a matter-of-course method with many writers that it is becoming a serious question as to how long the old standard will obtain with us. As the metric system seems destined to carry the day, let us drop the old system as speedily as possible, and be rid of the intolerable nuisance of being constantly compelled to translate mathematical records.

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AGRICULTURAL EDUCATION. An address by President Abbott, of the State Agricultural College, before the Michigan Legislature, March 4, 1875.

Probably there is no one department of the pursuits of man that stands so much in need of educational advantages as that of agriculture. Law, medicine, engineering, mining, *belles lettres*, etc., all have schools, academies, colleges especially endowed for their advancement, yet agriculture, in which pursuit the majority, the vast majority of mankind is everywhere engaged, hardly has a place in the commonwealth for its educational ad-

vancement, practical or theoretical. The president has ably presented the *pros* and *cons* for Michigan's creditable institution, and after a careful perusal we are confident no one can gainsay the advantages already gained and to be gained from this seat of learning. The great argument against such colleges is that, of those educated in them, only a small proportion adopt agriculture as their life's calling. The statistics (collated on page 19 of the president's address), disprove this *in toto*, for 42 per cent of graduates have entered this field of labor, well up in the average of final results from other departments of learning. We would recommend those who are in doubt of the efficacy of this institution, as well as its friends, to procure and read a copy of this address.

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With the June number *Harper's Magazine* enters upon its fifty-first volume. It contains eighty superb engravings, eight of its eighteen articles being illustrated. A more beautiful number than this, or one distinguished by a greater variety of interesting matter has never been issued. Among the contributors are Aldrich, Parton, Hawthorne, and other favorites. The editorial departments are characterized by more than usual excellence.

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*The Chicago Journal of Mental and Nervous Diseases* for April, is a very valuable number. Among its original articles, that by Dr. Jewell on the "Relation of the Nervous System to the Uterus," should be generally read by the profession. Its editorial department is well sustained, and its "periscope" contains a faithful condensation and selection from the literature on the nervous system during the previous quarter.

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The May *Atlantic* opens with "Amalfi," a poem by Longfellow. Whittier writes a centennial poem, "Lexington, 1775." Mark Twain, Celia Thaxter, Sanborn, and other favorites are among the prose contributors. There are sixteen book reviews besides careful editorial notes on Art, Music and Education.

T H E  
PENINSULAR JOURNAL  
OF MEDICINE

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JULY, 1875.

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Original Communications.

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*HYSTERIA.* By DR. C. HENRI LEONARD. *A paper read before the Wayne County Medical Society, January, 1875.*

Hysteria, or oophoria, as some of our more modern pathologists choose to term it, is a disease peculiar to woman, yet not one necessarily monosexual. The meaning of the nomenclature is altogether too exclusive; mark it, hysteria, from the Greek meaning, the womb, or the last organ; the later term, oophoria, from the Greek *oophoros*, meaning the egg-bearing organ, or ovary. Hence, the disease is a lesion of the womb in one case, a lesion of the ovaries in another; and still with another class of medico-physiologico-pathologists it is a disease of both uterus and ovaries combined. Well, what are we to do with our men-folks who will persist in their hysteriform (pardon the word) prostatiform inconsistencies? Shall we call such cases, following the nomenclological steps of our worthy predecessors, prostateria?

To me, hysteria—for I prefer to call it by its ancient name till we get a worthy substitute—is not a disease of the uterus, neither of the ovary, and much less of the male womb of the prostate gland; that is, so far as we now recognize diseases therein, but rather a lesion somewhere in the nervous system of organic life. In many cases I admit the ovarian and uterine symptoms to be precursors; but they are more often concomitants. The diseases we are aiming to cure by our utero topical applications and ovaretics are not, I fear, the peculiar conditions of these organs that give those peculiar phenomaha that we are led to call hysteria.

To be brief in my position—and I am aware I am as yet unsustained in it by any medical authority—I believe the lesion to be in the functions of that great and wonderful, yet mediumly known, sympathetic nervous system. I believe it to be just as much a disease of the uterus or ovaries as I believe peritonitis following delivery to be; both may follow from, but not necessarily as a consequence of such localized genital malfunction; still oftener both may be witnessed when there is no male or female sexual lesion whatever.

HISTORY. In this I shall be brief. The globus hystericus is first mentioned in *Peri topon ton kat anthropon*, (concerning the places in man) one of the treatises generally referred to Hippocrates, I get some critics, and with a good authority, ascribed to one of his cotemporaries. In the genuine Hippocratic treatises this common symptom is unspoken of. The treatment here laid down is to apply foetid things to the nostrils, but aromatic and soothing ones to the vulva.

Hippocrates, in his xxxvth aphorism, says, "Sneezing occurring to a woman affected with hysteria is a good symptom," thus leaving us to infer that sternutatories were used as another method of treatment. That this is really a philosophical treatment I shall develop further on.

I quote now a treatment from another of the old Hippocratic treatises, simply because of its novelty. In his little work on *peri parthenion*, (upon virginal diseases), this contemporary of Hippocrates, instead of the customary offerings of robes and

jewels to the chaste goddess Artemis (known to the Romans as Diana), advises "that they join themselves in wedlock with men just as soon as possible." A somewhat naive advice, yet from cases coming under my notice, good withal.

In hysterical virgins and widows laboring under the minor uterine and ovarian difficulties, it is really "first-class" advice, for oftentimes such difficulties are either brought on, or the fires are fed, by their love-dallyings.

Jumping now a period of some (nearly) 500 years, we come to Aretaeus, of Cappadocia. He says that "In the middle of the ilia in woman lies the womb, \* \* \* a viscus almost endowed with life, for it moves spontaneously here and there, up and down. \* \* \* and is nowhere stationary \* \* \* It delighteth, too, in sweet odors, and draweth nigh unto them, while it is annoyed with offensive ones and shuns them; for the womb in the female, is altogether like one animal within another. If it be on a sudden carried aloft, and stop there long, the woman has the same sense of choking [globus hystericus?] as epileptics have, but without their spasms. \* \* \* If the womb shift back into its place before the disorder reaches its extreme point, she escapes suffocation."

Leaving the views of our later gynæcologists, I proceed to develop the grounds for my belief. This abnormality of nervous action is dependent, in most cases, upon an inhibitory action induced by a systemic, rather than an original, irritation; that is, the course is general. I admit that it can spring from some organal lesion, or from some direct irritation to the sympathetic, but I believe this to be the less frequent way.

First, I take up analogies entirely outside of the system of diseases under discussion. You irritate the back of the neck of a guinea pig by stroking its hair backwards and blowing upon its neck, and it goes into spasms. Here there was an influence transmitted by the cutaneous spinal nerves to the upper portion of the cord and medulla, which caused, by its inhibitory action, a cessation of the normal action of the gray cells that supplied the convulsed parts of the body, and hence the convulsion; it might be considered by some as a tonic rather than a passive nervous action; yet it is truly an inhibitory action nevertheless.



There is an unique case of an epileptic on record, where a slight touch upon the neck would throw him into spasms. He was a medical student, by the way, and his fellow students experimented upon him so often that the poor fellow "got out with the world," and so one morning committed suicide. The nervous action was essentially one of arrest, or inhibition, as in the case of the guinea pig.

Here is another example: galvanize the pneumogastric and you get a cessation of the heart's action, that is, the action of arrest is transmitted to the medulla, reflected from thence to the gray cells of the heart, stopping their normal action; hence a cardiac paralysis and death. Deaths from "indigestion," as a case recently under my notice, are frequent from this same phenomena of arresting the heart's action; *not* from a "neuralgia of the heart," as is frequently diagnosed, but a *paralysis*. The case I refer to was a marked instance of this, though diagnosed by the other attendant as cardialgia.

Then there is the old theory of stopping a headache, neuralgia or epileptic convulsion by a pressure upon the carotids, which would be a very fine one if you pressed nothing else; but the fact is the pneumogastrics and sympathetics are equally pressed upon, and it is from *them*, not the arteries, that you get the beneficial effects of a paralyzation of the heart's action and a contraction of the brain arterioles.

Again; you give chloroform and you get an irritation of the *par vagum*, its inhibitory effect is reflected to the heart, a paralyzation (often fatal in an instant) ensues; it is also reflected to the liver, a dilatation of the arterioles there takes place, and your diabetic urine is the result. Strike a person over "the pit o' the stomach" and a paralyzed sympathetic results finally in a diaphragmatic, cardiac and pulmonic paralysis. A *full* breath checks the action of the heart, and hence a full, forcible, rapid breathing is one of the best "stops" for palpitation; indeed, the heart's action and the action of the lungs are reciprocally opposed to each other, even in natural respiration. You burn yourself extensively, and speedily, through this transfer of nervous irritation you have an ulcerated duodenum. Our "bed sores"

owe their origin to a similar inhibitory nervous cause. Billroth says that cases of tonic spasms of the thigh muscles from an ulcerated *os uteri* are not so very uncommon. Sayre mentions three cases, recently under his notice, of hemiplegia and paralysis of the bladder from congenital phymosis, with cure following the operation for preputial relief. Otis mentions another somewhat similar case.

Now, "I turn the tables" and give a brief series of "cures" through this same action of arrest. The phymotic cases just mentioned, the curing of hemicrania by carotid compression are examples. Relief of *morbus basedowii* by galvanization of the cervical sympathetics. The old-time ligaturing of the limb as a preventive to epileptic convulsions, also by trephination—not by relieving the phantom of pressure by setting up a peripheral irritation that should be beneficial but by arrest; for the same reason the excision of integument at the nape of the neck has been so successfully employed by Brown-Sequard—in fact a peripheral irritation most anywhere has proven successful in these cases. Convulsions in children checked by pressing in front of the ears, by expulsion of worms, etc., from the intestinal tract. Sneezing and coughing checked by pressing firmly the upper lip on the roof the mouth. Spasm of the glottis, by sprinkling cold water in the face, by tickling the soles of the feet. Cramps, by placing the sole of the foot close upon a cold floor. Brown-Sequard details a case of rigidity of the muscles of the legs repeatedly overcome, for the moment, by pulling the big toe, and adds that he has seen 14 other similar cases. Hysterical convulsions, as in case of Dr. Kings, checked by pulling upon the little finger—by sternutatories, as Hippocrates indicates—by the scare method of the noted French gymnast, Triat, in cases when Brown Sequard had failed—by the common *douche* of cold water, by-the-way, one of the most effectual of all. Now all of these beneficial effects arise from irritating some certain sets of nerves whose influence is conveyed to the cord and medulla and therefrom reflected to the gray cells in abnormal action, exercising over them the phenomenon which we call "arrest" for want of a better term.

Dropping analogies now, I take up the more direct proof of my position. We find hysteria in males, a not very uncommon phenomena in irritable and constitutionally depraved patients of this sex. The elder Napoleon is known to have had hysterico-epileptiform convulsions after each act of coition; a not very uncommon *sequela* in the other sex following the same act. Again, we have the "disease" (?) in women with *no* uterine or ovarian lesion whatever, so far as our examinations can go. Then we find it in them under every imaginable condition of disease, as to severity, of both uterus and ovaries, but allowing no *specific* lesions, here to be singled out as the precursors of hysteria. We always find it a concomitant with other nervous affections; frequently with heart, liver, lung, kidney and stomachic troubles. The other concomitants, as hemicrania paralytica, sympathetica or tonica—the flushes of heat to the face—the cold hands and feet—the torpid bowels, these *all* point to the same general lesion, a paralysis (generally) of the sympathetic. Does it really seem strange then that the uterus and ovaries (being so freely supplied from this system—in fact, nearly their *entire* nervous supply) should so frequently exhibit a concomitant abnormality of action, and that treatment being addressed to them should, either by transfer of irritation or direct sedative action, have so much of a beneficial action over this general sympathetic nervous system? It seems to me perfectly reasonable to attribute *so* much, and *no more*, to the ovario-uterine pathology of hysteria. The internal treatment most beneficial bears me out in my views, for the most successful remedies are vaso-motor stimulants and spinal sedatives combined with revulsives, utero-topical or otherwise.

As a negative proof of the fallacy of the prevailing utero-ovarian pathology of hysteria, I may mention that the symptoms are *not* developed in many, and I may say most, of the more progressive and violent diseases of these organs. In carcinoma uteri, epithelial, encephaloid or scirrhus, it is really *not* a common symptom *until* the whole system is broken down by the inroads of the disease. On the other hand, a slight abrasion only may be discovered, or even no lesion discoverable at all, in many

of our worst cases of hysteria. The amount of visible uterine or ovarian lesion is *no* criterion whereby to judge of the violence of hysterical phenomena.

Again, it is *contagious*. You confine a hysterically convulsed woman to the wards of other convalescing females and what is the result? Why, oftentimes in less than twenty-four hours, one, two, or it may be a half a dozen new cases are on your hands. Any one who has served in the wards of a woman's hospital has had this experience. Would a new disease of the uterus, or ovaries, manifesting such virulence as we frequently get in these poor deluded women, be likely to develop so suddenly as this? A negative answer is the only one possible to be given! You examine these same cases and you find them no worse, and with no manifestations of a different uterine disease than that you recognized the day before. Then, too, frequently when you adopt some rather harsh treatment for the cure of these "spasms" in a *single* case, even when three are equally affected (an instance coming under my observation) the others will be equally relieved of their contortions. The treatment in the case I allude to was quite a prolonged shower bath of very cold water (it was in winter) at the seasonable (?) hour of one o'clock A. M. Notice was immediately served upon the other two "sufferers" that such was to be their fate if another "fit" occurred. Need I say that it was the last manifestation of hysteria we had in either of the three cases while they remained under treatment? They also left a "good impression" for many months behind them.

It is of no use to enter into a detail of symptoms. You all know hysteria when you see it. In its more violent form—loss of voice—loss of sight—loss of hearing—loss of motion in some member of the body, with or without anæsthesia, it is quite likely, on a superficial examination to be overlooked. But a careful diagnosis by *exclusion* will generally place you aright in these matters. Hysteria, epilepsy (in some cases), catalepsy, chorea and chlorosis, to me, are but allied diseases. The treatment is essentially the same in all, as they depend upon the same functional disturbance of the sympathetic. The hysterical concomi-

tants of heart, stomach and intestinal mal-functions are all benefited by the same general plan of treatment. If there is any lesion of any particular organ, functional or organic, give it treatment. Quite likely this is a prominent source of irritation, the hysterical phenomena being but reflex action. Barnes relates two cases, complicated with a congenital absence of the vagina, relieved by the artificial establishment of this passage, yet there was never any menstrual flow. These were pre-eminently cures by "nervous arrest," that is, by setting up an irritation in the peripheral organs, the *vaginæ*, which impression was conveyed to the medulla and thence reflected to the abnormally acting gray nerve cells. Electricity frequently "cures" on this same principle, *plus* the tonic effect it has upon the sympathetic nerve, inducing contraction of the arterioles when dilated through the paralysis of their vasomotor filaments. This is a great and good remedy. Another, perhaps better, is *nux vomica*, or its alkaloid, strychnia. Give it till you get its specific effects, if need be; it is also a stimulant to the ganglionic centers. Ergota acts in a somewhat similar way and hence is to be warmly recommended. Belladonna and its allies have a somewhat similar action with a sedative action to the spinal branches. General tonics are also indicated. The potassic chlorate, from its oxygen-carrying properties, is to be commended. The bromides are also useful, in some cases, for their cerebro-spinal sedative influence.

If there *be any* disease, especially uterine, requiring local treatment, or that can be benefited by local treatment and thus allaying a probable source of inhibitory irritation, by all means so treat it conjointly with your constitutional services. It takes time in some of these cases; you are "shooting in the dark," oftentimes, for it is a characteristic of sufferers with this complaint to mislead you if possible; they are always a great deal worse than they really are, and hence a strict drill in moral ethics is not to be despised. Be hopeful and assuring yourself, and thus casting your mite of bread upon the waters, it shall return to you again, after not many days, in the thanks of your patient for the great amelioration, or riddance, of this evil.

NICE, FRANCE, February 2, 1875

To the Members of the Grand Rapids Medical and Surgical Society:

With the annual meeting of your association, to be held the first Tuesday in March, expires the term for which I was elected President. Agreeable to custom, it becomes my duty to review the changes occurring in the society during the past year: to note the progress made in its plans and purposes: to make such suggestions for the future as may seem proper, and to submit to you a dissertation upon some theme or subject relating to the honorable profession which your body represents. The latter I shall attempt to do only in a general way, and briefly.

## CHANGES OCCURRING DURING THE YEAR.

The society has five names added to the list of new members; it has lost one by death (the late Dr. E. S. Bienemann) and three by reason of change of residence.

Having no information from the society since January 7, 1875 any changes which may have occurred subsequent to that date are not noted herein.

## PROGRESS MADE IN ITS PLANS AND PURPOSES.

Chief among the plans and purposes of the Association, as set forth in its constitution by the original founders, was a desire for the mutual improvement of its members in the profession of medicine and the art of surgery. Thus, an association which might at first seem to have for its object the furtherance of personal knowledge alone, becomes a public benefactor; for any advancement in the science of medicine, or improvement in the art of surgery, brings with it corresponding benefits to the people, by enabling the members of the profession to carry with them to the bedside of the sick that knowledge which alone renders the physician capable of dealing rationally with disease and the surgeon successfully with the surgical art.

As evidence of a growing interest each successive year in

the advantages afforded by this Association, we will mention the increased number in attendance at its meetings, the great variety of pathological specimens presented, and in the larger number and variety of papers read, and scientific subjects discussed.

At these meetings our professional thoughts become enlarged, our opinions modified, and our prejudices dispelled, and it is here, through the interchange of sentiments and that sympathy common to all mankind, that we learn to know each other better.

#### CITY HOSPITAL.

The time is not far distant when some provision must be made by the city, in a moderate way, for the accommodation of the destitute sick; and the subject is alluded to herein simply for the purpose of expressing a hope that the authorities will recognize the wisdom of submitting to this association a request for its opinion as regards a location for such an institution, and plans for buildings. This society would cheerfully respond to such request by giving information that would insure the most healthful and accessible location, and plans that would secure ample and well ventilated buildings, at a comparatively moderate expense.

#### CLIMATE AS A THERAPEUTICAL AGENT.

All civilized nations have long recognized the curative influences of climate on disease, and for ages past it has been more or less customary among invalids of the different people of the earth, to seek a change of climate as one of the means to secure their restoration to health. Since the discovery of steam as a motive power and the inauguration of railroads as a means of transit, the medical profession has discussed the subject of climate as a curative agent in disease more than formerly, and, fortunately, with increasing interest and profit, and as time brings with it increased facilities of communication between distant points and augmented wealth among the people, this

source of relief for certain maladies will be more than ever resorted to. Therefore, it becomes the duty of every intelligent physician to inform himself as far as possible upon this subject, that he may be enabled to advise intelligently whenever his opinion is sought.

While it is acknowledged that the climate of no one locality is a specific for any known disease, experience has demonstrated that persons afflicted with certain maladies obtain more relief in some climate than in others; experience has also taught that different individuals afflicted with the same class of disease, and apparently in the same condition, are often affected very differently by the same climate. This singular fact is well illustrated by the varied effects of climate on that disease known as pulmonary consumption. One person improves in the invigorating air of Northern Michigan or Minnesota; another in the rarefied atmosphere of Colorado; a third in the warm valleys, or on the arid plains of California; another finds relief in summer on the Atlantic coast; while a fifth, perhaps aged, feeble, unable to resist cold, experiences relief during the months of winter, in the warm, humid and balmy atmosphere of Florida. It is the province of the physician to explain this apparent contradiction by classifying the cases coming under his care, and assigning the climate most appropriate for the relief of each.

#### CLIMATE OF NICE.

Having passed several weeks of the present winter in Nice, it may be well to say something of its climate. According to traditional accounts, Nice was founded 300 years before the Christian era. The city, containing 50,000 inhabitants faces south toward the Mediterranean Sea, the waters of which wash its southern boundaries for a distance of over two miles. Its soil is composed of *detritus* from the rocks of the surrounding mountains, which rise in the numerous spurs in the rear of the city, to the height of from 500 to 2,000 feet, thus protecting the inhabitants from the cold winds of



the north, which come from the more distant snow capped peaks of the Alps.

#### THE TEMPERATURE

never reaches lower than twenty-eight degrees Fahrenheit in winter and rarely above seventy-eight degrees in summer—the highest recorded is eighty-two degrees. These observations were all taken in a northern exposure and in the shade. The average temperature at Nice during the month of January (taken during eight years) was  $47^{\circ}$  and a fraction. The mean temperature the whole year round, is nearly the same as at Florence, Rome and Naples, viz. :  $59^{\circ}$  and a fraction. There has been neither snow nor ice this winter.

#### DRYNESS OF THE CLIMATE

is one of its most marked characteristics; the annual rain fall, however, is twenty-four inches, more than at either London or Paris. The explanation is a simple one: the greater portion falls at the two periods of the equinox and within the limits of a few weeks. It has rained but four times during the past eight weeks, then in the night time and sparingly.

#### CLEAR DAYS,

or those characterized by clear sunshine, have been reckoned at one hundred and eighty in the year. These are distributed among the four seasons as follows: winter, forty-two, spring, forty-two; autumn, forty, and summer, forty-six. A cloudy day has been the exception during my stay here.

#### AMONG FURTHER PROOFS

of the mildness of this climate are the following: Swallows are seen here during these winter months, and as they are said to feed upon flying insects, you can imagine the warmth necessary for the support of insect life. The olive grows here in profusion, groves of these trees being seen stretching high up and for miles along the mountain sides, while in the valleys below are gardens devoted to the culture of tropical fruits, as the fig, the lemon and

the orange. One orchard of the latter contains 10,000 trees, whose fruit matures late in February. Here grows the palm, and myriads of roses in full bloom, which, with other flowers, lend their fragrance to every passing breeze.

But this *Elysium*, this delightful climate, has some disagreeable features. There is a variation of fifteen degrees in temperature between sun exposed places and those in the shade. This sudden change, to a sensitive invalid, is very trying. The sun's rays, which are cheering to all mankind, are here frequently inconveniently warm; they dazzle the eyes and irritate the skin, when exposed, resulting in the very general custom of carrying sun umbrellas.

The inequality of temperature between the land and the sea during the day time, frequently causes disagreeable breezes and counter currents in the air. A cool east wind frequently prevails during a portion of many days in winter, resembling in character and effect the March winds of our own country, varying only in degree.

The dryness of the atmosphere, before alluded to, makes it very stimulating, especially to the air passages. This is one of the principal reasons why I believe this climate is not well adapted for the relief of bronchitis or pulmonary consumption, unless it be some chronic cases, in aged people, accompanied with excessive expectoration. I believe the climate is well adapted for the relief of certain forms of gout, rheumatism, paralysis, nervous debility, lymphathic maladies, dyspepsia, and various other diseases unattended with severe organic lesions.

Although Nice is more a resort for pleasure seekers, notwithstanding the disagreeable features of the climate which I have mentioned, there are few places, if any, where most invalids might better pass a winter.

Please accept my grateful acknowledgements for the uniform courtesy you have shown me as presiding officer of your society, and for the marked proofs you have given me, of your confidence and sympathy.

I bespeak for your association continued success, and as individuals, I wish you that peace and happiness which springs from the consciousness of a well spent life.

Pardon a personal allusion to myself. I am glad to inform you that I am improved in health, and hope in a few months to return and resume my professional duties among you. At the date of your annual meeting I shall probably be in Naples, Italy ; but wherever I journey I experience a growing affection for home, friends and country.

Very respectfully yours,

Z. E. BLISS, M. D.

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*VERSION.* By O. E. HERRICK, M. D., *Greenville.*

Nearly all writers on obstetrics lay down as a rule that in all arm and hand presentations no attempt should be made to push back the presenting hand, but always to grasp the feet and turn. This rule, like most others, I apprehend, has an exception. In fact, I believe it should stand reversed and the rule be to return the arm or hand to the uterus. To me it seems much easier to push back the protruding member than to get hold of the feet, for the following reason. first, it is not necessary to introduce the hand so far into the uterus, in fact it is not necessary to put the hand into that organ at all in the majority of cases, while it is impossible to grasp the feet without so doing. Second, in grasping the feet the operator must push the hand past the protruding arm in order to get hold of them ; now if there is room to do this there is room to push back the arm and bring down the head.

This I believe to be a very easy operation, and that an arm or hand presentation can with very little trouble be converted into a formal head presentation, at least I have found it to be so in a couple of cases.

The first case was a shoulder presentation with the arm fully prolapsed, when I by accident returned the arm in attempting to push my hand past it to get hold of the feet, and was surprised to see the head right itself the next pain and labor continue naturally.

In the next case the hand was prolapsed upon the side of the face and I returned it with the same results, which was

much more satisfactory to me, and I think to my patient, than a previous case in which I performed podalic version.

In pushing the arm back the operator should introduce his hand during the interval between the pains and gently but firmly push against the limb, when it will glide back quite easily. If it does not there is ample room to bend the forearm upon the arm and push it back elbow first, there is much more room to do this than there is for the hand of the operator and the arm of the child, which must both engage the superior strait at once in the operation of podalic version. There may be occasionally a case in which the head will not engage the strait after the arm is returned; in that case it is an easy matter to put the fingers over the occiput and pull it down, after which it will continue naturally.

Rigby says: "It is by no means uncommon to feel the hand lying upon the side of the head or on the cheek, but this produces no impediment to the labor, for as the head descends through the brim of the pelvis the hand usually slips up." Now this is just what should take place, and nature accomplishes it where the hand is not prolapsed too far, and when it is the attendant should assist her and push it back until the hand rests upon the head, and nature will do the rest. Bedford tells us to attach a fillet to the hand and let an assistant hold it until the operator can find the feet. I know of no reason for this unless it is to prevent the arm from returning to the uterus: at all events it is considerable trouble and it would seem unnecessary trouble; neither he or any other author tells us why we should not put back the arm; they simply tell us it is better not to do so. Deventer says: "The hand is often found to penetrate with much more ease when the arm hangs down than when thrust back." There can be no advantage to be gained from the arm hanging in the vagina; it would be much easier to introduce the hand into an empty vagina than one half filled up by the child's arm. Rigby says, in speaking of the operation of turning: "If the head or nates be occupying the brim of the pelvis it would be necessary to raise them gently and press them to one side."

Why press them to one side? Why not let them come down? I should think it much better to push up the arm and let the head engage the brim, which it is already entering, than to push it to one side and search for the feet, causing the mother unnecessary pain and the attendant much trouble. And in case of hemorrhage or sudden sinking, the forceps can be applied and delivery accomplished much better than by podalic version; especially would this be true in case of contraction of the pelvis or of an unusually large head; in either case it would be impossible to apply the forceps. Another objection to podalic version is the great mortality to the child. Cazeaux says that two-thirds perhaps three-fourths of the children perish, yet he recommends podalic version. We find no such mortality as this attached to cephalic version or even to delivery by the forceps, and there is surely not so much danger to the mother. Then, too, cephalic version is easily accomplished before the membranes are broken and may be performed without rupturing them, while it is almost or quite impossible to perform podalic version without rupturing the membranes. Authors tells us that whenever the circumstances under which turning is undertaken are unfavorable, it not only becomes a very difficult operation but also one of great danger to both mother and child. This being the case we should make it as sure an operation as possible; if it is so dangerous it is our duty to avoid it by every safe means. "Were it practicable at all times," says Dr. Smellie, vol. i, book iii, "to bring the head into the right position, a great deal of fatigue would be saved to the operator, much pain to the woman and imminent danger to the child; he therefore ought to attempt this method, and may succeed when he is called before the membranes are broke and feels by the touch that the face, ear, or any of the *upper parts* present." This was the method of version practiced in former times, and the head the only natural presentation of the child, every deviation of its position from this was looked upon as unnatural and therefore the only operation of version applied to bringing down the head. The present operation of podalic version was understood but only practiced when the child was dead, and were we to limit the operation to cases

in which the child is dead oftener than we do, it would be better for all concerned. Celsus speaks of the present operation, but to all appearances it merely applies to the dead child. "Medici vero propositum est, ut infantem mana dirigat, vel in caput veletiam impedes siforte aliter compositus est."

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*NEW METHOD OF MANAGEMENT OF PATELLA IN AMPUTATION AT THE KNEE JOINT. By Z. H. EVANS, M. D., Midland, Mich.*

On the 13th of August, 1872, was called to see Harvey Pierce, aet. 65, minister of the gospel, who had just sustained a compound, comminuted fracture of upper third of leg, implicating knee joint, caused by kick of horse. The case being one demanding amputation at the knee joint I proceeded at once, with assistance of Dr. Wilson, of Lockport, N. Y., to operate in the usual method. In making my flaps, I cut the posterior too short, so much so that if I had removed the patella I would still have lacked sufficient tissue in my anterior flap to have brought it in proper apposition with the posterior. In this extremity I decided to excise the condyles of the femur, which having removed, my flaps came nicely together bringing the patella immediately over the end of the shaft. The patient made a speedy recovery, riding out to church four weeks from the day of operation. In a subsequent case of exsection of knee joint, followed by gangrene of the foot, making it necessary to remove the leg; I operated as in the first case (the condyles having been removed in my first operation by exsection) with good result.

The patient died a year after from apoplexy, and upon post mortem examination of stump I found the patella firmly united to the end of the femur by long deposit. I am of the opinion that bony union of the patella and end of femur occurs in all these cases, when the state of health is not contradictory. I am disposed to believe that by reason of the greater firmness and less liability to tenderness of the stump, also in the degree of retention of the purchase of the quadriceps muscle, this oper-

ation is preferable to the one recommended in our work on surgery. I am induced to report these cases from having failed to find in works on surgery any mention made of this method of operation.

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## Proceedings of Societies.

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### WAYNE COUNTY MEDICAL SOCIETY.

WEDNESDAY EVENING, April 7th, 1875.

The Society met at room 13 Merrill Block, at 8 p. m.

The Secretary not being present at the opening, Dr. Leonard was appointed in his stead.

The subject of the evening's discussion, "The influence of the Mind on the Body," was introduced by a paper read by Dr. Rouse. He related two cases as occurring in his practice where the mother's milk (she being angered) was poisonous to the child, inducing disease. Other cases were selected from various authorities, proving a similar deleterious effect upon the milk where the mother was subject to fits of anger. In one case the child died immediately after nursing. The Dr. claimed that the milk, as well as other secretions, are diminished in quantity after a fit of anger. Advantage was taken of the fact in India in judging of the guilt of parties; the accused being compelled to hold rice in his mouth, which, if not judged sufficiently moist when ejected, was taken as proof of his guilt. He then cited cases from Tuke and others in which the "faith cure" had worked marvellously, especially in all cases of "king's evil," by the royal touch. The Dr. thought that advantage might be taken of these facts therapeutically, even now-a-days. His theory was that the influence was exerted through the sympathetic system, that is, so far as this system is in any way influenced by the will. As analogies we have blushing, dyspepsia (from mental depression), hopefulness in consumption, laughter from a thought tickling the diaphragm."

Dr. Lyster has seen evil results in the army wards in consequence of depression of mind in those who imagined themselves more seriously wounded than they really were. Women with uterine hæmorrhage are much depressed by fear. The symptoms of hysteria are also aggravated by emotional causes. In fevers much depends on the buoyancy of the mind.

Dr. Yeamans—The paper raises a difficult, and, to me, unanswerable question: What is mind?

That which we call moral influence is to be invoked; in some cases it is healthful, in others not. There is a class of metaphysicians, among whom are most theologians, who hold the mind to be an entity *per-se*, having an existence distinct from the body. On the other hand, in the sensational school, represented by John Locke, and including many modern physiologists, they do not accept the above theory. As physicians, the question may be, is this influence objective? i. e., the influence of a healthy mind upon an unhealthy organism; or is it the subjective influence of the entire organism moved to healthful action?

Dr. Leonard agreed with most of the statements of the paper, especially in reference to the influence that thought has over disease in female patients afflicted with their peculiar ills. It is a rule with hospitals with which he has been connected, that no congregation for the talking over of their ailments is to be allowed. That improvement is most marked in cases where this rule is rigorously enforced. He could not, however, regard "birth-marks" as caused by mental impressions of the mother. If this were the rule, the rite of circumcision, performed in the presence of pregnant Jewish women, would save much suffering to the children.

Dr. Mulheron regarded mind as an entity, but that its manifestations are influenced by the body, as the nature of the instrument determines largely the quality of the music. As physicians, we should recognize this interdependence. Hope and faith, two important factors in the patient, he maintained, are not the result of organism, although they materially affect it. He regarded presentiments—permonitions of danger—as proof of the independence of the mind.



Dr. Stewart believed in presentiments, and never knew a patient who had a presentiment of death to recover. He instanced the turning of black hair into gray in one night, as showing the influence of the mind over the body. Believed, with Dr. Rouse, that this influence was exerted through the sympathetic system.

Dr. Harlow had no doubt that a healthful organism could be so wrought upon as to induce disease in a susceptible individual. Has seen many such cases in his practice. Regards the mind as independent of the body, yet capable of influencing the body for its physical good or evil. Case of De Boniville was cited.

On motion, a vote of thanks was extended to Dr. Rouse for his paper.

Under the head of Prevailing Diseases, Dr. Harlow reported two cases of small-pox; Dr. Rouse, mumps; Dr. Mulheron had heard of two fatal cases of so-called croup.

"Conjunctivitis" was selected by the committee as the subject for the next meeting's discussion, with Dr. Fairbairn to introduce it. As an alternate "Pneumonitis" was chosen, with Dr. Yeamans to introduce it. Adjourned.

C. HENRI LEONARD, M. D.,

*Sec. pro tem.*

PETER STEWART, M. D.,

*Pres.*

THURSDAY EVENING, June 3d, 1875.

The Ninth Annual Meeting of the Wayne County Medical Society, was held at the residence of the president, Dr. Stewart. There were of the members present, Drs. Brown, Schulte, Fairbairn, Sinclair, McKeown, Stewart, Leonard, Kerr, Sheadel, Tiffany, Richards, Harlow, Rouse, J. S. Smith, H. E. Smith, Kaiser, Mulheron, Klein and Borrowman, besides numerous visitors from the Detroit Academy of Medicine

Minutes of the preceding meeting were read and accepted.

Dr. Kaiser brought before the Society a patient with an enlarged testicle, resulting from an injury received some 12 years previously. It was diagnosed as hydrocele, plus (probably)

some degeneration of the testis, which could only be determined on evacuating the fluid.

The president then delivered his address, which contained many good points for the future consideration of the Society. It was referred to a committee for consideration and apportionment, that committee being Drs. Smith, Kerr and Tiffany.

After this followed the written reports of the Secretary and Treasurer.

The Society then proceeded to the election of its officers for the ensuing year. The following were elected :

President—Dr. J. J. Mulheron.

First Vice-President—Dr. Wm. H. Rouse.

Second Vice-President—Dr. J. S. Smith.

Secretary—Dr. C. Henri Leonard.

Treasurer—Dr. A. Kaiser.

A vote of thanks was extended to the retiring officers for their zeal and interest in furthering the Society's welfare the past year.

The newly elected officers then took their seats, and the little remaining business disposed of.

Dr. Kier was appointed to open the next discussion with a paper upon scarlatina, the Society convening at Dr. Harlow's. The retiring President then invited the members and visitors present to the dining room, where were served those delectables for which modern Æsculapians have a proverbial weakness. *Multus cibus, stomachi magni.*

C. HENRY LEONARD, M. D.,

*Sec.*

J. J. MULHERON, M. D.,

*Pres.*

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*MICHIGAN STATE MEDICAL SOCIETY.*

The ninth annual meeting of the above society was held at the Adelphi Theatre, in this city, commencing on the 9th ult. The president, Prof. R. C. Kedzie, presided over its deliberations. The meeting was opened with prayer by the Rev. Dr. Scott.

On roll call sixty-five members responded to their names ; this

number was, however, increased by arrivals on the afternoon trains.

Dr. Webber gave a formal address of welcome.

Dr. Klein, from the Executive Committee, submitted a report specifying the order of business, which was adopted.

Prof. Sager was elected an honorary member, with the right to vote.

Dr. Brodie, from the Committee on Amendments to the Constitution and By Laws, submitted a report recommending that art. 6 of the Constitution be stricken out; that the words "medical ethics" be stricken out; and that a new article be introduced providing for the establishment of a Judicial Council, to consist of nine members, who shall be annually elected by ballot, whose duty it shall be to take cognizance of and decide all questions of an ethical character that may arise in connection with the Society. Of the members of this Council the first three named on the list shall hold office for one year and the second for two years, with the exception that the term of office of members of the Council shall be three years.

The Council shall organize by choosing a President and Secretary, and shall keep a permanent record of its proceedings. The decisions of said Council on the matters referred to it by the Society shall be final. All questions of a personal character, including complaints and protests, and all questions on credentials shall be referred at once after the report of the Committee on Admissions or other presentation to the Judicial Council and without discussion.

The committee recommended that the by-laws be amended by striking out section three, and by inserting in section four the last preamble, and the first, third and fourth resolutions adopted at the last meeting in Lansing.

The report was adopted, and on motion of Dr. Jenks all questions within the jurisdiction and now pending were referred to the incoming Judicial Council.

The Convention then proceeded to an election of the Council, with the following result:

For one year—Drs. Foster Pratt, E. W. Jenks, A. B. Sager.

For two years—Drs. Dwight Nims, J. H. Beech, G. K. Johnson.

For three years—Drs. Wm. Brodie, J. R. Thomas, Wm. Parmenter.

Drs. S. P. Duffield, E. W. Jenks, G. W. Topping, N. W. Weber and J. B. White were appointed a committee on necrology.

AFTERNOON SESSION.

Dr. Topping offered a resolution reflecting on the action of the Regents in introducing homœopathy into the University.

The resolution was received and made the special order of business for the following morning at 10.30 o'clock.

The president then delivered his annual address, the subject of which was ozone in its relations to health and disease. From the direction Dr. Kedzie's labors have taken, he is peculiarly fitted to treat of a subject of this nature—a subject with which the mass of the profession are only theoretically familiar, but with which, in view of the important influence it is suggested to have in determining the occurrence or non occurrence of disease, it behooves physicians and public health officers to become as familiar as may be with its qualities and the methods of determining its presence or absence.

Inasmuch as the Society ordered the paper to be published with the cuts which so graphically illustrate the points treated of, we shall not attempt to give even a synopsis, but would earnestly recommend every physician in the state to provide himself with a copy when printed. The object of the paper is to secure the co-operation of the profession in an effort to answer the following practical questions:

1. What are the facts in regard to the presence of atmospheric ozone in this State?
2. Has the abundance or deficiency of ozone any relation to prevailing diseases or any influence in modifying the type of prevailing diseases?
3. Can any benefit be secured to the public health from the facts thus collected and compared?

The paper gives rules and instructions which will be of much value to those who may wish to investigate the matter.

After the reading of the address some routine business was attended to, when the Society adjourned for an excursion on the steamer Dove, to the Alexander House, Grosse Isle.

THURSDAY, June 10th.

The Secretary read a communication from the Bay County Medical Society, to the effect that there has been organized in that county a society called the Regular Bay County Medical Society, and that members of both the organizations now existing there are members of the State Society.

The subject was referred to the Judicial Council.

Dr. W. W. Jones, President of the Ohio State Medical Society, and Dr. N. W. Stebbins, of Detroit, were elected honorary members of the Society.

Formal charges of consulting with homœopathic physicians were preferred against Dr. Charles Shepard, of Grand Rapids, and the matter was referred to the Judicial Council.

The resolution offered on Wednesday by Dr. Topping, deprecating the attempt to associate regular and homœopathic students in the same lectures in the medical department of the University of Michigan was taken from the table.

Dr. Klein, of Detroit, said he did not intend any disrespect to Dr. Topping, but he deemed it wise to lay the resolution on the table. He therefore made a motion to so dispose of it, and the motion was unanimously carried.

Dr. Pratt moved that a committee of five be appointed on medical legislation. The motion prevailed, and it was decided to leave the appointment of that committee to the incoming President.

Dr. Clafin, of Saginaw, moved that hereafter the annual sessions of the Society continue for three days instead of two, as has hitherto been the rule.

The Secretary and Treasurer submitted their annual reports.

Dr. Eugene Smith, from the Committee on Voluntary Papers, reported that there were three papers in the hands of the com.

mittee, and recommended that they be read before the Society.  
Adopted.

Dr. Theo. A. McGraw exhibited case of removal of tumor of the parotid gland.

Dr. Hitchcock offered a resolution requesting the Regents of the University to make, as soon as practicable, a full three years' graded course of study and lectures obligatory upon all students graduating in the medical department, and that the requirements for admission into this department be made equal to those for admission to the scientific department.

Regent Rynd said the policy of the Regents was to establish within two years at farthest, such a state of things as indicated by Dr. Hitchcock's resolution.

Dr. Brodie announced that the Judicial Council had organized with Dr. E. W. Jenks as president and Wm. Brodie as Secretary.

Prof. Dunster and the mover also spoke on Dr. Hitchcock's resolution, and it was adopted without opposition.

Dr. Peter Stewart, of Detroit, read a report of case which he had commenced to operate on under the supposition that it was a hernia; on cutting down, however, he found the tumor to be a third testicle. Dr. J. P. Stoddard, of Albion, read a paper on the use of permanganate of potash, and Dr. Eugene Smith, of Detroit, presented a report of his own operations and observations in one hundred cases of cataract. Ninety per cent. of these were successful. The three papers were referred to the Committee on Publication.

The Committee on Finance recommended that the Secretary, Dr. Geo. E. Ranney, of Lansing, be voted \$100 for services.  
Adopted.

The Judicial Council submitted a report recommending the expulsion of Dr. Samuel Perkey, of Charlotte, Eaton County; that the case of Dr. Shepard, of Grand Rapids, who is charged with consultation with homœopathists, be referred to the local Society, and that the question in relation to the conflicting societies in Bay County be brought up at the next annual meeting of the State Society. The report was adopted.

Dr. Jones announced that the Ohio State Medical Society will

hold its annual meeting at Put-in-Bay on the following Tuesday, and invited the members of the Michigan State Society to attend.

A resolution was adopted naming Ann Arbor as the place and the first Wednesday in May, 1876, as the time of holding the next annual meeting.

The Society then proceeded to the election of officers for the ensuing year, with the following result :

President—Dr. Wm. Brodie, Detroit.

Vice-Presidents—Dr. James A. Brown, Detroit ; Dr. G. O. Frothingham, Ann Arbor ; Dr. H. B. Shank, Lansing ; Dr. C. W. Backus, Three Rivers.

Recording Secretary—Dr. Geo. E. Ranney, Lansing.

Corresponding Secretary—Dr. Leartus Connor, Detroit.

Treasurer—Dr. Gordon Chittock, Jackson.

The Detroit Medical College was requested to enlarge its course of study and to adopt a higher grade of preparatory accomplishments.

Dr. Brodie resigned his position as a member of the Judicial Council, and Dr. R. C. Kedzie, of Lansing, was elected to fill the vacancy.

A committee was appointed to report upon the proposition to form an inter-State society from the profession in Michigan, Ohio, Indiana and Ontario, and after the adoption of resolutions of thanks to the retiring officers, the local Executive Committee, etc., the Society adjourned.

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## Ophthalmology and Otology.

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### *BILATERAL PARALYSIS OF THE FACIAL AND ABDUCENS WITH DEAFNESS, THE RESULT OF FRACTURE OF THE PETROUS PORTION OF THE TEMPORAL BONE.*

A remarkable case is reported by Dr. Keith (*Weiner med. Presse*, May 9, '75), the history of which is that a coachman aged 23, was thrown, in the latter part of last December, into a ditch

one and one-half fathoms in depth, and that a horse fell on his head. He was found powerless, without any visible wounds, but blood flowed from his mouth and his left ear. This unconscious condition lasted three days, when he recovered perfect consciousness which thereafter remained intact. At this time, however, diplopia and a feeling of dizziness manifested themselves, which both passed off when one eye was closed. In addition, he was deaf; with the left ear he heard absolutely nothing, with the right only very loud noises, and he had a continuous roaring.

After the symptoms just described had continued unchanged for six weeks the patient presented himself at the hospital in Pest. "I found both sides of the face smooth, the folds and furrows gone, the expression apathetic, the patient could neither laugh nor cry, nor by the appearance of his face give expression to any mental acts. He could not open his mouth completely, as only the masticators (masseters, pterygoids, temporales), came into action, while the muscles of the lips simply followed the motions of the jaws mechanically, for which reason even the voice suffered somewhat. Whistling was impossible. In a condition of rest, the lips were continuously and completely closed. Chewing was considerably embarrassed by the food getting between the cheeks and the teeth, and rendering it necessary to use the finger in its removal. The patient complained of a sensation of dryness in the mouth, and said he had too little saliva to eat. The sensation of taste was entirely gone from the anterior half of both sides of the tongue. This test was made with sugar, salt, vinegar and electricity. He only tasted food and drinks on swallowing them, as they passed over the root of the tongue. The sensibility of the tongue, the mucous membrane of the mouth and of the gum was perfectly normal. The olfactory sense was intact. There was lagophthalmus and lachrymation from both eyes. The motility of the tongue, the velum palati and the uvula normal. The farado-muscular contractility of the paralyzed parts was abolished, while the galvano-muscular reaction was markedly increased. The electro-cutaneous and muscular sensibility intact. Convergent strabismus of both sides, caused by



paralysis of both abducentes. The remaining ocular muscles sound. Ophthalmoscopic examination followed by a negative result.

The patient experienced a continual buzzing in the ears. Over the left ear a watch could not be heard at all, and even the conductivity of the bone was lost. On the right side it could be heard on direct contact, and on this side the conducting power of the bone, although somewhat weaker than normal, was present. A careful examination of the ears made by Dr. Boeke revealed rupture of the membrana tympani. Galvanic investigation showed simple hyperæsthesia of the left auditory nerve.

The general condition of the patient was otherwise tolerably fair, head free, organs healthy, and extremities perfectly normal.

From the symptoms just narrated we came to the conclusion that we had here a case of bilateral paralysis of the facial and abducens.

The explanation of the case is, however, more complicated than it might perhaps appear at first sight. The loss of consciousness I am inclined to attribute to concussion of the brain, as the patient regained it completely in three days, and had no subsequent hemiplegic symptoms. The next point is very probable: fracture at the base of the skull, compression of the facial, auditory and abducens. The fact, however, that the velum palati and the uvula were not paralyzed, inclines us to doubt a lesion of the facial on the base of the skull; it must have been wounded below the point where the larger superficial petrosal nerve is given off. So also with the auditory; had this been compressed or destroyed at the base of the skull, the reaction to the galvanic current would most probably have been lost. Another substantial reason for doubting a lesion along the base of the cranium is the circumstance that the sense of taste was entirely lost from the anterior half of the tongue. Since the trigeminus did not share in the symptoms narrated in this case, and yet one of its branches being affected, we can here find nothing to account for this but the chorda tympani, which, uniting with the filaments of the fifth, forms a distinct nerve. So, then, the injury must have been done to the facial while it included

chorda tympani filaments. This case would point out and prove the chorda to be the nerve which supplies the inner half of the tongue with the sensation of taste, and that salivary secretion of the submaxillary and sublingual glands is also controlled by the same nerve, while the lingual most probably supplies sensation to the tongue.

The symptoms connected with the facial and auditory may best be explained in the way, that in this case there was a wound, probably a fracture, of the petrous portion of the temporal bone, which took place in the neighborhood of the cavity of the drum and wounded the facial below its bend in the canal. The location of the lesion of the abducens would be difficult to determine.

Dr. Boeke considers the interruption of the osseous conductivity on the left side as a secondary symptom due to the extension of suppuration from the drum through the foramina ovale and rotundum into the labyrinth.

I shall now briefly refer to the sensation of dryness of the mouth, of which the patient complained bitterly, and which some writers, among them Eulenberg, attribute in facial paralysis chiefly to the circumstance that the mouth is partly open, and in this way the air passing constantly through it necessitates more fluid than under ordinary circumstances. Our case refutes this theory, because, as before stated, the lips were constantly and firmly closed, so that no such necessity existed.

The dryness could here arise only from a diminished salivary secretion, which was caused, in all probability, by the paralysis of the chorda tympani.—*Clinic.*

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## Selections and Translations.

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### *TRICHIASIS—THE OPERATION OF REPOSITIO CILIORUM.*

The principle of the operation consists essentially in causing the offending eyelashes to be mechanically turned away from the eye and made to grow more or less in the proper direction by making them pass under a narrow bridge of skin. The follow-

ing is the method of performing the operation : A very fine curved needle has the two extremities of a very fine waxed silk ligature (or hair, as Cilus directs) passed through its eye. The needle, being firmly grasped by suitable forceps, is then passed through a narrow fold of skin at the very margin of the lid, close to one of the inverted eyelashes. The point of introduction should be external to the point of emergence of the eyelash, but as close to it as possible, and the needle should be brought out after passing about three-fourths or one line under the skin. The needle and ligature should be drawn through until a small loop alone remains, when, by means of a fine pair of forceps, the eyelash is passed through the loop. Traction is then made on the ligature, and the loop with entangled eyelash, is drawn through the tunnel of the skin. The other misdirected eyelashes are similarly treated. The chief difficulty in the performance of the operation consists in getting the eyelash entangled in the loop of the ligature, as the bleeding which occurs from the points of puncture causes the eyelashes to be matted together or to adhere to the ligature, and the misdirected eyelash is almost always enveloped by a small clot. When this source of annoyance is troublesome, it is advisable to wait a minute or two after the passage of the needle before proceeding to the ensnaring of the eyelash. In some nervous patients, I have found it advisable to introduce the lid forceps or clamp, so as to stretch the lid and enable it to be more readily fixed, and thus ensure accuracy in the points of introduction and emergence of the needle. One thing that must be carefully attended to is to make the point of introduction of the needle as close to the offending eyelash as possible, as, if it be made at a little distance, the resiliency of the hair causes it gradually to emerge from the tunnel and resume its former position. This operation is only applicable to those cases of partial trichiasis in which the eyelashes inverted are few in number and of considerable size.—*Braithwaite's Retrospect, Part LXX.*

*PUERPERAL FEVER.*

Dr. Siredey has published an article in the March and April numbers of the *Annales de Gynécologie*, which is entitled: "Puerperal Fever does not Exist." He holds that under the name of puerperal fever are confounded many different diseases, each having a proper train of symptoms, a special course, and a variable prognosis, and that among them it is possible to make a differential diagnosis. The numerous and varied opinions that are held upon this question he ascribes to the variety of lesions that have been found upon *post mortem* examination. For some persons the metritis embodies the principal lesion, while for others a peritonitis, phlebitis, or lymphangitis has the preference. The essentialists object that the disease cannot be named from any of the lesions, as these vary with the case, with the epidemic, or indeed may be altogether wanting. Dr. Siredey contests this last view that there may be no lesion, and holds that the autopsies were not made with sufficient care, and are too few to be of value. In support of this opinion he mentions several cases in which, though at first nothing abnormal was found, a more careful examination demonstrated the presence of pus. From the vast number of cases examined where lesions were found, and from the few and doubtful records to the contrary, he deems it just to admit that the fever is not essential. Nevertheless, the name "puerperal fever" is preserved, and the various lesions in different parts of the body are considered as only secondary manifestations of this one disease. It matters little whether the action turns itself upon the uterus, the peritoneum, the veins or the lymphatics; for the upholders of this idea, it is sufficient to know the ætiological conditions of the disease to be sure of its nature. So constituted, puerperal fever has been accepted by the most eminent. Depaul, P. Dubois, and Danyau, in the discussion of 1858, defended it. Trousseau, at first doubting, finally admitted it, not only in women, but in infants, and, indeed, in wounded men, provided they were placed near an obstetrical service! In spite of his respect for such eminent authorities, Dr. Siredey believes that in retaining the name "puerperal fever" we only perpetuate an error, and obscure a question that it is of the high-

est importance to clear up. In fevers we find certain lesions that are constant. For example, in typhoid fever there is the ulceration of Peyer's patches, in scarlet fever the serous membranes are attacked, and the mucous in measles. For the different lesions that are found after death from the disease called puerperal fever, Dr. Siredey thinks he is able to point out a series of symptoms that will show that several distinct diseases have been confounded heretofore, and that a differential diagnosis can be made among them. After mentioning the peritonitis, with its typhoid state and fetid diarrhoea and lochia, he treats of the really difficult, and for many impossible, diagnosis between phlebitis and lymphangitis. He commences by endeavoring to show that many times the lesions considered to be in the veins were in the lymphatics of the uterus. The principal trunks of the lymphatics occupy the angles and sides of the uterus, and sometimes they acquire a volume of 5, 6, or 8 millimetres, equaling that of the veins, and hence liable to be confounded with them. The large circular vessel, situated at the juncture of the neck and body of the uterus, which is so often found filled with pus, is not a vein, but a lymphatic. Dr. Siredey thinks that many mistakes have been made from these anatomical peculiarities, and considers that inflammation of the lymphatics is the more common. Noting the very intimate connection of the lymphatics with the peritoneum, and the frequent occurrence of peritonitis in the fever of child-bed, he argues that the so-called puerperal fever is generally but a lymphangitis. The differential diagnosis between this disease and phlebitis he places as follows: Chill—in the lymphangitis it is unique, and only appears at the commencement of the disease, while in phlebitis it is multiple, and not only is found at the beginning but at all periods of the disease. The chill of the lymphangitis appears in general from the first to the fifth day after the labor, while in an inflammation of the veins it occurs but rarely before the sixth day, and frequently much later. The temperature reaches a high figure ( $40^{\circ}$  to  $41^{\circ}$  C.) in the lymphangitis, but remains at this level, varying only by some tenths of a degree. In the phlebitis the temperature rises progressively, reaching its maximum during

the febrile paroxysm ; then falls to rise again, presenting between the remissions and exacerbations a difference of several degrees. The pain is more intense in the abdomen for the lymphangitis, which may be accounted for by the peritonitis. The phlebitis does not give rise to intense abdominal symptoms, but reveals its existence by varied lesions that testify to the invasion of the economy by pyæmia. The course of disease is much more rapid in the lymphangitis. Death occurs generally eight or ten days after the labor, and in rare cases, in two or three days, while the phlebitis may extend from two to three weeks. Dr. Siredey admits that lesions of both diseases are found in some cases, but states that the symptoms show the first period belongs to the lymphangitis, while the second belongs to the phlebitis. He illustrates his argument by giving in detail the history of four cases.—*Paris Correspondence Med. Examiner.*

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#### *ON THE USE OF THE STOMACH PUMP.*

Kussmaul has employed the stomach pump in cases of gastric dilatation, and this species of medication has found many advocates in Germany. Dr. Paul Schliep has washed and cleansed the stomach with the aid of this instrument in almost all gastric affections, but chiefly in the treatment of chronic idiopathic or symptomatic gastritis, with or without dilatation. When the catarrh is simple but chronic, about nine operations on the average are sufficient to effect a cure ; in some cases even two or three washings will suffice. In phthisis, the improvement in digestion is almost always followed by increase in weight. In dilatation of the stomach the pump should be employed as soon and as regularly as possible, and the stomach should be emptied completely every day. In cancer, the use of the stomach-pump constitutes a very valuable palliative measure. The fluid employed by the author for the operation is tepid water, either pure or charged with the following remedies :  
1. Bicarbonate of soda, when the reaction of the gastric fluid is very acid ; 2. Permanganate of potash, when the fluid shows signs of decomposition ; 3. Carbolic acid, when there are vege-

table parasites ; boracic acid as a disinfectant ; tincture of myrrh in atonic dyspepsia with abundant production of mucus.—*Lyon Medical—N. Y. Med. Jour.*

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*CASE OF HYPERIDROSIS—CURE.*

Dr. John M. Bigelow reports in the *N. Y. Medical Journal* the case of a young man who had for six years suffered from an aggravated form of this affection, and who having tried in vain the whole line of astringents and disinfectants, was cured by the following treatment: The patient was ordered to bed and diachylon-plaster applied as follows: cutting it in two strips the doctor twisted them around each toe separately and also applied them to the inter-digital spaces, completely enveloping the whole foot, so that every portion of the sole, dorsum and toes of the feet was in close and immediate contact with the plaster. The strips were removed each morning, the feet carefully and thoroughly wiped with dry, heated flannel and new plaster strips applied. This treatment was persevered in for thirteen days, and at the expiration of that time the plasters were removed, and the feet presented a healthy, normal appearance, free from the troublesome hyperidrosis. Three months have elapsed since the close of treatment, and the patient enjoys ease and comfort in walking, and can avail himself of the pleasures of society without any disagreeable odor to announce his presence.

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*A NEW TREATMENT FOR BURNS.*

Dr. M. O. Baldwin, writing to the *Chicago Medical Journal*, advises the following treatment for burns :

For a considerable time it has been our custom to use eggs, the white and yolk together, well beaten up, as a local application, and the remedy has given a great degree of satisfaction. Our manner of applying it is, after the eggs are well beaten, to saturate old and well-worn pieces of muslin therein, and spread

over the injured surface, two or three layers thereof being superimposed; the relief is immediate and replete. The dressing should be renewed each twelve hours; meantime, should it become dry, it may be moistened by dripping water over it. After the first two or three dressings, we add a little carbolic acid and glycerine, to correct any disagreeable odor and also stimulate the healing process. The dressing is easily removed, and leaves a clean, fresh-looking surface, not attainable under the processes.

In answer to several inquiries on the question, we publish the following, the usefulness of which will probably suggest itself to not a few of our readers in connection with prescriptions sometimes published in decimal weights and measures:

Troy.	Metric.
1-60 grain.	.001070 Miligramme.
1-48 "	.001350 "
1-32 "	.002025 "
1-20 "	.003240 "
1-16 "	.004050 "
$\frac{1}{8}$ "	.008100 "
$\frac{1}{4}$ "	.046200 Centigramme.
$\frac{1}{3}$ "	.021600 "
$\frac{1}{2}$ "	.032400 "
1 "	.064800 "
2 "	.129600 Decigramme.
3 "	.194400 "
4 "	.258200 "
5 "	.324000 "
6 "	.388800 "
7 "	.453600 "
8 "	.518400 "
9 "	.583200 "
10 "	.648009 "
15-4322"	1 Gramme.
20 or scruple.	1.296000 "
30 or drachm ss.	1.944000 "



60 or drachm.	3.888000	Gramme.
120 or drachm ij.	7.775000	"
240 or ounce ss.	16.552000	"
480 or ounce.	31.104000	"

To reduce Centigrade to Fahrenheit, multiply by 9 and divide by 5, then add 32.

To reduce Fahrenheit to Centigrade, subtract 32, then multiply by 5, and divide by 9.

Fluid Apoth.		Fluid Metric.	
		Cubic centimetres.	
Minim	1 . . . . .	.0616125	
"	2 . . . . .	.1232250	
"	5 . . . . .	.3080625	
"	10 . . . . .	.6161250	
"	20 . . . . .	1.2322500	
"	30 . . . . .	1.8483740	
Drachm	1 . . . . .	8.6967500	
"	2 . . . . .	7.3935000	
"	3 . . . . .	11.0902500	
"	4 . . . . .	14.7870000	
Ounce	1 . . . . .	29.5740000	
"	5 . . . . .	59.1480000	
"	4 . . . . .	118.2960000	
O	" 1 . . . . .	473.18400000	
C	" 1 . . . . .	3785.4720000	

= 3 Litres.

*THE NATURE OF DISEASE.*

When, however, we come to speak of the more permanent structural changes, which neither nature nor art can remove, and which have seemed to produce premature death, scarcely any one will acknowledge that the processes which develop them are at all conservative. Yet they are. And the error of supposing they are not has arisen chiefly from a total misunderstanding as to the nature of disease. A very prevalent idea, if not indeed a universal one, seems to be, that disease is a separately

existing entity—a thing independent of the body and inimical to it. We constantly hear, for example, of an individual being “attacked” with pneumonia; of an army “assailed” with small-pox; of a city “assaulted” with cholera, and of its inhabitants being decimated by the “stealthy ravages” of consumption. Now, so considered, there is no such thing as disease. Who has ever seen it isolated from the body? And when, in accordance with this view, we ask the question, “What is disease?” there is but one answer, namely: Disease is the tertiary product of two factors: 1. Of impressions or stimuli acting upon the body from without; and 2. Of the reactions performed by the organism in response to the impression of such stimuli. The tertium quid following the action without, and the reaction within, is the thing “disease.” Exactly in the same manner a stone thrown against a pane of glass makes a hole in it; yet, when we try to consider the hole as a separately existing entity, we find it does not so exist. If it did, we might take away the pane of glass, and leave the hole by itself, but this is impossible. The aperture in the glass is a tertium quid resulting from two factors, viz.: 1. The action of the stone from without; and, 2. The reaction of the glass when struck by the projected missile. Furthermore, it is evident that the quality of the resulting tertiary product can be made to vary indefinitely, either by varying the character of the action (i. e., by modifying the shape, size, direction, velocity, etc., of the stone), or by altering the reactive properties of the glass (i. e., by modifying its thickness, elasticity, inclination, etc.). Equally so the quality of disease will vary in different individuals in accordance with the variation in the quality of their reactive powers, as well as in conformity with the character of the actions by which the reactions are elicited.—  
*Prof. King, in Popular Science Monthly for June.*

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*NOVEL TREATMENT OF OBSTINATE VOMITING IN PREGNANCY.*

During a long professional life, I have had much experience of this troublesome affection, and amongst medicines have found calumba and oxalate of cerium the most beneficial; but

these and all other medicines often fail, and the treatment suggested by the following cases, discovered by accident, as it were, and never, as far as I know (although nothing is new under the sun), employed before, promises some chance of our being able, with more certainty, to overcome this very threatening concomitant of pregnancy.

On June 9th, 1874, I was summoned to a lady, thirty-five years of age or thereabouts, to consult with two other practitioners already in attendance. She was about six months gone in pregnancy, and was so much reduced by almost incessant vomiting that fears were entertained as to her safety. I noticed there was slight uterine action accompanying the sickness, and, on examination, I found the os uteri partially dilated, so as readily to admit the finger. I thought it right, under the emergency, to advise bringing on labor without delay; the gentlemen present, however, expressed no little apprehension as to whether or not she would have strength to undergo the effort of parturition on account of the very depressed and exhausted state of her system. They nevertheless concurred in the advisability of the course I recommended, and asked me to perform the operation.

I at once dilated the os uteri as much as I could with the finger, and could feel the membranes and the head of the child. I tried to rupture the membranes with a telescopic female catheter (the only instrument at hand), but they were so flaccid, and the head offered so little resistance, the catheter shortening itself also on my making pressure, that I could not succeed; and thinking it wise to wait awhile before resorting to any other expedient, we retired to another room for further consultation. In about one hour we saw the patient again, and were surprised to find that a longer period had elapsed, without sickness, than before; and we again waited, in the hope that she might be able to take a little nourishment, and so be better prepared to undergo any further proceeding. We waited another hour, and another, but there was no return of vomiting; and we spent the rest of the night in watching, during the whole of which time she was improving, and we determined to let well alone.

I left her early in the morning, and had a favorable account of her a few days afterwards. There was no return of sickness ; she went on to the full period of pregnancy, was then delivered of a healthy child, and made a good recovery.

This case made a strong impression on my mind ; and I wondered whether the relief to the vomiting, so urgent and threatening to her life, could have been effected by my having dilated the os uteri, and thus removed any undue tension that might be producing sympathetic irritation.

It was not long before I was called some distance into the country to consult about another case of vomiting during pregnancy of great urgency, occurring about the second month. The surgeon in attendance had adopted the best acknowledged medical treatment, and had arrived at the conclusion that artificial delivery would be necessary to save her life. With the full recollection of the former case, I examined the uterus, and found some degree of anteversion and the os patent enough to admit the end of my finger. I forthwith dilated it as much as I could, passing my finger all around, removing all puckering, and making a smooth edge. She vomited only once, and then slightly, after this proceeding, and we left her with the understanding that, if the sickness continued, I should be summoned again in a few days to bring on abortion.

This summons never came ; but in about a fortnight I had a letter from the husband, stating that his wife began to get better an hour or two after I left, and that the sickness had entirely ceased. I have heard several times since that the patient is going on remarkably well, and I believe she expects to be confined some time this month.

A third opportunity has since offered itself for a trial of this novel (as far as I know) treatment. On the 6th of April, 1875, I saw, in consultation with a very intelligent country practitioner, a lady in delicate health, just entering the eighth month of pregnancy. She was the mother of nine or ten children, and her life was valuable. Generally, during early pregnancy, and sometimes for several months together, she had been troubled with vomiting ; but during the last three weeks, the

sickness had been almost incessant; she could keep nothing down, and was in a very feeble and emaciated condition. She had, moreover, a considerable amount of albumen and some pus in the urine, a few casts also; and fears were entertained of there being extensive kidney-disease. There was, however, no dropsy, and our opinion was somewhat modified by the knowledge that the urine does often, during pregnancy in the latter months, contain a good deal of albumen. The patient was so ill, that she would willingly have consented to artificial delivery if really necessary. I examined the uterus, and, as in the other cases, found it patent, puckered, and dilatable. I dilated it as much as I could with my finger, in hope that the sickness might cease after such a proceeding. I should say that the usual remedies had been carefully employed without producing the desired effect.

A few days after my visit, her husband called upon me to say that his wife had no return of sickness after I left, and was now able to take food without inconvenience, although he still thought her very weak and ill, and feared she would not recover.

On the 23d I received a very satisfactory letter from the surgeon in attendance to the following effect: "I am exceedingly glad to tell you that Mrs. — was confined yesterday. I should think it not more than an eight months' child, still it looks healthy and strong. You may most certainly add her case to the others you related to me. *There was never any urgent sickness after you dilated the os uteri*, and the last week Mrs. — has frequently taken, with relish and no inconvenience, solid food, such as boiled mutton with asparagus, and drank home-brewed beer. This morning she was going on quite well; she was not even faint, or at all exhausted, after her labor. I am very glad I called you in, for I now know how to proceed with cases of sickness in pregnancy. Should I meet with any more patients, I will either ask you kindly to meet me again, or report them to you."

This subject appears to me of so much importance, that I send my cases for publication without waiting for further experi-

ence or attempting to explain the *modus operandi* of the treatment suggested. It is my intention to communicate farther on the matter when I have more thoroughly digested it myself; and I will not fail to report any future success or failure that may come under my observation. I trust, moreover, that others who may be induced to pursue the same plan of treatment will report their experience for the guidance and instruction of the profession.—*Dr. Copeman, in British Medical Journal.*

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*Ars, ante omnia veritas.*

## Editorial.

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### MEDICAL EDUCATION.

At the meeting of the State Medical Society held in this city on the 9th ult., resolutions were passed requesting the medical schools of this State to raise their preliminary requirements for the admission of students, and to require for graduation the attendance on three courses of lectures, instead of the two courses now required. These resolutions were greeted with an enthusiasm and passed with a unanimity which indicated very forcibly the sentiments of the Society on the question of medical education. At no previous time has this question excited so much attention as now, and at no previous time has there been so great a necessity for this attention. There is just cause for alarm in the wholesale manner in which medical colleges throughout the country have, during the past few years, been turning out their graduates. The time has passed when the demand justified this wholesale production. With a population of 40,000,000 we have now in this country over 50,000 physicians, thus giving a physician to every 800 inhabitants—a much higher ratio than obtains in any other country. With this statement before us the excuse of “supply for the demand,” formerly valid, is now no longer tenable. The demand has for some time been satisfied, and the market is glutted. What the people now want, and what the interests of science and humanity demand, is better qualifications

on the part of those who are to supply the vacancies created by death and other incidental causes; and to raise the standard of qualification would be to materially diminish the number of applicants for diplomas.

The medical profession can never receive that respect and consideration from the community to which it is entitled until it closes its doors on ignorant aspirants to its honors. The plea that proficiency in medicine and not in literature or belles lettres is the criterion, is but a piece of specious reasoning. Aside from the fact that it requires a well trained mind to study medicine to advantage, the presumption is a strong one that the young man who fails to improve the many opportunities now afforded of securing a liberal education will not attain to much proficiency in his medical studies. It is true there are instances in which men of very limited literary attainments have distinguished themselves as practitioners. These, however, are men of strong individuality, who have succeeded in spite of deficient literary training, and most assuredly not in virtue of it; men, too, who, in all probability, lacked the advantages now within the reach of every young man of ordinary determination.

In vain will the profession admonish the public against quackery and decry in righteous indignation all forms of empiricism as long as it receives into its fold the very material out of which quacks are made. It is a mistake, and one fraught with much mischief, to suppose that quacks consist only of those who are not in possession of diplomas. There are doubtless many practitioners without diplomas who are incomparably better qualified than multitudes whose office walls are decorated with the magic sheepskins. The possession of a diploma is, however, the only practical test we possess, arbitrary though it be, and it behooves the profession to see to it that as far as lies in its power, these diplomas shall not be granted as shields to incompetency, and to do this the resolutions of the State Medical Society are a move of the most feasible nature. First sift out by a proper preliminary examination the most likely students, and then establish a proper curriculum, and the chances are that a better class of men will seek admission into the ranks of medicine.

It is the duty of the profession to exercise a censorship over the medical institutions of the country, and this duty becomes the more incumbent when it is considered that perhaps the majority of these institutions are little other than mere advertising concerns, instituted in the interests of a few struggling nonentities who but for this means, would never be heard of outside of their very immediate neighborhoods. A few of these individuals shy their castors into a community, and in virtue of the eternal fitness of things—having neither the aptitude nor the most rudimentary conditions requisite for distinction—remain a tax upon the generosity of their friends or relations. Being debarred by the ethics of the profession from advertising in the ordinary methods, they conceive the idea of starting a medical school. The laws of the State require only that a certain amount of stock be subscribed, when a charter may be secured. The aforesaid friends and relations being interested pecuniarily as well as otherwise in the success of their *proteges*, readily subscribe the requisite amount of stock, and in a short time a full-fledged “faculty” bursts into view. The newspapers announce in double leaded articles that the able and rising doctors Jones, Smith & Co. have been prevailed upon to devote their talents to the building up of a medical institution in their midst, which shall add to the fame of their already renowned city. The charter, buildings, and other paraphernalia having been secured, it is now necessary to secure students, inasmuch as their fees are indispensable towards defraying the expenses of the concern. Older institutions, which have secured the confidence of the profession, and the fame of which attracts to their halls young men from all parts of the globe are their competitors, and to secure a class, inducements of a peculiar nature must be offered. These inducements consist in their opening their doors to all, without reference to capacity, ability, or anything else, save the much needed fees. Unfortunately there are too many young men too indolent to earn an honorable livelihood on their fathers’ farms, and too dull to learn a trade or other profession, who but too eagerly embrace the rare opportunity the new “college” opens up to them of becoming full-fledged M. D’s, and thus the insti-



tution is sustained. It is, furthermore, but a piece of the original plan to turn out as few really competent men as possible. The graduates are induced to settle conveniently near by, and thus serve as jackals to provide for the lions of the "college." When a case presents itself which the graduate does not understand (and such cases present themselves quite frequently), counsel is demanded, and, as a matter of course, the grist goes into the professors' mill, and it is a notorious fact that the bulk of some of these professors' practices consists of cases thus brought in.

The case above pictured is by no means a hypothetical one, and it is institutions of this nature which, forsooth, while vaunting their own importance, seek, by insinuation and other dishonorable methods, to injure the reputation of colleges made venerable by age and renowned both for the talent which has always filled their chairs and for the names that stand on the roll of their alumni.

We trust that the worthy example thus set by the Michigan State Medical Society may be followed by other State Societies throughout the country, and that the denunciation of a united profession may be brought to bear on this crying evil of the times.

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*STATE MEDICAL SOCIETY.*

The late meeting of this Society in this city having been the first which it has been our privilege to attend, we must confess to a considerable degree of disappointment in the results of the session. It is true it was agreeable to meet our friends from the different parts of the state, and to enjoy with them a social season, but we had formed an entirely different conception of the nature of the work for which the Society was organized. We had supposed it to be a gathering of the medical men from the various sections of the state at which scientific work was to be done, and had promised ourselves a treat in listening to facts selected from the rich experiences of our brethren. Our fond hopes were, however, doomed not to be realized, for with the exception of the President's address, the scientific efforts of the society

were a failure. We might say this without any disparagement to the papers read, for the simple fact that only three papers were presented is sufficient to justify the assertion.

It surely cannot be, and yet it would seem so, that our State Medical Society has degenerated into an institution serviceable only as a means of gratifying the ambition of certain chronic office-seekers! We are not a prophet nor the son of a prophet, but we can safely predict that it will require but a very few meetings as unproductive of good as was the one just held to dig the grave of the Society.

The button-holing of members and the putting forth of efforts to convince them that you are the most competent and desirable individual to fill a certain office savors too much of the political arena to add strength to a scientific organization in which merit and an honorable record of true scientific work done and not an aptitude at wire-pulling and an insatiable greed of office should be the conditions of preferment.

We can see in our State Society the possibilities of much usefulness; it has the elements essential to success in its legitimate work, but before much real good is done it demands a pretty thorough reconstruction.

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*PERSONAL,*

We regret to notice in the June number of the Nashville *Journal of Medicine and Surgery* the valedictory of Dr. Bowling, its senior editor and ex-president of the American Association. The weight of years and declining health have compelled the old veteran to lay down the quill which he has for over a quarter of a century wielded with so much spirit and effect. The editorial fraternity will miss his caustic and incisive lines. Although not at all times agreeing with his style, we never ceased to respect its originality and its fearless outspokenness.

Having laid aside the harness and retired from active work, we would have our benediction follow him. "Well done, good and faithful servant."

## Reviews and Bibliographical Notes.

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AN ANALYSIS OF ONE THOUSAND CASES OF SKIN DISEASE WITH CASES AND REMARKS ON TREATMENT. By L. Duncan Bulkley, A. M., M. D.

Dr. Bulkley has given some valuable contributions to the literature of skin diseases and the present pamphlet (a reprint from the *American Practitioner*) sustains his reputation as an observer in this direction. The diseases are arranged under forty-three heads, several of which include a number of different forms usually recognized as separate diseases. The author's *liq. picis alkalinus* (picis liquidæ ʒii, potassæ causticæ ʒi, aq fort ʒv) diluted, deservedly becoming a popular local application, was employed with advantage in eczema, psoriasis, and tinea. Tannin in ointment (ʒi to ʒi) was also useful in eczema.

A CLINICAL CONTRIBUTION TO THE TREATMENT OF TUBAL PREGNANCY. By T. Gaillard Thomas, M. D. New York: D. Appleton & Co., 1875.

This little pamphlet details the successful treatment of a case of tubal pregnancy which had passed to the third or third-and-a-half month. An incision was made into the foetal sac through the vagina by means of the galvano-caustic knife, and the foetus removed. The placenta was only partially extracted on account of hemorrhage, which was checked by injection of persulphate of iron. Some serious threatenings of evil following the operation were all averted, and in six weeks scarcely a trace of the incision through the vagina could be found.

Dr. Thomas believes in prompt surgical interference in these emergencies, a belief which the relation of this case will bring many to coincide with.

A STUDY OF THE NATURE AND MECHANISM OF FEVER. By Horatio C. Wood, M. D.

This is the fourth lecture of the Toner Series—"instituted to

encourage the discovery of new truths for the advancement of medicine." The points which the lecturer demonstrates are, 1st. That external heat applied to the normal body is capable of producing all the phenomena of natural fever. 2d. Heat applied locally to the brain or to the heart, produces in the functions of the organs those disturbances which are the familiar phenomena of fever. 3d. The withdrawal of the excessive heat in fever is followed by a relief of the nervous and circulating disturbances.

NEAR SIGHT TREATED BY ATROPIA. By Haskett Derby, M. D., Surgeon to the Massachusetts Charitable Eye and Ear Infirmary at Boston, etc.

The author's experience with this drug in the treatment of myopia, leads him to endorse the opinion that its thorough use during several weeks, together with rest of the eyes, tinted glasses, and in some cases, local blood-letting, offers a fair prospect of arresting progressive myopia, and in some instances, of removing it entirely. The subject is one of much importance, and we hope it may receive further investigation.

*Popular Science Monthly* for July. I. Anent Ants; II. The First and Last Catastrophe; III. Sexual Cerebration; IV. The Deeper Harmonies of Science and Religion; V. The Biography of a Bird; VI. Recent Polar Explorations; VII. Savagism and Civilization; VIII. Thunder Showers; IX. The Australian Fever Tree; X. The Sun's Work; XI. The Endowment of Scientific Research; XII. Sketch of William Robert Grove. Correspondence, Notes, Miscellany, &c.

*Harper's Magazine* for August opens with a poem by Joaquin Miller, "Sunrise in Venice," beautifully illustrated. Prof. Raw's fifth paper on the stone age in Europe is devoted to those most curious of scientific topics—the Kitchen-middens and the ancient Hake Settlements. The Editorial Departments maintain their usual excellence.

CLINIQUE OPHTHALMOLOGIQUE. Du Dr. DeWecker. Paris, 1874.  
From the author.

ATLAS OF THE OSSEOUS ANATOMY OF THE HUMAN EAR. Comprising a portion of the Anatomy of the Human Ear by N. Ruedinger, M. D., University Professor, Adjunct and Professor in the Anatomical Institute of Munich, etc. Translated and edited with notes and an additional plate, by Clarence J. Blake, M. D., Aural Surgeon to the Massachusetts Charitable Eye and Ear Infirmary, lecturer on Otology in Harvard Med. School. I Vol. folio, gilt. \$7.50. A. Williams & Co. Boston, 1874.

This work consists of a series of plates, nine in number, illustrating the more important parts of the Osseous Anatomy of the Human Ear, together with notes and explanatory text. Dr. Blake merits the thanks of the profession for having placed this portion of so excellent a work as that of Prof. Ruedinger at the command of the English speaking student and teacher, and we hope that sufficient encouragement will be given to induce him to complete the task for which the portion already accomplished has shown him to be eminently fitted. The publishers have performed their part of the work in the excellent manner which characterizes the publications of this enterprising house.

We have much pleasure in commending this work to our readers.

WILLS OPHTHALMIC HOSPITAL, Philadelphia. Report for 1874.  
EYE AND EAR Institute of the Philadelphia Dispensary. Report for 1870 to 1874, inclusive.

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AUGUST, 1875.

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Original Communications.

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*THE HISTORY OF ANÆSTHESIA.—A paper read at the Annual Meeting of the WASHTENAW COUNTY MEDICAL SOCIETY, held at Ypsilanti, Michigan, June 25th, 1875. By EDWARD S. DUNSTER, M. D., Prof. of Obstetrics and the Diseases of Women and Children in the University of Michigan.*

MR. PRESIDENT—It seems to me not inappropriate, on occasions like this, to depart, now and then, from our strictly professional duty and indulge in work which is somewhat lighter and more entertaining in character—work which, though valuable and instructive in its way is, at the same time, not entirely foreign to the social element, which is a consideration that ought not to be forgotten in these meetings. Time spent in recreation of this sort is not time wasted, for we come back to the ceaseless round of our duty, not merely invigorated by the brief rest from toil, but with kindlier feelings for each other, which grow out of

the pleasant intercourse and the ever-increasing friendships of these gatherings, and with enlarged views and hopes for the common welfare of our profession. In this spirit, therefore, and in obedience to the call you have made upon me for an "essay," I have ventured to select what may, not inaptly perhaps, be called a semi-professional subject, viz: the history of anæsthesia.

Anæsthesia is a word which was coined and introduced into our medical nomenclature in 1847, by the late Sir Jas. Y. Simpson. It simply means, as its derivation implies, *without sensation*. An anæsthetic, therefore, is any substance which possesses the property of abolishing sensation. Strictly speaking, then, these terms have a very extended signification. The latter, for instance, would include all drugs—like alcoholic stimulants and narcotics—which, when administered internally in sufficient doses, will produce insensibility; and it would further include all substances or mechanical means which, when applied externally, either suddenly or continuously, will abolish sensation. By common consent, however, the term anæsthetic is restricted to a few highly volatile forms of chemical agents the vapor of which, when inhaled or applied locally, will produce this effect—such effect being in all cases transitory, while anæsthesia is the loss of sensibility resulting from the use of these agents.

With this limitation, then, the subject comes within tolerable limits and, practically, it may be narrowed down to a discussion of the introduction of nitrous-oxide, sulphuric ether and chloroform, the three agents now most universally employed to destroy the pain of surgical operations; for when the power of any one of these substances for producing such an effect was clearly determined, anæsthesia became an established fact for all time. And even if subsequent investigations should discover other safer and more potent anæsthetics than those now in use, anæsthesia will still date back to the first use of the above mentioned agents, and will forever be reckoned one of the grandest discoveries of the nineteenth century—a discovery, too, the honor of which belongs exclusively to our own country. Without such limitation, the subject would necessarily extend far beyond the

limits of a single paper. It would, indeed, require many hours for anything like an adequate consideration of it; for, as is well known, there are very many substances and means by which the human body can be rendered insensible to pain; and furthermore, the idea or hope of producing, at will, such a result is by no means a modern one. It must have repeatedly suggested itself ever since the time when the healing art was first practiced by man; and so all through history, going back even to the most ancient records, we find frequent allusions to efforts of this sort—such efforts being generally in the direction of the internal administration of narcotic agents. All this, however, interesting and instructive as it might be on its full presentation, is simply irrelevant to the subject in the limited sense I have already assigned to it, and so, passing by all such references, I shall consider only, and in chronological order, the application of nitrous oxide, of sulphuric ether and of chloroform for the purpose of producing insensibility under surgical procedures.

Nitrous oxide, or protoxide of nitrogen, was discovered by Dr. Priestley in 1772. It was first accurately investigated, however, by Sir Humphrey Davy in 1799. He experimented freely with it upon himself and others, and ascertained its remarkable property, when inhaled, of annulling pain. He used it upon himself for this purpose when suffering from a severe inflammation of the gums, and described carefully its effects, and suggested its employment in minor surgical operations. His own words are: "As nitrous-oxide, in its extensive operation, appears capable of destroying physical pain, it may probably be used with advantage during surgical operations in which no great effusion of blood takes place."\* This suggestion appears to have passed unheeded, and so far as I am aware, there is not a single allusion to the use of this agent, for such a purpose, for a period of nearly fifty years subsequent to Davy's publication. The power, however, which nitrous oxide possesses of producing a certain degree of nervous excitement, or exhilaration, and

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\* *Researches, chemical and philosophical, chiefly concerning nitrous-oxide, or dephlogisticated nitrous air and its respiration.* London, 1800; p. 566.



from which it acquired the popular name of "laughing gas," became well known, and experiments with it were frequently made for this purpose. A public exhibition of this sort was given in Hartford, Conn., on the 11th of December, 1844, during a chemical lecture by Mr. G. Q. Colton, now a well known dentist of New York city. At this exhibition there was present Dr. Horace Wells, then a practicing dentist in Hartford. One of the persons\* to whom the gas was administered having, while under its influence, injured himself pretty severely, Dr. Wells noticed that he made no manifestations of pain, and after his return to consciousness asked him if he felt any pain. He received a negative reply, and then turning immediately to a friend sitting by his side, he expressed the belief that by inhaling the gas one could become so insensible as to have a tooth extracted without pain. This belief he reiterated several times during the course of the evening, and determined to make the experiment upon himself. Accordingly, on the following morning, he called on Mr. Colton, and after stating his object and belief, requested Mr. C. to administer gas to him for the purpose mentioned. This was done, and while under its influence, a molar tooth was extracted by Dr. Riggs, another dentist who was called in to witness the experiment, and with whom Dr. Wells had conversed on the subject the previous evening. The operation was painless, and Wells was confirmed in the opinion he had formed and expressed. He then turned his attention more closely to his discovery, and devoted a large share of his time to it. The gas was repeatedly administered by him for the performance of dental operations, and invariably with success. Dr. Riggs also used it in many cases, and the discovery became a subject of profound interest in Hartford and the immediate vicinity, and was recognized as a reliable and safe method of destroying pain during dental operations. A few weeks after his first trial of the nitrous oxide, Dr. Wells went to Boston with the view of bringing his discovery to the notice of the medical profession, and introducing it into general surgical practice. He

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\* Mr. Samuel A. Cooley.

communicated his views and wishes, among others, to Drs. Warren and Hayward, of the Mass. General Hospital, and to Dr. Chas. T. Jackson, a distinguished chemist, and to Dr. W. T. G. Morton, a dentist who had been a pupil of Wells, and for a short time his partner in business. He was then invited to make a public trial of it in the amphitheatre of the hospital, and a day or two after an opportunity was afforded him of so doing. The experiment was a failure, by reason, apparently, of too soon withdrawing the bag containing the gas, and Dr. Wells was hissed from the room. That evening, however, he repeated the experiment in private to a few persons, and with success. He returned to Hartford mortified at the failure, for he was a man of the most exquisite sensitiveness, but he did not relinquish his idea, nor abandon the use of the gas. During the entire remainder of his life, whenever he was engaged in the practice of his profession, he continued to administer the gas, and in a number of instances he gave it for the performance by others of severe surgical operations. Dr. Wells died by his own hand in New York city, on the 24th of January, 1848, his reason having been destroyed, largely, it is believed by all who knew him, by the chagrin and disappointment resulting from the attempts made to deprive him of the credit of the discovery of anæsthesia. Drs. Morton and Jackson were the opponents of Wells in this matter, and their line of argument was first to claim that nitrous oxide was not an anæsthetic,\* and when it was acknowledged the world over, after the evidence of thousands of persons who had inhaled the gas, that this claim was not valid, then Dr. Morton and his friends asserted that Wells had entirely abandoned the use of the gas, thus acknowledging, as it were, that the discovery was of no value. This is not true, for the statement that I have made above in re-

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\*Sir Jas. Y. Simpson, referring to this matter, says: "Dr. Morton's first chapter in this volume [statements supported by evidence, &c., Washington, 1853], against nitrous oxide reads now, I fear, as only an exhibition of jealousy and ignorance; and Professor Jackson's letter against Dr. Wells (see page 412 of the same volume) is still more painful and inexcusable in its tone and character." Works, Vol. 2, page 28, New York, 1872.

ference to the continued employment of nitrous oxide by Wells down almost to the day of his death is substantiated by the sworn testimony of many witnesses (many of whom were physicians and dentists), who had a personal knowledge of the fact. Furthermore, there is abundant documentary evidence to prove that Wells had, for several years previous to 1844, entertained the hope of finding some means of destroying the pain of dental operations; that he was, in all probability, unaware of Sir Humphrey Davy's suggestion respecting the use of nitrous oxide; that after he had established the anæsthetic power of nitrous oxide, he continued his experiments with it and various other substances; that he was aware of the power of sulphuric ether of producing insensibility, but that acting on the advice of professional friends, he did not use it for fear of dangerous results; that he communicated freely to all whom he could engage in conversation on the subject, his knowledge, his beliefs, the results of his experiments and professional work, and his claims as to having introduced the practice of anæsthetic inhalation of nitrous oxide gas; and finally, that the practice became established and recognized in the city of Hartford two years before the next advance in modern anæsthesia, which was made in the city of Boston on the 30th of Sept., 1846. This advance was the first use of sulphuric ether as an anæsthetic.

Sulphuric ether, or the oxide of ethyl, is a compound body resulting from the distillation of sulphuric acid and alcohol. This substance has been known for centuries, the first receipts for its preparation dating as far back as the year 1540. It had been used by inhalation in physiological experiments by Brodie and others and as a remedy for certain diseases of the lungs as long ago as 1796, by Drs. Beddoes, Pearson\* and Thornton, in England, and in 1805 by Dr. Warren, of Boston, and it is mentioned by numerous writers on materia medica in this connection. Its power of producing insensibility is alluded to in this country by

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\*Account of the Nature and Properties of different Kinds of Airs. By Richard Pearson. London, 1795, p. 24. See also Medical Facts and Observations, vol. VII, 1797, p. 96.

Godman in 1822, Mitchell in 1832, Prof. Samuel Jackson, of Philadelphia, in 1833, by Wood and Bache in the U. S. Dispensary, in 1834. But all these statements produced no more result than the allied one of Sir Humphrey Davy regarding the power of nitrous oxide, and it was not until the eventful year of 1846 that its anæsthetic power was fully established; the honor of this practical application of ether to destroy pain in surgery undoubtedly belongs to Dr. W. T. G. Morton; the question as to how or from what source he obtained his knowledge of the anæsthetic power of ether being entirely foreign to the fact as stated. Toward evening of the day just mentioned Dr. Morton gave a patient—one Eben Frost—the vapor of sulphuric ether to inhale, and while he was under its influence a tooth was extracted. The operation was painless, and Morton at once recognized that he had found an agent which could render the body insensible to pain. On the 16th of October, in the amphitheatre of the Mass. General Hospital a surgical operation was performed by Dr. Warren, on a patient under the influence of ether, and on the following day another operation was performed by Dr. George Hayward, the ether being administered to both patients by Dr. Morton, and in both instances no pain whatever was experienced. Subsequently ether was daily employed for the purpose of annulling pain under operations, and the use of it extended over the entire civilized globe, almost as fast as the news of the wonderful results which had been obtained in Boston could travel. This, in brief, is the history of anæsthesia by the inhalation of the vapor of sulphuric ether. Its introduction met with none of the opposition or ridicule which, two years previously, had attended, in the same city, the effort to establish the use of nitrous oxide, and so it rapidly won its way into public favor and established for its discoverer, Dr. Morton, the merit and honor of having conferred upon mankind a signal and lasting blessing, and this honor will undoubtedly always remain attached to his name.

A discovery of such transcendent merit could hardly fail to excite jealousy on the part of others who had been working in the same direction, and it need create no surprise when we learn

that a number of persons disputed the honor of the discovery with Dr. Morton, and denied to him the merit of originality, or even that he had any merit beyond acting under others' directions, and being the first person who was bold enough actually to use ether for anæsthetic purposes. The only person whose claim is of any pretension and worthy of the slightest consideration is Dr. Charles T. Jackson, whom I have alluded to already in connection with Wells and Morton; and the history of the relations of Morton and Jackson, both prior and subsequent to the discovery, forms one of the most interesting yet painful episodes connected with the records of modern anæsthesia. Dr. Jackson, on the 2d June, 1847, asserted explicitly that he first suggested the use of ether to Morton, that Morton was acting under his directions and instructions, and was, as it were, his agent in the whole matter, and that all the information Morton had was obtained from him. Morton as explicitly denied this, claiming that he was the original suggestor, and that he consulted Jackson only to obtain information about the agent, sulphuric ether, which he, as an expert chemist, was known to possess. I do not choose to enter into a discussion of the merits of the controversy, which was continued for several years, was extremely bitter, and which resulted in much angry and partisan feeling among the friends of the two claimants. I have, however, carefully examined the testimony which has been made public, and from it have arrived at the following conclusions:

1st. That Morton first learned of the properties of sulphuric ether, not from Jackson but from Wells, his old preceptor and partner, whom he consulted a number of times prior to Sept., 1846, regarding his (Well's) discovery, and experiments on the subject of anæsthesia.

2d. That Dr. Wells referred him to Jackson for further information regarding the nature and uses of ether.

3d. That Morton did call upon Jackson ostensibly, however, to enquire about the manufacture of nitrous oxide, and that Jackson telling him the danger without expert help of getting nitric-oxide instead of nitrous-oxide, said to him he had better try sulphuric ether.

4th. It is difficult, if not impossible, from the published evidence to determine whether Morton, previous to this interview had decided in his own mind to try the experiment of the use of ether.

But even admitting that this is all true, it does not in my estimation detract from Morton's merit as to having made the first practical application of ether for anæsthetic uses, no matter even if such application was made either in ignorance on the one hand, or in a reckless audacity on the other, as has been cruelly asserted by some. That these conclusions are substantially correct is confirmed by the judgment of most of the European authorities who have examined into the matter and who, of course, by reason of mere distance and separation from all participation in the angry controversy regarding the claims of the two rivals, were best qualified to make a judicial decision in the premises. Thus the Monthyon prize of 2,500 francs, which is awarded under the auspices of the French Academy of Sciences was assigned to Dr. Jackson—mark the words—"for his observations and experiments on the anæsthetic effects of ether," and an equal amount was awarded to Dr. Morton—mark again the words—"for introducing it into surgical practice after the indications of Dr. Jackson." Again let me cite Dr. Bennett, of Edinburgh, whose opportunities for accurate information in this matter could scarcely be excelled.

In officially announcing to the Medico-Chirurgical Society of Edinburgh, the death of their distinguished associate Sir James Y. Simpson, Dr. Bennett summed up in a series of eleven propositions\*

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\*In November, 1870, I published in the *New York Medical Journal*, of which periodical I was then the editor, these propositions in full, with the following introductory comment: "The History of Anæsthesia.—Much has been said and written on this topic, and no small amount of angry controversy has for many years been expended upon it. A very decided and unfortunate impulse was given to the dispute by the unnecessary, as we have always considered it, attack on the late Prof. Simpson, by Dr. Bigelow, of Boston, and the journals, both here and abroad, have rushed into the quarrel, and taken one or other side, according as their information or predilections guided them. Although oceans of ink have been spilled in putting on record all these opposing opinions, we have nowhere seen the whole subject so neatly, and in our estimation, justly and candidly summed up, as by Dr. Bennett, the President of the Medico-Chirurgical Society of Edinburgh, in officially announcing to that body

what was known regarding the history of modern anæsthesia. His fourth proposition is viz : "The vapor of sulphuric ether was first employed by Dr. Morton, in Boston, U. S., on the 30th of September, 1846, in the successful extraction of a tooth without pain; and shortly afterwards it was also successfully used in surgical operations, and became generally employed in America and Europe during the following November and December. It would appear, however, that this was done, if not altogether by the suggestion, at least with the advice and encouragement of Dr. Jackson, who subsequently disputed with Morton the honor of the discovery." With one other citation in support of the correctness of my conclusions I have done with this unfortunate and unpleasant episode in the history of anæsthesia. In 1863 MM. Perrin and Lallemand published in Paris a treatise on Surgical Anæsthesia,\* the most elaborate in some respects that has yet appeared from the press. After giving credit for the original discovery and establishment of surgical anæsthesia to Wells,\*\* they say "Jackson first placed beyond doubt this capital fact, that general insensibility is one of the constant effects of ether upon the organism; he recognized, besides, that this insensibility could be obtained in a very short time, that it disap-

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the death of Sir James Y. Simpson. Dr. Bennett was Secretary of the Society at the time of Simpson's investigations, which were first communicated to the Society. He was also at the time editor of the *Medical Journal*, and published therein a monthly record of the progress of etherization and of the introduction of chloroform as a substitute for ether. He was also chairman of the committee appointed by the same Society to investigate the properties of chloroform, and in this official capacity he drew up the Chloroform Report which was published in the *Edinburgh Journal*, January, 1848. His opportunities for sifting the truth out of all this varied controversy have been unexceptionable and we think he is entitled to speak with some degree of authority thereon. His views of the share of credit which properly belongs to the three American claimants accord precisely with those we have always maintained and which we venture again to lay before our readers."

\*Traite d' Anæsthesie Chirurgicale. Par Maurice Perrin et Ludwig-Lallemand. Paris: 1863, 8vo. pp. 668.

\*\* "The honor of the first public and authentic trial of surgical anæsthesia, by the aid of means newly discovered, belongs entirely an obscure dentist of Hartford, a small town of the county of Connecticut."—*Amer. Jour. Med. Sciences*, Jan., 1807, p. 162

peared rapidly and that it was not accompanied by the dangers which had been attributed to it. But these fundamental discoveries, rather obscurely seen than demonstrated by experience, needed fructification by an agent of execution, docile, enterprising and venturesome in proportion to the little he knew of the question."

"To Jackson belongs the credit of the idea ; to Morton the realization of the idea ; without the former etherization would not have existed ; without the latter its advent would have been retarded for many years."\*

I could cite other opinions to the same purport, but these are sufficient to sustain my position as to the claim of originality in the discovery ; but all this, I repeat, does not in my estimation detract in the slightest from the credit of Dr. Morton of being the first to demonstrate practically the anæsthetic use of ether, and in *so far*, therefore, he is entitled to the honor of being held the real discoverer. That he and Jackson were closely associated in the transaction is conceded on all sides, and there is humiliating evidence of it still existing in the letters patent which were issued at Washington on the 12th of November, 1846, in the joint names of Jackson and Morton, covering the use of the vapor of sulphuric ether by inhalation to produce insensibility to pain. Jackson subsequently professed to regret and endeavored to explain his action in consenting to the use of his name in securing the patent, but his apologies were extremely lame and hardly in keeping with his conduct in the matter. Morton, from this time out, devoted himself exclusively to attempts, some of them of questionable propriety, to make money out of his patent, and his conduct was such as to alienate many of the best men in the profession and to cause him in some quarters to be viewed with suspicion and distrust. Prof. Perrin, in the work which I have already quoted, styles him a "vulgar merchant of Letheon," that being the name which he had given to his patented ether. It must be confessed that Morton's whole career down to his death, which occurred in New York City,

\*See *Am. Jour. Med. Sciences*, January 1867, p. 161.



July 15, 1868, was such as to justify the epithet. It is not necessary, however, for our purpose to dwell longer on this, the most unpleasant feature of the whole history of anæsthesia, and perhaps the time has not yet arrived for a true and judicial estimate of the relations of Morton and Jackson toward each other and toward Wells.

Returning now to our story we must briefly consider the introduction of chloroform as an anæsthetic, for this was the next step in the history of modern anæsthesia. The enthusiasm which followed the brilliant discovery of Morton, and the rapid spread of the use of ether, caused medical men everywhere to turn their careful attention to the investigation of the mode of its action and to the subject of producing insensibility at will, and many trials were made with the hope of discovering other agents which could accomplish this result. Among others, Dr. Simpson, of Edinburgh, devoted himself most assiduously to investigations in this direction, and the result of his experiments and research was to establish the anæsthetic power of chloroform.

Chloroform was discovered by three different observers independently of each other, and at or about the same time in the years 1831-2. They were Mr. Samuel Guthrie, of Sackett's Harbor, N. Y., M. Souberain, of France, and Liebig, the celebrated German chemist. It was fully investigated by Dumas and Peligot in 1834, and its composition was ascertained by them. Chemically speaking, it is "a ter-chloride of formyle the latter being the hypothetical radical of formic acid." Prof. Simpson tells us that its use was suggested to him by Mr. Wardie, the chemist of the Apothecaries' Company, in Liverpool and that on the 4th of November, 1847, he made a trial of upon himself and his assistants, Drs. Keith and Duncan. On the 10th of that month it was publicly announced at the meeting of the Medico-Chirurgical Society, of Edinburgh, and on the 15th of the same month it was first used in a surgical operation. By reason of its agreeable odor, its rapid and powerful effects, its smaller bulk and ease of administration (but a few drops of it oftentimes being sufficient to produce profound insensibility), it

rapidly supplanted the use of ether, and for many years it was the favorite, and except in the cities of Boston, in this country, and Lyons, in France, almost the only anæsthetic in use. It soon, however, proved to be a dangerous agent, destroying life suddenly in occasional instances. But the danger of anæsthetics forms no essential part of the historical record of their introduction, and is entirely foreign to my subject. I allude to it only to recount a remarkable incident connected with the early history of chloroform which is not generally known. A day or two after the meeting in which the announcement of the discovery of the power of chloroform was made, it was arranged to perform a severe surgical operation on a patient while under its influence, and Dr. Simpson was to administer it. At the appointed hour Dr. Simpson could not be found, as he had been suddenly summoned into the country to attend a very important case. The operation, however, was proceeded with, no anæsthetic being used, and the patient died on the operating table. Had chloroform been given in this case the death would undoubtedly have been charged to it, and in all human probability, it would have changed the whole history of anæsthesia by chloroform, if, indeed, it had not permanently caused its abandonment. Such, however, was not its fate, and as we have already seen, it came rapidly and almost universally into common use.

No claimant \* arose for the honor of this discovery and so its

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\* In this connection it is only proper to state that a claim has recently been preferred by no less distinguished an authority than Sir Robert Christison in favor of another discoverer of the anæsthetic properties of chloroform. The person alluded to is Michael Cudmore Furnell, now (1875) Surgeon Major in the Madras Army and Superintendent of the Medical College and Hospital at that place. Furnell was a student at the time of the introduction of sulphuric ether, and like many others he was experimenting rather for his own amusement than anything else with the various instruments which were devised for the inhalation of ether. Mr. Jacob Bell, at whose establishment Furnell was studying pharmacy, became alarmed at the results of the experiments (for Furnell pushed his inhalations to the extent of insensibility) and gave orders that he should not be allowed any more ether. Furnell soon afterward found in a store room a bottle labeled "chloric ether" and with this he continued his experiments, and finding that it produced the same results as sulphuric ether, with much less unpleasant sensations, he suggested its use to Mr. Holmes Coote, the well known surgeon, in a case where ether had already been tried unsuccessfully. Sir Wm. Lawrence was the operator in this case, and with his consent Mr. Coote, his

author was spared the angry disputations which accompanied the advent of ether. One might, perhaps, take exception to the literal truth of this assertion, for in France the honor was claimed for the celebrated physiologist Flourens, who had used chloroform several months previously in some of his experiments on animals. It is an amiable weakness of French character, however, to claim for their own land every discovery and invention which proves to be of any great or lasting value. Lamartine, I believe it was, who said that when God has a noble idea to vouchsafe to mankind, He always puts it first into the head of a Frenchman; and, so this claim for the honor of the discovery of anæsthesia by chloroform may be set down to the account of their patriotic pride—the same account to which is now relegated their allied claims for the invention of the printing press, the steam engine and the magnetic telegraph.

Although Simpson thus had no real disputant to controvert, a scarcely less unpleasant task befell him in the defence of anæsthesia, for strange to say, the practical application of it in midwifery met with very serious opposition. This objection came principally from the clergy who denounced the attempt to

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assistant, used the substance a number of times in their practice and always with success. The liquid used was a solution of chloroform in alcohol, for there is not now and never was, any such substance as "chloric ether"—but this name put Cooté and Lawrence "on the wrong scent," as Sir Robert Christison says: "and had it been called spirit of chloroform, which it really was, they would have got at its 'base' in a moment." Mr. Cooté, himself, says they did not know the word chloroform, but did know that *chloric ether*, so called, consisted of spirit, water and a base. This use of a solution of chloroform was in the summer preceding the announcement of Simpson's brilliant discovery, and interesting as it is in making up the complete history of anæsthesia, it in no way detracts from the just merits of Simpson, who must be and always will be held the real discoverer of the anæsthetic property of chloroform. It is only another illustration of the fact, which we so often see in the progress of every great discovery and invention, that the idea has occurred independently to many persons, who have, as it were, let success slip just as apparently it was within their reach. As has been well said, "that man is not the discoverer who first says the thing; but he who first says it so long, and so loud and clearly that he compels mankind to hear him—the man who is so deeply impressed with the importance of the discovery, that he will take no denial, but at the risk of fortune and fame, pushes through all opposition and is determined that what he thinks he has discovered shall not perish for want of a fair trial."—[See *Medical Times and Gazette*, May 29, 1875, p. 586, for the correspondence of Sir R. Christison, in the matter of Furnell's claim.]

relieve the pangs of women in labor as being impious and Heaven-defying—basing their arguments upon the primal curse which was pronounced upon man in the garden of Eden. Although this outcry came principally from the clergy, I am ashamed to add a few even of my own profession joined in the unholy crusade, which happily for suffering women, is now abandoned, and to-day, we can scarcely realize that such a prejudice has ever existed. Simpson replied to these attacks in a series of articles which were widely published and which evinced great learning and ability, and he was recognised as the best-known and most powerful advocate of the practice. At about this time, too, he devised, as we have already seen, the words anæsthesia and anæsthetics with a view of not alarming the public, for already the danger of chloroform was clearly recognized. Up to this time the familiar expressions, narcotism and etherization had alone been applied to the insensibility resulting from the inhalation of the substances described. The new terms were so apt in their meaning and so convenient in use that they were immediately adopted, both by the profession and the public, and thus became fixtures in our medical nomenclature. These circumstances, together with the just fame of the discovery have combined to render Simpson's name especially prominent in the history of modern anæsthesia, and possibly have resulted in securing for him a larger share of merit than he is fairly entitled to.

Subsequently to this use of chloroform a number of other substances have been found to possess anæsthetic properties. None of them, however, have come into any prominence, with the single exception of the bichloride of methylene, which was introduced by Mr. B. W. Richardson, of London, in 1868; and this substance, even, has been used, relatively speaking, only to a very limited extent. I need not, therefore, dwell any longer on this subject, for after the establishment of the original fact of surgical anæsthesia by Wells, every effort in this direction could only result in discovering other anæsthetic agents. And furthermore, at the outset I purposely limited myself to a narrative of the introduction of the three agents which may

fairly be taken to represent anæsthetic practice, and which are universally used for this purpose.

Such, in brief, is a sketch of the history of modern anæsthesia, and from it it is clearly apparent, that surgical anæsthesia, as it stands to-day, accepted and employed by the civilized world, was not the creation of any one mind, or the work of any one individual; that it did not, Minerva-like, spring into existence in complete perfection, but that it was developed by a series of steps, independent, yet closely related and supplementary one to another. All who took part in this glorious work deserve the lasting gratitude of mankind for the benefit they thus conferred on their fellow beings. Wells, Morton, Jackson and Simpson—the four are now dead, but their names have passed into history, and will be remembered as long as man shall live to practice the art of medicine and surgery. During life they received very unequal shares of credit for the part they took in the work; some more, others less than was due them. Time, however, which is a great adjuster of right and wrong, and which, sooner or later inevitably strikes a just balance for everyone, will set all this straight, and I believe, will yet award to Wells the credit of the original discovery and establishment of anæsthesia.

But that you may draw your own inferences, let me, in closing, sum up the whole story in a few short propositions.\* 1st. Numerous suggestions and efforts have been made in times past for rendering persons insensible to pain under surgical procedure. All such suggestions, however, were without practical result, and all such efforts were abandoned† previous to the year 1844.

\* Condensed and quoted in part from Dr. Bennett's propositions already referred to.

† As late as the year 1839, the distinguished Velpeau said in his work on operative surgery: "To avoid pain in surgical operations is a chimera, the pursuit of which to-day abandoned. The two words, a cutting instrument, and pain in operative surgery, are inseparably connected in the minds of patients, and we must admit their necessary association."

"Eviter la douleur dans les operations, est un chimere qu'il n'est pas permis de poursuivre aujourd'hui. Instrument tranchant et douleur, en medecine operative, sont deux mots qui ne se presentent point l'un sans l'autre a l'esprit des malades."

2d. On the 11th of December in that year (1844) Dr. Horace Wells, a dentist of Hartford, Conn., first employed nitrous oxide for the purpose of extracting teeth without pain. Repetitions of the experiment, both by himself and others, conclusively established anæsthesia by nitrous oxide.

3d. Dr. Wells communicated his ideas to a number of professional men in Boston, among them Drs. Morton and Jackson, the former a previous pupil and partner of his own. A single attempt which was made by him (Wells) in public to demonstrate the power of nitrous oxide to produce insensibility to pain, failed in consequence of too soon suspending the inhalation of the gas. Wells was hissed from the room and pronounced by some an imposter.

4th. In consequence of this unsuccess, Wells was disheartened, and for a brief time suspended further experiments, but he did not, as has been asserted by some, abandon his project, but continued, whenever he was engaged in his professional work, to employ nitrous oxide, and in Hartford it became an established practice.

5th. The vapor of sulphuric ether was first employed by Dr. Morton, of Boston, on the 30th of Sept. 1846, in the extraction of a tooth, and a few days later in surgical practice, and its use became general in the United States and in Europe, both in medicine and surgery, within a few months subsequently.

6th. That Dr. Chas. T. Jackson, also of Boston, disputed with Morton the credit of the originality of this discovery and it would appear that the first use of ether by Morton was made with the advice and encouragement of Dr. Jackson, if not altogether by his suggestion.

7th. That in November, 1847, the anæsthetic effects of chloroform were discovered in Edinburgh by James Y. Simpson, the

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dont il faut necessairement admettre l'association."—*Medecine Operatoire*, Paris, 1839, tome 1, p. 32.

By a curious coincidence, a translation of this work of Velpeau's, edited by the celebrated Dr. Valentine Mott, was sent to press in New York in the month of December, 1844, the very month in which Wells demonstrated that surgical anæsthesia was no longer a chimera but an established fact.

suggestion of its use having been made to him by Mr. Waldie, of Liverpool, and that with comparatively limited exceptions it rapidly superseded the use of ether as ether had already superseded nitrous oxide. \*

8th. That, subsequently, other means and agents of inducing anæsthesia have been sought and found. None of them, however, have acquired any large prominence; one only—the bichloride of methylene—which was first used by B. W. Richardson of London, having been employed to any extent or with any reasonable success in practice.

Such is the record which has already become part of the written history of medicine. I leave it in your hands with a single allusion to the just share of credit which should be assigned to the contestants for the honor of this the greatest and most important discovery ever made in practical medicine—unless possibly we may except the protective power of vaccination against small-pox, as revealed by Jenner. In Mount Auburn cemetery, near Boston, there stands to-day a monument erected by loving hands to the memory of Dr. Morton. On the four faces of it there are inscribed in order, the legends: “Inventor and revealer of anæsthetic inhalation. Before whom in all time surgery was agony. By whom pain in surgery was averted and annulled. Since whom science has controlled pain.” In the light of the above record, which I believe I have stated with accuracy, and I know without prejudice or favor, I simply ask: are these inscriptions true? Modify the first so that it shall

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\* As the object of this paper is mainly to discuss the question of the original discovery of anæsthesia with the hope of adding something toward correct opinion with reference to the claims of Morton, Jackson, and Wells, in the premises, it is not pertinent for me to dwell upon the re-introduction of anæsthesia by nitrous oxide. In the complete history of anæsthesia this will be recognized as a distinct era and will date from the year 1863, at which time nitrous oxide came prominently into use in New York City, especially through the efforts of Dr. Colton, the gentleman by whom Wells was first made acquainted with this agent. Dr. I. H. Smith, a dentist of New Haven, Conn., had used it in the month of June of that year, under Colton's instructions, in the extraction of 1,785 teeth, and this without accident. Colton then again took it up and fairly forced it into its now general use, having employed it in his dental establishment alone more than 80,000 times without accident. Up to June 26. 1875—Dr. Colton informs me by letter of that date, that his register contains 82,732 names —

read "Inventor and revealer of the anæsthetic inhalation of sulphuric ether," and not the most rigid constructionist can take exception to the statement, for such honor is assuredly due him and will remain his to the end of time. But can we even then reconcile the remaining legends with the impartial record of history? I fear not, and I believe, rather, that when the story of anæsthesia shall have been fully and finally written up, this verdict will be rendered in favor of the obscure dentist, whose memory has been neglected and whose name has been almost forgotten—Dr. Horace Wells, of Hartford, Connecticut.

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*IMPROVEMENTS IN PHARMACY, AS RELATED TO THE PRACTICE OF MEDICINE. By C. HENRI LEONARD, M. D., Detroit, Mich.*

Probably in no one of the collateral branches of this great art of ours has there been greater advances made in the past half score of years than in that of pharmacy. Nauseous, bulky and irritating powders—irritating from their imperfect solubility and bulk—were the physicians daily "feed" to the ailing stomach, whether such ailments were really there localized or were sympathetic with the system at large. Now-a-days but little of the more bulky powders are used, as the tinctures, or what are still more concentrated and better—because wanting the alcoholic menstruum that our tinctures necessarily demand—the fluid extracts take their places in the "saddle bags," "cases," or "prescriptions."

Besides these, we have our "cordials," "elixirs," "wines," etc., all combining in their formulæ, other than useful principles, some aromatic, or combination of aromatics, that shall disguise the taste of the drug, and so render it quite palatable—an item of no little importance in this fastidious age. Even if not considered fastidious, the argument is still in their favor; for anything that is disagreeable or excites disgust in a patient, is prejudicial to his welfare and to his opinion of you as a prescriber. Indeed, the sick one is only claiming his just rights, viz.: that you shall inflict as little upon him as is possible for his own



good,—exactly the same attitude a victim of an accident stands in to his surgeon. Should the case be a fracture, shall the surgeon, in this day of chloroform, inflict needless pain upon his patient? If a compound comminuted fracture at the elbow joint, shall he amputate the arm rather than call conservative surgery to his aid and exsect the injured bones?

But it is hardly so much of these as to one other of the improvements that pharmacy has made to which I now wish to call your attention. I allude to the perfection to which pill-making is carried. Instead of making our “pills,”—with not over clean fingers, at times, I fear—at the bedside of the patient, as in former days, we leave them ready-made, sugar-coated or uncoated, just as our prejudices incline us, and so trust them to the tender mercies of a less exasperated palate and excited stomach; that is if, as under the old dispensation, our patient is anywise incredulous of how clean the water was in which we washed our hands after the last “examination.” To be sure there are some objections to ready-made pills, and more especially so to certain classes, when so many illiterate and poorly informed characters, who style themselves “doctors,” infest the medical profession.

I, for one, would discourage the manufacture of certain formulæ that are now so generally advertised as cures for such and such complaints. Let me example a few; prominent among them (from its evil influence) stands the brand of “amenorrhœa;” then follows other —orrhœas, etc., with varieties enough under each head to make a charlatan shake his sides with laughter at the ease *his* profession is mastered. I say I would discourage the manufacture of *any* brand of pills (and the same arguments are to be brought against certain fluid combinations) that has as its name a description of its action or the purpose for which it is to be generally employed. Mischief is invariably done when they are so publicly advertised; not only by thus allowing charlatans to ply their nefarious callings at the expense (in legitimate cases) of the regular and worthy practitioners, but because they offer tempting proposals for the patients to treat themselves, resulting, finally, in their own injury. All of our houses (but

one I believe) are guilty of this (what I call) impropriety. I would recommend simply the publication of the formulæ only of these compound pills. If the reader is any sort of a doctor, and one worthy of public confidence, he will understand how to use them to his own advantage without the aid of the "much learning" of the pharmacist. Leastwise he will have more of a friendly feeling toward the manufacturer so advertising. I doubt not that a good share of the ill feeling toward our large manufacturers, from physicians in good standing, is due to this one cause.

An objection has been urged against these ready-made pills, and that is, "you do not know what you are getting." Well, that is something of an objection; but let me ask the one so offering it, when you go to your country druggist for your quinine, morphine, opium, etc., do you know what you are getting? If so, how do you know? Your reply will undoubtedly be "I know my druggist to be honest." Exactly; this is a key to the whole. In drugs it is wholly the responsibility of the seller that warrants the purity of the article, not the buyer's acumen in detection of adulterations. Your country druggist buys through half-a-dozen "middle men," perhaps, before the first bargain (from the producer) is reached; whereas your wholesale manufacturer buys directly of the producer; on the argument of chances, then, in whose favor does the probability of purity rest? There can be but one answer to this. The large manufacturers have their own special interests at stake; they are known the continent over; the firms are rivals of each other in many respects, and hence the purity of the drug, uniformity of mixture and reliability of action are the key-notes of their success, as they sell directly to the prescriber, and oftentimes their packages reach the patient's hands with seals unbroken.

Besides this there are other arguments in their favor; the perfection in any business is only obtained after years of exclusive attention to that particular department; hence our large firms, who have made this pill-manufacture a special study, are a hundred fold more competent to turn out a batch of pills than their country or city friends, the apothecaries. Their machinery for

intimate mixture the apothecary has not at hand ; it would be too expensive for him, besides absolutely useless save on large orders. Some prescriptions require very intimate mixtures and careful division of the mass; as for instance those ordering strychnia, atropia, morphia, codeia, etc., and at no place can they be so well made as at these large manufactories.

There remains yet another point that should be touched upon, and here our large manufacturers are at loggerheads themselves. I refer now to sugar coatings. One party solemnly avers their insolubility, while the other party are equally earnest in their avowals of their perfect solubility. I have used both the coated and uncoated, and so far have been unable to detect any difference in their promptness of action. I have also made several experiments upon the solubility of the coatings outside of the stomach and I give these to you for what they are worth. In each of the following experiments (save the last two) the amount of fluid employed was  $\text{zij}$  : this was kept at a temperature from  $98$  to  $99^\circ$  F. (that of the body) by means of a water bath and thermometer ; no agitation of the pill was made save that of rolling to the mouth of a small sized test tube (in which the test was made) and back again, four or five times during the time recorded.

1st. Solvent, pure water. Pill  $5$  gr. blue mass made a year previously. In  $2\frac{3}{4}$  minutes the mass was exposed.

2d. Solvent,  $\text{zij}$  of the following :  $\text{R Pepsinæ liquoris, } \text{zss}$  ; aquæ,  $\text{zivss m}$ . Pill,  $1$  gr. of phosph., noc vom., et ferri, made two years previously. In  $2\frac{1}{2}$  minutes the pill mass exposed.

3d. Solvent, same as No 2. Pill, same as No. 1. In  $2\frac{1}{4}$  minutes the pill mass was exposed.

4th. Solvent,  $\text{R Pepsinæ sacch., gr. v}$  ; aquæ  $\text{zij m}$ . Pill,  $4$  gr. assafoet. ; made 9 months previously. In  $2\frac{1}{4}$  minutes pill mass was exposed.

5th. Solvent, sodii chloridi,  $\text{gr. v}$  ; aquæ  $\text{zii m}$ . Pill,  $2$  gr. assafoet. In 2 minutes pill mass exposed.

6th. Solvent.  $\text{R Sodii bicarb., gr. v}$  ; aquæ,  $\text{zii m}$ . Pill, argenti nit.,  $\frac{1}{4}$  gr., made 8 months previously. In 2 minutes pill mass exposed.

7th. Solvent, water. Pill same as No. 6. In 2 minutes 10 seconds pill mass exposed.

8th. Pill (2 gr. assafœt) held loosely beneath the tongue. In  $2\frac{1}{2}$  minutes the drug could be clearly tasted.

9th. Pill, phosph., nuc. vom. and ferri, as in No. 4, held upon the top of the tongue, mouth closed. In 2 minutes phosphorus could be tasted.

10th. Solvent, white of an egg. Pill, as No. 9. In 5 minutes was through to pill mass. This, and the following experiment, was conducted at a temperature of 72 degrees.

11th. Solvent, solution of ox gall. Pill, same as No. 6. In 3 minutes pill mass was exposed.

From these experiments it would really seem conclusive that these-sugar coatings are readily soluble in almost any kind of a fluid outside of the body, and if outside, why not inside? I know it has been reported that sugar-coated pills have been found, post-mortem, in the intestines. It is quite possible, but really I cannot comprehend why it should be so in the case of those properly coated. If the coatings are soluble in egg-albumen, I cannot conceive of any secretion in the human economy that would evince less powers of solving a coating. Probably an uncoated pill would have manifested itself if taken under the same circumstances as those sugar-coated ones must have been taken, unless the fault was in the coating. But we must not destroy *all* bank bills just because a few are counterfeited. The point urged against the coated pills, by a large manufacturer of the uncoated, is not really a good one, for *his* pills must always be taken with a swallow of water, whereas the coated ones (whose coatings are readily soluble in that much water, even *if* insoluble in the stomachic mucus, as he avers) are oftener taken "dry"; hence the unfairness of such comparisons. The conditions of the experiments are unequal, hence the conclusions cannot but be wrong. The water would not only be a solvent of the pill mass, but also, by its bulk and lower temperature, would stimulate the stomach, both of which conditions are absent in most cases where the coated pills are taken. I do not believe in the administration of *any* pill in the night; but if water be taken

I can not see why one should be any more prompt in its medicinal action than the other.

Then there are certain advantages that the coated pill has over the uncoated, as for instance, the complete disguise of nauseous tastes and odors, their property of keeping the pill mass in a softer condition, etc. Taking all these factors into consideration, I cannot help but regard the art of sugar-coating pills as an advance step in the art of pharmacy. They certainly look better, are tasteless, equally trustworthy in action, (leastwise, that has been my experience, and I have never seen an authenticated case of their unreliableness from insolubility; there are millions of them administered by competent physicians annually, and hence we must judge the profession to be arrant knaves if this is a characteristic common to coated pills), and easily administered to the young or the most fastidious. If then, our manufacturers would forego their brands of dyspepsias, amenorrhœas, etc., I do not see why the profession should be backward to give them the commendation their industry deserves.

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*PETIT MAL*—A Case reported to the Wayne County Medical Society, by  
J. J. MULHERON, M. D.

The following case, from certain peculiarities it presents, as well as from the promptness with which it yielded to the treatment employed, is vested with some degree of interest.

I was called June 15th to see H. K., male, aged 10 years, and received from his parents the following points of history. Two years previously he was seized with a convulsion, which lasted about five minutes, and was supposed to be the result of a fright on being suddenly introduced into a room in an undertaker's establishment filled with coffins. He manifested considerable perturbation at the time, but was not seized with the convulsion until an hour afterward; during the interval he was very much excited. The convulsion was followed in a few days by others of more or less severity, none of which, however, being as severe as the first. These attacks have recurred with more or less

frequency ever since. During the last six months they have numbered from six to twenty daily, and are confined principally to the fore part of the day, between the hours of 12 P. M. and 12 M. For some time he regularly awoke at about 4 A. M. with fits of crying, the cause of which was not known, until upon being watched it was found that the crying was in each instance preceded by a convulsive seizure. A number of physicians had been consulted and a variety of opinions expressed as to the nature of the difficulty; but in spite of treatment the case was persistently and rapidly growing worse. The attacks came on suddenly and without the slightest premonition, and varied much in the degree of their severity—the more frequent the attacks the milder as a rule being the individual seizures. With the more severe attacks he would suddenly fall, but on reaching the ground would almost as suddenly regain his feet. Occasionally he would fall at full length, and at such times would receive severe injuries. The peculiarity of these attacks consisted in their not being characterized by the slightest degree of muscular rigidity, but partaking more of the nature of a sudden collapse, the patient squatting as he stood and the body being perfectly limp. There was no frothing at the mouth or injury to the tongue, nor was the attack preceded by the epileptic scream or followed by coma. With the milder attacks the head would merely fall suddenly forward or the flexion would occur in the lumbar region; the patient would, however, during these retain his feet, although sometimes with much apparent difficulty.

On examining the patient I found him to be well nourished, although his appetite had been for sometime failing him. The bowels were much constipated, and were so habitually. The circulation, as indicated by the pulse, was faultless. Notwithstanding a peculiar expression of the countenance, I was assured that his intellect was not in the least impaired, which, however, I am much inclined to doubt. Parental solicitude interposes a serious obstacle to the elicitation of the truth on a question of this nature. While examining him he was seized with a slight attack, and on watching him for upwards of half an hour he had several of different degrees of severity. During these attacks

I noticed there was much apparent congestion of the brain with violent throbbing of the carotids. On scrutinizing his movements more closely, the patient being made to walk up and down the room before me, I detected immediately before each seizure the slightest defect in the co-ordination of his movements.

Treatment.—The case was evidently epileptoid in its nature, and was one of those peculiar modifications known to the French as the *petit-mal*. Having administered an aperient, I therefore placed the patient upon Brown-Sequard's epileptic formula, but surmising that previous physicians had in all probability given the bromide of potassium, I added to the mixture the fluid extract of ergot, ten drops to each dose, repeated every three hours. The ergot was suggested by the heat and congestion of the head during the attacks I witnessed.

In addition to the above the irregularity of the muscular movements immediately preceding the attacks, induced me to raise a blister as nearly as possible over the region of the medulla oblongata—applying cantharides for the purpose.

On visiting my patient on the following morning I found the results to exceed my most sanguine expectations. The patient, who had for the previous six months fallen from four to ten times before 11 A. M., had this morning fallen only once, while there was a marked diminution in the frequency of the milder seizures. Treatment was of course continued, the blister, which had been raised by the cantharides, being punctured and the raw surface laid bare.

June 17.—The patient has not had a severe seizure since my visit yesterday morning, and appears much more cheerful and more disposed to move about. Has had only three or four of the minor seizures.

18th.—The patient has had but one of the minor seizures and not any of the severe. Condition very much improved and parents jubilant at the result of treatment.

Since the above date I have visited the patient several times, and have at each visit found him to have gradually improved in

condition, while he has not had a single attack, severe or mild, up to this morning, July 1st.

I regard this case as a very instructive one, and one which raises in my mind the query, does the defective co-ordination, remarked therein, taken in connection with the good effects of the blister, lend any weight to the theory that epileptic seizures originate in the medulla oblongata?

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## Proceedings of Societies.

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### *WAYNE COUNTY MEDICAL SOCIETY.*

THURSDAY EVENING, May 20th, 1875.

The Society met this evening at the office of Dr. Kier, 31 High street west.

The President in the Chair.

Dr. Leonard exhibited an instrument of his own contrivance for the introduction of ointment into the cavity of the uterus. It consisted of a common gum catheter with the remote end cut off. The ointment having been introduced, is forced out by the introduction of a uterine probe. The flexibility of the catheter and probe enables the operator to accommodate the instrument to any degree of flexion. This simple contrivance answers a better purpose and costs much less than the instruments manufactured for the purpose by the makers.

The subject for the evening's discussion, "Puerperal Fever," was introduced in a paper read by Dr. Gustin.

(Dr. Gustin's paper will appear in the September number of the JOURNAL.)

Dr. Leonard gave a comparison between two hospitals in the same city, with which he was familiar, in which different courses were pursued with regard to the prevention of puerperal fever. In one the utmost precautions were observed, while in the other students were allowed to enter upon leaving the dissecting room.



The result was a run of puerperal fever in the latter, with perfect immunity in the former. He believes in the similarity of erysipelas with puerperal fever. They possess many points of resemblance, among which the rapidity of their progress and their contagiousness are not the least striking. Puerperal fever is an inflammation of the cellular tissue of the pelvis, in which the lymphatics are also involved, originating in some laceration external to the uterus. The close mesh-work of fascia and vessels in the recto-uterine space he believed to be always involved in labor, and furnished a starting point for the disease.

In treatment, he would not bleed, as a rule, but would give quinine in large doses, hoping to secure its antiseptic effects. He believed morphia to be useful by diminishing the reflex action of the par vagum, and thus conserving the heart's action, according to Brown-Sequard.

Dr. Rouse regards puerperal fever as a highly contagious disease, and analogous to erysipelas and scarlatina. Thinks the opinion that it originates in a broken surface negatived by the fact that the disease occasionally occurs before labor has been completed or even begun. Regards the application of hot fomentations to the vulva, and the administration of tr. ferri. mur. as important agents in treatment. Should a case occur in his practice he would for a time discontinue attendance on obstetrical cases.

Dr. Harlow—In treatment regards veratrum viride as a *sine qua non*. The administration of this drug internally with local applications of fomentations to the vulva and abdomen he regarded as the general line of treatment indicated. In sthenic cases he would bleed and administer diaphoretics.

Dr. McKeown—Believes the disease to be one of blood poisoning, but recognizes no similarity between it and erysipelas. If bleeding is at all indicated, it is during the first few hours following the onset of the disease; later than this it is baneful in its results. Regards the administration of croton oil to thoroughly clean out the alimentary canal at the beginning of treatment as good practice. Regards opium as the sheet-anchor. Quinia and iron are indicated only in marked debility.

Dr. Kier—The disease is highly contagious and communicable from patient to patient, physicians and nurses too often being the bearers of the virus. Should not consider it either epidemic or endemic. Would not rely on quinine. Regards blood-letting, calomel, and opium as the most reliable agents. After a few days stimulants are generally indicated.

Dr. Mulheron—The different names under which the disease is known indicate the different views as to its pathology entertained by different writers. Does not consider the disease as strictly epidemic, but thinks the fear which seizes pregnant women in communities in which one or two cases have occurred is a strongly predisposing cause. Regards it as a septicæmia due to no specific poison, and thinks it may either originate *de novo* in the female or be communicated to her by contact. In attending the parturient woman he is always careful to introduce his fingers into the uterus after the removal of the placenta to remove any remnants of membrane or clots which may remain, as he thinks the decomposition of these, if retained, to be capable of generating the disease. Thinks if obstetricians were careful to secure the “wooden” feel of the uterus after removal of the placenta, that puerperal fever would be less common. A flabby uterus is prone to be followed by this disease. Thinks the only similarity between erysipelas and puerperal fever is that they are both septicæmic diseases, but thinks erysipelas has a specific element wanting in the latter disease. Thinks the physician who has several consecutive cases in practice as morally culpable. Regards *veratrum viride* such an important remedy in treatment that he cannot conceive how treatment can be conducted without it.

Dr. Stewart is a strong believer in the communicability of the disease by the attending accoucheur. Related a case in his own practice in which it originated *de novo*. In treatment regards alteratives and sedatives as specially indicated. Would bleed early if the patient were plethoric, after which would resort to local bleeding. Has faith in fomentations and turpentine stupes, and counter-irritation; and after the subsidence of acute symptoms, fly blisters. Frequent vaginal injections of warm water he

regards as important to remove putrid matter. Tympanitis is owing to a paralysis of the nerves dependant on congestion at their roots. Thinks croton oil as the most valuable agent in removing this difficulty, if administered early in the disease. Would give quinia in large doses with a view to securing its sedative effect. As sedatives would give tartar emetic, digitalis and nitrate of potash.

Dr. Gustin would bleed, not so much to get rid of blood, but to increase the rapidity with which medicines might be absorbed, as the disease is one in which what is done must be done quickly and decisively. Would not blister, because when these are at all indicated, convalescence has been established, and rest is of more importance. Related a case in which erysipelas attacked a patient two weeks previous to her confinement, and from which she had not recovered at the time of her delivery. Does not regard the disease as allied to erysipelas, and the non-occurrence of puerperal trouble in this case strengthened him in his opinion on this point.

On motion, the Secretary was instructed to publish Dr. Gustin's paper, with the discussion following its reading.

Dr. Mulheron reported several cases of erysipelas in which the hyposulphites were administered with marked advantage.

Adjourned to meet at Dr. Stewart's office on the first Thursday in June.

J. J. MULHERON, M. D.,  
*Secretary-*

PETER STEWART, M. D.,  
*President.*

*ST. JOSEPH'S VALLEY MEDICAL SOCIETY.*

LAPORTE, IND., June 8th, 1875-

St. Joseph Valley District Medical Society called to order at  
10.30 A. M.

Dr. Humphreys, President, in the Chair.

Dr. Frink chosen Secretary pro tem.

The Committee on Ethics and Admission reported for membership Drs. J. R. Dunning, Benton Harbor; J. A. Williams,

Edwardsburgh, Mich.; M. M. Latta, Goshen; F. W. Denks, E. A. Rogers, N. S. Darling, Laporte; G. W. Meredith, Union Mills; O. B. Harrington and C. S. Pixley, Elkhart, Ind.

Report accepted and the gentlemen elected to membership.

Dr. J. B. Green then read his report on "Malaria," in which he assumed the position of Saulisbury, of Cleveland, viz., that the essence of malaria consists in the spores of the palmella longa, claiming that this cryptogam flourishes in all malarious districts, and that cases of malarious poisoning having occurred in places where the palmella did not exist, were imported. Remarks on treatment followed, in which quinia, iodine, mercurials, strychnia, carbolic acid, hyposulphites, and preparations of ammonia, especially the "picrate" were variously recommended.

Dr. Voorhees, of South Bend, read, by request, a paper on "Chronic Ulcers of the Leg." After mentioning several varieties, and speaking of the uselessness of internal medication, he stated that he regarded compression by means of strapping, and a roller bandage as the only remedy by which these cases could be successfully treated. He regarded "pus bonum" as the only "salve" to be applied, and thought that confining it on the surface of the ulcer by the plaster and bandage contributed largely to the cure. He reported a number of cases in which the time occupied in healing was remarkably short, and the patients were able to continue their various occupations while under care. Dr. Voorhees also reported a case of fatal hæmorrhage from the bladder, and presented the specimen which he regarded as malignant.

Dr. Frink was requested to report on the microscopical character of the specimen at the next session. The following officers were elected for the ensuing year: President, Dr. L. C. Rose, of Laporte; Vice-presidents, Drs. R. J. Haggerty, of Elkhart Co., R. B. O'Conner, St. Joseph Co., L. D. Thompkins, Cass Co., L. Travel, Laporte Co., L. H. Dunning, Berrien Co.; Secretary, C. S. Pixley, Elkhart; Treasurer, R. Patterson, Edwardsburgh.

The Executive Committee reported the following gentlemen for papers at the next meeting: Dr. Latta, Fractures of Long

Bones; Dr. Ham, Ovariectomy, and Dr. Dodge, alternate selected topic; Dr. Dunning, Scarlet Fever. Drs. Green and Pixley were appointed a committee to procure certificates of membership and dismissal. Adjourned to dinner.

2.30 P. M. Called to order. The thanks of the Society were tendered the essayists for their papers and copies requested for the archives of the Society,

The following resolution was then adopted: That, appreciating the hospitality of our medical friends of Laporte county, we hereby tender our thanks for the very kind manner in which we have been entertained by them."

Drs. Pixley, Green, Dodge and Voorhees were appointed committee on publication. On motion, the Executive Committee was requested to select subjects for discussion at the next session. Moved and carried that the Secretary be requested to furnish a synopsis of the proceedings of this Society for publication in the medical journals of the states represented here. Executive Committee reported Typhoid Fever and Pneumonia at the next session, and Drs. Sweetland and Harrington to open discussion on the topics respectively.

The retiring President then delivered his address on "The Antiquity, Honor and Dignity of our Profession; the False and the True in Medicine," which was very interesting, Dr. Rose, President elect, took the chair and announced the following committees: Executive, Drs. Frink, Green, Higdon, Thompkins and Manning. On Ethics, Drs. Humphreys, Latta, Andrews, Kelsey and Dougan.

The thanks of the Society were tendered Dr. Humphreys for his able address.

Treasurer reported balance on hand \$16.75.

Adjourned to meet in Elkhart on the second Tuesday in January, 1876.

C. S. FRINK.

*Sec. pro tem.*

*STATE BOARD OF HEALTH.*

The regular meeting of the Michigan State Board of Health took place July 13, in the office of the Secretary of State.

There were present Drs. Hitchcock, Kedzie, Baker and Hazlewood, and Rev. J. S. Goodman.

After the reading of the minutes, a paper by Dr. Hitchcock, on "The Disposal of Human Excreta" was read. After giving a general statement of the subject, and speaking of excreta by the lungs, skin, bowels and kidneys, the following proposition was stated: "All dead matter when buried in the earth for a little time, seems capable of resurrection and a new life." The really great and comprehensive question, therefore, in the disposal of human excreta, is how shall they soonest, and in the best manner, be brought in contact and effectually commingled with the earth?

The general arrangement of privies and the dangers arising from their location were pointed out, and cases in illustration of the same were given. Dangers arising from the manner of the immediate disposal of excreta from water closets, vaults, and their construction, manner of emptying, and cases illustrative of the same were given. Means for avoiding these dangers in the location of the privy in relation to the well and house, in the construction of water closets and vaults, and in thorough and frequent disinfection. The dry earth system, the most economical and sanitary method of disposing of excreta, should supercede water closets and vaults.

The paper was ordered published in the Annual Report.

The value of various absorbents was discussed. Dry earth (not sand) was considered for all practical purposes the best.

Mr. Goodman spoke of a boiler explosion on Saginaw River, a few weeks ago. The boiler was on its way to be inspected at Port Huron, in accordance with the direction of the inspector, who said he had not time to go to Saginaw to inspect it, and if the owners wanted it inspected they must bring it to him. Two men were killed, and unfortunately the inspector was not one of them.

Dr. Kedzie as chairman of a committee, to whom was referred

a proposed set of sanitary rules for Local Boards of Health, reported them back with certain amendments, and they were adopted by the Board, and ordered printed and distributed to local boards, with the recommendation that they adopt them.

Dr. Kedzie presented a plan for meteorological records, with directions to be printed on the back of the same, for making observations and caring for instruments, which was adopted by the Board, and ordered printed and distributed to those engaged in taking observations for the Board in various parts of the State. A communication from the Local Board of Health of Saginaw City relative to the water supply of that city was read, A letter to the State Board remonstrating against the impurity of the water, had been referred to the Local Board for investigation, and this communication explained that the water was not intended for drinking or culinary use, but stated that it had been used for such purposes, add that an epidemic of diarrheal diseases had resulted therefrom. The attention of the City Council had been officially called to the matter by the Board of Health. The Council, however only appointed a committee which had yet done nothing to remedy the evil. A communication from Dr. J. H. Beech at Coldwater relative to checking the criminal procurement of abortion, was referred to the committee on Medical Legislation, and one from H. J. Alcott, concerning the prevalence of supposed pleuro pneumonia, mainly among cattle, in Antrim County, was referred to the committee on Epidemic, Endemic, and Contagious Diseases. The Secretary reported relative to a portion of the work done in the office since the last meeting of the Board. From this appeared 821 annual reports, 4,020 pamphlets, and 625 printed cards on "Treatment of the Drowned," and a large number of other documents had been distributed, and a great amount of correspondence done. A new edition of 20,000 pamphlets and 5,000 printed cards on "Treatment of the Drowned," was ordered printed and distributed.

Dr. Hazlewood, the new member from Grand Rapids, was appointed the committee on Epidemic, Endemic and Contagious Diseases, and also the Committee on Food, Drinks and Water Supply. Papers on Trichina and Small-pox were referred to Dr.

Hazlewood's committee. A letter was read from Dr. A. Ten Brook of the University of Michigan, giving details of the resuscitation of a girl supposed to be dead from drowning. The efforts were continued for some six hours, when signs of life appeared, and the girl was finally restored to life.

Dr. Hitchcock, President of the Board, was appointed delegate to the next meeting of the American Public Health Association. The Secretary made a report of attending the meeting of the American Medical Association. The usual amount of routine business was transacted, including the auditing of bills, etc. The regular meetings of the Board occur on the second Tuesday of January, April, July and October.

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*REPORT TO THE MICHIGAN STATE BOARD OF HEALTH.*

*By HENRY B. BAKER, M. D., Secretary of the Board. Lansing, July 13th, 1875.*

Since the last meeting of this Board I have attended two meetings of National Associations where more or less attention was given to subjects connected with the public health, viz., The American Medical Association and the American Social Science Association.

The American Medical Association met at Louisville on May 4th. In the Public Health section several papers were read and discussed, and an address of the chairman of the section was read before the general Association. I have mailed to each member of the Board copies of the newspapers of that city giving some of the proceedings, but the newspapers at Louisville are not so enterprising as those at Detroit, and their lack of enterprise was particularly noticeable in connection with the public health section. I do not think a reporter was present at any of its meetings, and I have seen no published report whatever.

On the first day a paper by Dr. A. N. Bell, of Brooklyn, N. Y. on "Defective Drainage as a Cause of Disease in the State of New York," was read and discussed at some length, in the course of which discussion, Dr. A. J. Erwin, of Ohio, suggested that in most small cities, until a complete system of sewerage can be planned and secured, better results may be expected from



the safer system of surface drainage, combined with the thorough removal of garbage. The idea had occurred to me that in this state, small places (like one visited by me last year because of an epidemic) sometimes begin to build small sewers when they might better devote their money and energies to drainage and removal of garbage until they can construct sewers in accordance with complete and adequate plans, and large enough for their actual needs as a city. Dr. Bowditch, of Massachusetts, spoke of the ventilation of sewers, privies, etc., by shafts conveying the gases to the tops of the houses. He suggested the question whether the gases are properly disposed of in that manner, and related a case where the upper rooms of a dwelling had a disagreeable odor from that source.

A paper was read by Dr. Thoms, of New York, on "Floating Hospitals." He advocated this method of giving the children of cities fresher and purer air than they can obtain in tenement houses. During the discussion of this paper, Dr. Joseph Wilson, Medical Director of the U. S. Navy, remarked that his experience led him to believe that "malaria" would never pass a continuous surface of water of one mile in width; that a river two miles in width, even though passing through a deadly malarious region, might be traversed safely if one did not go ashore. If this be true it seems to me to be a very important fact, and one which should be useful in determining the nature of what is called "malaria."

A report by Dr. James H. Peabody, of Omaha, Nebraska, on the "Climatology and Diseases of Nebraska," was read and some parts of it discussed. Dr. D. W. Hand, of St. Paul, read a paper on the "Diseases of Minnesota and the Northwest." A paper was presented by Dr. John P. Wall, of Tampa, Fla., entitled "Climatological and Sanitary Report of Florida." Dr. Bowditch, of Boston, exhibited a "Diagram illustrating the apparent influence of cloudy days upon the proportion of deaths from Consumption, including a series of years from 1811 to 1867 inclusive." This was followed by a general and interesting discussion of the influence of humidity and of dryness of the atmosphere, altitude, sunlight, in-door life, pure air, etc., upon consumption.

Having been necessarily present in the public health section, I missed a report upon Ozone, made to the section of practical medicine by Dr. N. S. Davis, of Chicago, but I learn from a late medical journal that the report urged the importance of collecting records of observations with the view of studying the relations of ozone to health and diseases. The discussion, however, took another direction from that relative to the importance of securing records or exact knowledge on the subject. Judging from the report, nearly every man that spoke seemed called upon for his *opinion* of the influence of ozone, heat, or some other climatic agent upon the human body; and as each had a different opinion, the discussion itself seemed to show the lack of established knowledge on the subject, and the necessity for an organized effort for securing it. The Association passed a resolution requesting the Signal Service Bureau of the War Department to inaugurate a series of systematic observations relative to ozone. Whether or not there would have been more unanimity of opinion on the subject in the public health section, I cannot say, but it seems to me that the subject of the report more properly belonged in that section, and that government could more properly be asked to contribute in the interests of the public health directly, than indirectly through the advancement of the science of physiology. Having this report in the section of practical medicine is, it seems to me, only another indication that the American Medical Association does not yet know just what to do with its public health section, the proceedings in which might have been even more interesting if all subjects which really belonged in it had been brought there for discussion.

The Health Department of the American Social Science Association, which met in Detroit, May 11th to 15th, had a series of very interesting meetings, but as five members of this Board were present, and the proceedings were published so freely in the Detroit papers, I refrain from offering a report of its doings, and more especially, as the report, if made, had better come from another member of our Board—Rev. C. H. Brigham, who was President of the Department of Health at the late meeting.

*Ars, ante omnia veritas.*

## Editorial.

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### *HYDRO-THERAPEUSIS.*

One of the most insuperable obstacles to the reception of any truth when it is first promulgated is popular prejudice. In nothing are people so conservative as in their opinions; and it is doubtless well that opinions which have descended to us endorsed by the approval of many years should not be forsaken until they have in the first place been proven to be erroneous, and in the second place until the ideas which seek to take their place have passed through a proper season of probation, and have secured the approbation of the best minds. To readily abandon an opinion long entertained and to substitute therefor a new-fangled dogma or the *ipse dixit* of any man, however renowned he may be, is a sign of a weak mind. A proper spirit of conservatism is very essential to true progress, and the injunction to "prove all things; hold fast that which is good," has a peculiar significance in the domain of medicine. Were this injunction more generally regarded we should be pestered with much less of the superficial dogmatism and specious empiricism which are the reproach of medicine to-day.

But a proper conservatism is one thing and an undue conformity to popular prejudice is another, and while it requires a steady, well balanced mind to be truly conservative in any age of novelty, it is not the less true that it requires a bolder and more resolute spirit at times to combat the prejudices of the people. In the single matter of the application of water in fever the practitioner finds himself confronted with prejudices which it requires considerable moral courage to combat, and if we are to argue from the acknowledged merit of this agency and the limited extent to which it is employed, we must conclude that moral courage is not as current an article as it should be.

The history of hydro-therapeusis is a peculiar one. **Introduc-**

ed by Currie in the latter part of the last century, in a short time it achieved an extended notoriety and enjoyed much popular favor. The intense personality of this remarkable man forms a pleasing episode in this connection, and must be considered as the explanation of the rapidity with which this agent won its way into popularity under his advocacy. So imbued was he with the conviction of the utility of water in fever that he employed it most heroically in his own family, and there is something touchingly beautiful in this great man as he defies the clamor of popular prejudice, and closeting himself with his two infant sons down with a violent form of scarlatina, combats the raging fever, and conducts the disease to a favorable issue with nothing but an abundant supply of cold water. Men with convictions like these, whether in medicine or morals, are sure to have followers.

In some unaccountable manner, however, it fell into such disrepute that it was shunned as a most dangerous agent in all diseases, and particularly so in fevers. This prejudice communicated to the laity by the profession had a wonderful vitality, and has maintained its hold on the popular mind to the present day. A few years ago a class of empirics, yclept "hydropaths," made desperate efforts to re-introduce the long neglected agent, but by means of its indiscriminate use, and by claiming for it cure-all virtues, instead of redeeming it from disfavor attached to it greater odium. Lately, however, it has made another bid for favor and this time with considerable show for success. Its principal champions are the Germans, although it has in this country some able advocates. It is as an antipyretic agent that it is now before the profession, and the indications are that it will soon come to be regarded as it really is, the most potent agent at the physician's service for the treatment of pyrexia. In this condition the most essential factor is heat; it is this that most largely gives rise to the long list of morbid processes which take place in fever, and to diminish the heat producing power and at the same time to draw off the increased supply, are the most important ends of treatment. In health there is a perfect co-aptation of the heat producing to the heat dismissing function; in certain diseases a certain nervous irritability obtains through which

this co-aptation is disturbed, and the supply is in excess of the demand. It is conceded that the danger in fever is proportioned to the increase of temperature as indicated by the thermometer. The action of water properly applied is to reduce the temperature of the body, and at the same time, by its sedative properties, to allay that nervous irritability upon which the increased supply depends. Without dwelling longer on the subject we submit that rational therapeutics present nothing more plausible than the application of cold water to that overheated condition of the body known as pyrexia.

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#### HOMŒOPATHY IN THE UNIVERSITY.

The following selection from the N. Y. *Medical Record*, of July 10th, together with the reply thereto will doubtless be read with much interest by those who are disposed to view the question impartially.

We are anxious to see whether a certain impartial and disinterested (?) contemporary, which has hitherto displayed a marked readiness in furnishing its readers with correspondence on the homœopathy question will deem it proper to publish that which we here present. But verily, there *is* a difference "twixt tweedle dum and tweedle dee."

"The establishment of a homœopathic college as a branch or department of the University of Michigan will, we doubt not, be a source of considerable embarrassment to the present medical faculty of this excellent school. An attempt is being made on the part of the Regents to appoint one or two homœopathic professors, ostensibly to take charge of the new department, but in reality to become by law members of the faculty. This will certainly be an original method of forcing disagreeable and unprofitable associations, which will be resisted by every one interested in the prosperity of the school.

There is only one course for the Regents, and that is the establishment of an independent homœopathic school."

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UNIVERSITY OF MICHIGAN, ANN ARBOR, July 15, 1875.

FOR MEDICAL RECORD—

*Dear Sir:* You are in error in your brief editorial in *Record* Saturday last, and have done the Regents of this University injustice by asserting that an attempt is being made on their "to appoint one or two homœopathic professors ostensibly in charge of the new department, but in reality to become new members of the faculty." If you will refer to the bill establishing the college of homœopathy—published in full a few days since in your own columns—you will see that this assertion is not true. The homœopathic professors are not, and by every term of the act, cannot be, members of the faculty of the now existing department of medicine; nor on the other hand are the professors in this (the old) school members of the faculty of the homœopathic college, for both schools have separate statutory enactments creating them distinct and independent departments of the University.

Your article is furthermore *doubly* unjust to the Regents from the fact that they have twice peremptorily refused to obey the Legislature when it attempted to force such "disagreeable and profitable associations," by enacting the appointment of homœopathic professors in the old department of medicine. This abusive feature having been removed in the last act, the Regents have accepted the legislative grant and have established a new college.

Very Respectfully,  
E. S. DUNSTER, M. D.

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*BLIC SANITARY MEASURES IN DETROIT.*

Although the people of our city are quite prone to boast of the general good health of the community, we think very few have any warrant for their assertions aside from the vague impressions received from neighborhood talk and perhaps occasional remarks by physicians.

Without doubt, the health of the city has been better for the past than before that period, but it certainly is still far from

what it should be. Because the health of a community is comparatively good does not at all prove that it is positively good or anywhere near the standard of excellence that might be attained. In 1873 the total interments in this city for an estimated population of 100,000 were 2,506, while in 1874 the total interments were 2,386, with an estimated increase of five thousand in population. We cannot in these figures, surely find, anything to boast of, though the mortality record of last year was better than that of the preceding year. The above figures give for 1874 a mortality of nearly 23 per thousand, and for 1873 more than 25 per thousand—facts which place Detroit among the unhealthy rather than the healthy cities of the Union. This may be a matter of surprise to those who have thought indifferently on the subject, but the above is the official record of our cemeteries, and the figures cannot be controverted. Such being the real status of the health of the city it becomes all physicians to enquire faithfully into the causes which entail this dishonor upon us. The natural hygienic surroundings of Detroit are of the first order; the river immediately carries beyond all possibility of contamination the sewage of the city; the lake breezes, which reach us almost daily, lower the temperature and prevent any long succession of close and sultry days during which the air becomes surcharged with the poisonous effluvia resulting from rapid decomposition and evaporation, and which bring so many mortal ills to less favored localities. We have also a very extensive system of sewerage, extending over a distance of one hundred and four miles, and there are sixty-eight miles of paved streets. About all the manufactories of the city are on the river front, and can scarcely contaminate the atmosphere with any deleterious influence.

With so many favoring circumstances how does it follow that our mortality rate is so high? Undoubtedly it is partly owing to atmospheric or other general causes usually beyond ordinary control, but it is also in part owing to the lax sanitary measures enforced by our health officers. From the nature of its composition and the limited powers granted to it, the Board of Health is, practically, a nonentity. The sanitary police do considerable

in the way of suppressing nuisances which have become too offensive to nose and eyes, but there is nobody to take preventive measures for the spread of disease except it becomes too threatening, when public opinion drives the Board of Health to the unwilling performance of some mild restrictive measures. Nobody knows what is being done for the public health unless he makes special inquiries of the sanitary police, who are quite as apt to shake off the inquirer as a bore, as to give him the desired information. As a consequence, many of the alleys and back streets are in a semi-filthy condition, being the common receptacle for the refuse and garbage of a dirty population. When the nuisance becomes too vile the sanitary police abate it, but not before its deadly odors have poisoned the air in all the neighborhood. Here we find the cause for the high death rate among our population. In every sickness, whatever its nature, the depressing influence of an impure atmosphere undermine all endeavors of the most skillful physician, and there results a mortality which should make every one of our citizens blush with shame in view of all that nature has done for us.

The only remedy for this state of affairs is the formation of a Board of Health as an independent body, empowered to enact and enforce any sanitary measures deemed proper. The best way to cure disease is to prevent it, and the only way to prevent it is to have intelligent men, clothed with the proper authority, in control of all means for the preservation of the health of the community.

If the physicians of the city would unite in a demand for a complete reorganization of the Board of Health and the creation of a body empowered to exercise the necessary authority in sanitary matters, it would soon be an accomplished fact. Not till then will our vital statistics be properly collected or the public hygiene be anything like what it should be.

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We would respectfully ask the attention of such of our subscribers as have not yet responded, to the communications sent them last month. We presume it is not necessary to inform



them that the expense of conducting a medical journal is necessarily large, and that the wherewithal to meet this expense is supposed to come, in part, at least, from subscriptions. We trust that this gentle reminder will have its desired effect.

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## Reviews and Bibliographical Notes.

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A MANUAL OF DIET IN HEALTH AND DISEASE. By Thomas King Chambers, M.D., Oxon., F. R. C. P., Lond., Honorary Physician, to H. R. H. the Prince of Wales, etc. Philadelphia: Henry C. Lea. Detroit: E. B. Smith & Co. Pp. 310.

One would have thought that the several able treatises on this subject already in the hands of the profession would have satisfied the demand at least for some time, and truly had a work of this nature by an author less known and less popular than Dr. Chambers appeared, at the present time, it could not reasonably have hoped for a very extensive sale. The profession, however, are already familiar with Dr. Chambers' pleasant and lively style, and eagerly peruse any work of his pen, be the subject as trite as it may.

The present treatise aims at being "purely practical, and therefore it has not been thought right to increase its size by the addition of the chemical, botanical and industrial learning which rapidly collects round the nucleus of every article interesting as an eatable." This feature of the book commends it not only to the practitioner, but also to the intelligent layman.

The work is divided into three parts, devoted respectively to General Dietetics, Special Dietetics in Health, and Dietetics in Sickness.

The author's views on the question of the use of alcoholic drinks, while perhaps not commending themselves to total abstinence men, do not permit any argument for the indis-

criminate use of these stimulants, or justify their use as a beverage.

The following quotations besides giving in part his views on this question, furnish also a sample of the author's diction. "The physiology of the action of alcohol has a very practical bearing on the physical regimen of the mental functions. Alcohol has the power of curbing, arresting and suspending all the phenomena connected with the nervous system. We feel its influence in our thoughts as soon as on any other part of the man. Sometimes it brings them more completely under our command, controls and steadies them; sometimes it confuses or disconnects them, then breaks off our power and the action of the senses altogether. The first effect is desirable, the others to be avoided.

"When a man has tired himself with intellectual exertion, a moderate quantity of alcohol taken with food acts as an anæsthetic, stays the wear of the system which is going on, and allows the nervous force to be diverted to the due digestion of the meal. But it must be followed by rest from mental labor, and is in fact a part of the same regimen which enforces rest—it is an artificial rest. To continue labor and at the same time to take an anæsthetic is an inconsistency. It merely blunts the painful feeling of weariness and prevents it from acting as a warning. I very much doubt the quickening or brightening of the wits which bacchanalian poets have conventionally attributed to alcohol. An abstainer in a party of even moderate toppers finds their jokes dull and their anecdotes pointless, and his principal amusement consists in his observation of their curious bluntness to the absurdity of their merriment.

"There is no more fatal habit to a literary man than that of using alcohol as a stimulant between meals. The vital powers go on getting worn out more and more without their cry for help being perceived, and in the end break down suddenly, and often irrevocably. The temptation is greater perhaps to a literary man than to any other in the same social position. Especially if he has been induced by avarice or ambition to work wastefully against time; and if he cannot resist it he had better abjure the use of alcohol altogether.

“Mental activity renders the brain less capable of bearing an amount of alcohol, which in season of rest and relaxation does not injuriously affect it. When any extraordinary toil is temporarily imposed, extreme temperance or even total abstinence should be the rule. Much to the point is the experience of Byron's Sardanapalus.

“‘The goblet I reserve for hours of ease, I war on water.’

“A healthy man who gets the worst of it in any way, whose intellectual or muscular energy goes down under the pressure of the work demanded, gets the worst of it in a less degree by the aid of strong drink. Give it him when ready to perish from the drain on his nerve tissues, and his life is saved. The laborer whose limbs are stiff with his day's toil, and the brain worker who still more actually feels the wear and tear of bread winning, are not wasting the money they earn, which they spend on a fair ration of beer or wine at their evening meal. But if they take spirits of a morning (it is usually spirits which are then taken), never let them hope for success in the undertakings for which they seem designed. Body and mind will be incapacitated, the life shortened, and all the keenest joys taken out of what remains. One of the most telling questions that can be asked of a life proposed for insurance is ‘Do you ever take spirituous liquors in the forenoon?’ If the answer is in the affirmative an immediate rejection is the only sure course for the office.”

On the questions of athletic training, a question which comes in for its periodical discussion about this season of the year in connection with University boat races, our author has the following: “Are the dramatist and the novelist drawing from nature, when they present as the picture of a well-born and well-bred athlete, stupid, immoral, selfish, case-hardened by his brute-strength against the finer emotions of pity and honor, and blind to intellectual pleasures! If the original exists he is happily rare. He is not conspicuous in the list of 294 rowers in University races collected by Dr. Morgan, which on the other hand are adorned with bishops, poets, public school masters, leading barristers, devoted clergymen, elegant orators, scientific

chemists, philanthropists, and other ornaments of the human race. Eminent muscular ability is not inconsistent with a superiority to the average in other respects, and the improvement of the body does not prevent the improvement of the mind."

On the whole the book is an eminently readable one, replete with wholesome truth, dressed in most attractive garb.

**SYPHILITIC LESIONS OF THE OSSEOUS SYSTEM IN INFANTS AND YOUNG CHILDREN.** By R. W. Taylor, M. D., Surgeon to the N. Y. Dispensary, Department of Venereal and Skin Diseases. Physician to Charity Hospital, New York. New York: Wm. Wood & Co. Detroit: E. B. Smith & Co.

This work of 178 pages supplies a place in medical literature which has heretofore been very imperfectly occupied. The author, besides giving to the profession in this volume a fund of information which had previously existed in a most fragmentary condition, has done so in a manner which establishes for him an enviable reputation for carefulness of observation, thoroughness of research, and neatness of expression.

The treatise is founded on the histories of twelve cases which came under the author's notice and treatment. These cases are described in a manner which furnishes a model for clinical writers. Following these are a number of cases collated from the experience of other observers in the same direction, viz: Roger, T. Curtis Smith, Fournier, Archambault, Baren-sprung, Putegnat, Bulkley, Wegner, Waldeyer and others. But owing to the scantiness of the literature on the subject, the bulk of the work is necessarily devoted to the description of the author's own cases and the deductions drawn from them.

A portion of the work of much interest is that which differentiates the separation of the epiphysis from syphilitic causes and that following other causes.

In considering rickets in its relation to syphilis certain salient points in the differential diagnosis are laid down and the fact inculcated that there is no generic similarity between the two affections. In the author's own words, "the book of nature

was before him, and in that he studied ;” and those who read the book will concede that he studied to good advantage. The great characteristic of the work is that it is original, and those who aim to keep abreast of the times must secure a copy, inasmuch as there is no other work which supplies its place.

The publishers have done themselves credit in the mechanical execution of the work. It is printed on heavy, tinted paper and bound most appropriately.

MEDICAL ADDRESSES. By B. E. Cotting, A. M., M. D., Harvard.

This consists of a collection, in pamphlet form, of addresses delivered by Dr. Cotting before various Massachusetts medical societies at different times since the year 1852. The subjects treated of are, I. Nature in disease ; II. Disease a part of the Plan of Creation ; III. My first Question—as a medical student—its solution a sure basis for rational Therapeutics.

The addresses throughout seek to inculcate a veneration for the *vis medicatrix naturæ*, and advocate a system of what Flint terms a true “conservatism” in the treatment of disease. They are well written, and show their author to be a close observer, while the first address in particular, written twenty-three years ago shows him to have been considerably in advance of the times.

INJECTIONS OF TINCTURE OF IODINE INTO THE CAVITY OF THE UTERUS IN HÆMORRHAGE AFTER DELIVERY. By James D. Trask, M. D.

This is a comparison of the merits claimed for salts of iron and for iodine as hæmostatics, locally applied, in post partum hæmorrhage. The advantage is accorded to iodine as being no less efficient as a hæmostatic, but as being free also from the dangers of thrombus and consequent septicæmia, which two often follow the employment of iron. Iodine presents the positive recommendation of being an antiseptic.

THE  
PENINSULAR JOURNAL  
OF MEDICINE.

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SEPTEMBER, 1875.

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Original Communications.

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*INFANT MORTALITY DURING THE SUMMER MONTHS.—*  
*A Paper read before the Wayne County Medical Society, by J. J. MUL-*  
*HERON, M. D.*

It is recorded that nearly two thousand years ago there was fulfilled a prediction of the Prophet, and "in Rama there was heard a voice of lamentation and weeping and great mourning;" and even at this distant day the heart sickens in contemplation of the inhuman butchery which was the occasion of such mourning and desolation in the Judean homes. Our indignation rises at the inhumanity of a Herod, but so familiar have we become with the ravages of a ten-fold greater destroyer that we regard with a sort of stolid indifference the wail of the tens of thousands of Rachels in our own day, who refuse to be comforted for those who are not.

At this season of the year particularly the white insignia of death flutters from thousands of door-knobs, while there is

scarcely an assemblage which is not darkened by the sable habiliments of mourning. So familiar, however, have men become with this awful iteration that they scarcely realize the presence of the destroyer until, perchance, he enters their own homes to lay his icy grip on one of their own innocents. The "lamentation and weeping and great mourning" are in a measure assuaged by the comforting reflection that these things are but the dispensations of an allwise Providence, and after a brief season they are practically forgotten. What sacrilege to charge the great God with the natural sequences of ignorance and incapacity! Some of these deaths of infants, it is true, are owing to unavoidable causes, such as certain forms of hereditary disease, the malformation of internal organs, and perhaps also the peculiar susceptibility of the infant to morbid influences, may be regarded as unavoidable; but in the vast majority of instances the frightful destruction of life between birth and the third year is directly traceable to causes which are capable of being controlled, to wit, improper food, impure air, imperfect hygiene and lack of suitable clothing.

Owing to an imperfect system of preparing mortality reports\* we are unable to ascertain to a certainty the death rate of infants in this country, and are obliged to depend for our conception of the aggregate loss on the statistics of those countries and cities where proper registration laws exist. From these we learn that one child in five dies before reaching the age of one year, and one in three before attaining the age of five. In New York city fifty-seven per cent. of the aggregate mortality is of children under the age of five years and twenty per cent. of those under one year. At the expiration of one year 250,000 of the

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\*I would embrace this opportunity of supplying an omission, inadvertently made, in this paper, as read before the Wayne County Medical Society, of a reference to the vital statistics of our own State. These statistics for 1871 show a mortality of 22.90 per cent. of the total deaths to be of children under one year; under five years, 39.43 per cent. These figures, it will be seen, are somewhat higher than those taken from European statistics. The difference between the death rate under five years in this State and New York is very marked, and the discrepancy but justifies the assertion that a conception of the aggregate loss cannot be fairly predicated from the statistics of isolated sections of a country.

million children born each year in France have succumbed to diseases peculiar to infancy. In England and Germany eighteen deaths occur in every hundred during the first year; in the first month, ten. There is nothing in our habits of life, climate or surroundings to warrant us in assuming that the death rate of infants in our country is lower than that in the trans-Atlantic countries named. On the contrary, the length and severity of our heated term would presumably make for us a worse showing.

This appalling mortality, sufficient to satisfy the most ardent Malthusian, may justly excite our alarm, not only as parents and physicians, but also as citizens of a commonwealth presenting the peculiarities of ours. This mortality strikes at the very root of our national integrity ("the hope of a nation is in its children"), in that it deprives us of hundreds of thousands of lives annually, which, if permitted to reach maturity, would furnish a citizenship which a foreign immigration can never adequately supply. The causes contributing to this alarming outlet to human life are numerous, but the space and time I have allowed myself to-night forbids the mention of more than the most prominent one, and the one, too, which could be the most easily avoided, viz., "summer complaint," as the term is popularly applied and understood. I use the term under protest, however, inasmuch as it is a misnomer. It is employed to designate several diseases presenting certain peculiarities in common, but which are so radically different as to justify the rejection of a term which, by imputation at least, places them in the same category. There *is* something in a name, poetry to the contrary notwithstanding, and the name of disease should, so far as may be, betoken some pathological condition. "Summer complaint" is suggestive only in so far as it implies that the affections it embraces—diarrhoea, vomiting, dysentery and cholera infantum—occur with greatest frequency at a particular season. These affections are, however, by no means peculiar to this season; but it is with them as occurring during our heated term that we are now concerned, and shall endeavor to answer the question why they occur with greatest frequency and fatality at this particular season, rendering it, so delightful in most other respects,



the dread of mothers, and constituting it the most trying ordeal through which the child is called upon to pass. The infant that passes its "second summer" has had its chances of reaching maturity very much enhanced. Why?

Up to the time that the child receives its deciduous or milk teeth it passes what may not inaptly be termed a vegetative existence. It is just about entering its normal state when it is struck by the depressing heat of summer, and happy indeed is that parent who has reared her child up to this time in conformity with physiological law—in such a manner as to best fit it to withstand the disturbing conditions into which it has been precipitated. Children that have been properly cared for up to this period will in ninety-nine out of every hundred instances pass the ordeal unscathed, while those in whose rearing nature's laws have been either ignorantly or carelessly neglected, succumb. The heated term occurs at that period in the child's existence when its alimentary canal is undergoing a process of evolution. Salivary, mucous and intestinal glands which had previously either not existed at all, or had existed very imperfectly, are now being developed. The anatomist looks upon the child as a miniature man, but the physiologist regards it as a man incomplete as to some of its functions. These functions are now being developed, and as a consequence the system of organic life is in a state of great activity. The sympathetic nervous system which presides over the functions is in a state of extreme tension and very susceptible to disturbing causes. Of these, as occurring at this season, some are unavoidable, and chief among them is the summer heat, which, besides exerting its depressing influence on the system, has also a deleterious effect on the diet which is commonly administered to children at this tender age and critical period, thus constituting a source of trouble too often overlooked.

The sudden changes which take place also in our climate, and the difference in the temperature of the night from that of the day, act as strongly predisposing, if not actually exciting, causes.

It is a fact which has not escaped the attention of observers, that a persistent temperature of eighty degrees or upwards is

productive of derangement of digestion among all children, even among those in whose rearing the utmost vigilance has been displayed. If children that have been properly reared are seriously affected by the conditions incident to our heated term, what are we to expect of those that have been cared for on principles in open defiance of all dietetic and hygienic law? The result is precisely what we might expect. The hand-fed child, a puny, ill-nourished thing at best, besides being subjected to like deteriorating influences with that reared at the breast—enough in themselves to blot out the little life in it—is forced in addition to partake of unnatural, ill-prepared and vitiated food administered by kind but misguided hands. The last straw has been added; the camel's back is broken, and the City of the Dead receives a new inhabitant.

In order to comprehend the cruelties in the matter of diet to which hand-fed children—and in the majority of instances also those that are supposed to be reared at the breast—are forced *nolens volens* to submit, it is necessary to start from the moment the child has entered upon an independent existence. Scarcely has the puny little thing had its maiden toilet prepared when nurse stands ready with her bowl of sugar and water, pap or catnip or saffron tea. “It clears the throat of phlegm, you know, doctor,” and the physician who has the temerity to insist, be it never so gently, that the little stranger will get along much better for the first twenty-four hours after its arrival, upon absolutely nothing, will be met with the most annihilating gaze and be most perceptibly lowered in the estimation of this autocrat of the lying-in room. But, gentlemen, the well-being of the child is at stake, and we not only compromise our professional standing, but are also morally culpable just in so far as we do not resist the encroachments of the ignorant women who form so large a proportion of those who assume the responsible position of nurses. The young physician can ill afford to brook the opposition of the old nurse, but he can much less afford to curry her favor by conniving at her pernicious practices. The ingestion of the vile stuff with which the infant is unnecessarily dosed is the first step toward the formation of that bugbear of old women (of both

sexes), the "red goom," an affection brought on by the very means adopted to guard against it. And what is this "red goom?" It is a papular eruption on the gums and in the mouth which "bears the same relation to the saffron tea which the child has had that nettle rash, which will affect some of you, will bear to the spoiled lobster or the old mackerel if you eat it." Unless the physician have a sufficient hold on the confidence of the family to nip the matter in the bud, this first display of ignorance of physiological law will prove but the beginning of a course of unnatural regimen which will ultimately bring disaster to the child.

Nature is inexorable in her laws and never suffers them to be violated with impunity. Until the child has cut its incisors, anterior molars and canines, all farinaceous diet which may be administered, must of necessity be simply poisonous. Nature's laboratory up to this time does not furnish the fluids necessary to the digestion of food, other than that she has intended for the infant, viz., milk. Particularly during the first few months of life any farinaceous or other diet than milk affords no nourishment and satisfies only in virtue of its bulk, and besides being useless it is positively injurious from its liability to undergo fermentation before it can be got rid of *per vias naturales*.

Thousands of infants die annually in this country from starvation. A most appalling assertion to make in an enlightened land, but one which is nevertheless borne out by facts. The remark of course applies with greatest force to artificially fed children. Many mothers whom the usages of a false society have rendered unable or unwilling to nurse their children, but in whom there is still left enough of holy maternal instinct to prevent them from committing the sacred duty to a hireling, endeavor to rear their offspring "on the bottle." The great principle at the foundation of all successful feeding of either adult or infant is that the supply of food be proportioned to the ability to digest. The extent to which this principle, axiomatic though it be, is disregarded is truly lamentable. The child after a brief season of hand-feeding, or gorging at the breast, begins to grow fretful, whines uneasily, twists his little body and jerks his little limbs. To pacify

him, he is, if not dosed with paregoric or soothing syrup, either given the bottle or put to the breast. Pained by the indigestion which is just setting in, or irritated by the tooth which is perhaps pressing through the gum, the little sufferer greedily seizes anything that may be offered it to eat or drink, and for a time is quiet. For a time the device of filling the child's stomach every time it cries or whines answers the intended purpose ; but soon nature rebels. The child becomes still more fretful, and the stomach rejects its unwelcome load. Soon intestinal troubles follow this gastric disturbance, but still nature's protest is unheeded, or misunderstood, and again food is given to be again rejected. The little infant is a passive sufferer of all this cruelty. In the language God has given it before He gives it speech it pitifully prays for mercy ; but this language is an unknown tongue to the anxious mother. Soon the appetite becomes capricious, the child becomes emaciated and grows pale, the eyes grow glassy and sink into the head, fever ensues, the pulse becomes quick, thready and irregular, the skin grows parched and is apparently attached to the bones, and the whole train of symptoms indicative of starvation, follow each other in rapid succession, until, perhaps convulsions supervene, and death comes in to close the scene. The child has died of starvation, it may be with its stomach full. This is by no means a hypothetical case ; it is frequently duplicated and is painfully familiar to every practitioner of any considerable experience in the treatment of children.

"But," says some sage matron. "I have raised a large family of healthy children without adopting any of the precautions you would consider necessary." In reply we could point her to women who lace themselves to emulate the insect, to men who have been shot through the head or have been run over by a railroad train, and yet live. These things prove merely that some men, some women and some children are extremely tough.

TREATMENT—This is necessarily both prophylatic and curative. The prophylatic treatment has already been indicated, and I cannot do better than to transcribe, as a suitable summing up of the whole matter, the "Rules for the Management of Infants," of

the Out Patient Department of the Children's Hospital of Birmingham.

1. Warmth, cleanliness, fresh air.—Keep them warm; let the clothing be warm, but not tight; wash them all over with warm water daily, wiping them thoroughly dry afterwards; never let a wet napkin remain on for a minute; give them plenty of fresh air; send them out at least for a short time every day that the weather is fine, and while they are out air the room by freely opening the windows.

2. Nourishment while the child is under seven months old.—The mother's milk is the proper food for infants. Therefore, if the mother has plenty of milk let her suckle her child and give it nothing else until it is seven months old. If the mother has too little milk, still let the child have what there is, and in addition cow's milk and water, as directed in rule 3. Till the child is seven months old milk of some sort must be its only food. It is better that a mother should not work from home, for an infant requires its meals regularly, and needs many attentions which only a mother can give; hard work also makes the milk unwholesome.

3. How to bring up "by hand."—If the child must be brought up by hand, it should be fed with warm sweetened milk and water out of a bottle. If the milk be genuine add to it at first nearly half water; at a month old, add only one quarter part water. In most town milk, two tablespoonfuls of boiling water to the pint will be enough; add also one tablespoonful of lime water (unless otherwise advised) and sweeten with white sugar. A child two months old should have about two pints of milk a day thus prepared; gradually add less water, and at four or five months give the milk plain. Give the child no other nourishment whatever, except under special advice. A very large number of children that are brought up by hand die in childhood; and this mortality is for the most part due to the practice of beginning too soon with gruel, corn flour, bread, arrowroot, etc. These are not proper nourishments for children under seven months old, and should never be given them. The bottle should draw easy. It should be very carefully washed out every time after it is

used. The bottle, cork and tube should be kept separately in a bowl of clean water (containing a pinch of soda) till the next time they are needed. If the bottle is not quite clean, the milk will sour, and will thus make the child ill. The "condensed milk" is good, and may be used if other milk cannot be got fresh.

4. Importance of Regular Feeding.—The child should be put to the breast regularly—for the first six weeks, during the day, in general not oftener than every two hours; afterwards about every three hours. During the night it does not need to be fed so often. A child soon learns regular habits as to feeding. It is a very great mistake to give the breast to the child every time it cries, or to let it always be sucking, particularly at night; this is bad for both mother and child. If the child is brought up by hand, it should be fed with the same regularity; never give it the bottle merely to keep it quiet. If the child is weakly, the time between the feedings must be rather less, both during the day and during the night.

5. Nourishment when the child is over seven months old.—If at seven months the child is strong and healthy, and has cut a few teeth, it may now have one or two meals a day of milk slightly thickened with Liebig's infant food, or Dr. Ridge's patent cooked food, or Chapman's entire wheat flour, or rusks, or well boiled oat meal, etc. It should still have besides this plenty of plain breast or cow's milk. At ten months it may, once a day, have a little meat broth with barley or rice, without vegetables. At from ten to twelve months it should be taken altogether from the breast. Till the child is nearly two years old no solid animal food should be given. Even at two years milk should be the chief food. Any meat should be well pounded.

6. Avoidance of stimulants, etc.—Tea, beer, brandy and other stimulants, cheese, new bread, fruit and pastry, as also "soothing medicines," "sleeping draughts," "cordials," "teething powders," etc., should never be given; and even ordinary medicines should, if possible, be given only after proper medical examination and advice.

I will not presume upon your time or patience by giving a

*resume* of the different lines of curative treatment employed, but will, even at the risk of being considered dogmatic, state as briefly as is consistent the treatment I have adopted.

As soon as the child manifests the slightest symptoms of indigestion, regarding as I do improper feeding, or overfeeding as the cause, I peremptorily order all nourishment of whatever kind, including the breast, to be religiously abstained from, for at least twenty-four hours, and allow the child nothing but water. There is no danger of the child's starving. I hope to secure by this procedure a thorough cleansing of the alimentary canal of the sugar, fæces, and acid and acrid products of fermentation, which we presume to be the cause of the existing irritation or inflammation of the stomach and intestines. As a rule, when the child is seen sufficiently early, no other treatment will be necessary. Should, however, the mischief have so far proceeded as to involve the tonicity of the muscular coats or the membrane, and the discharges continue, I prescribe the oxide of zinc combined with the bicarbonate of soda. The soda neutralizes any acid which may remain, and thus prevents the formation of any of the salts of zinc which may prove irritating. I have found nothing to check uncomplicated diarrhoea in infants so promptly as this combination.

But in my practice, and, I presume, it is largely the case with other physicians, I find that the stages in which the means and remedies above cited are serviceable have been passed before medical advice has been summoned. So light a matter do many people consider a diarrhoea in children that they allow it to continue until secondary symptoms of grave import have set in. It is, moreover, an opinion which has a widespread hold on the minds of the laity that a diarrhoea in teething children must never be interfered with—an opinion fraught with the most disastrous consequences to infants. Under some such false notions the trouble insidiously worms its way until the mischief is either irreparable or has made such progress as to render recovery very doubtful. In the majority of cases which I have been called to see, both this season and last season, the head symptoms have been the most prominent.

During the epidemic prevalence of cerebro spinal meningitis I noticed that when the cerebral trouble began to abate there was a simultaneous improvement in the abdominal symptoms, and, taking the hint from this, I have for the past two years adopted a line of treatment which I have had no reason since to modify. I will not here discuss the occurrence of cerebral complications as a sequel to the abdominal disorders of children and the *modus in quo* of this occurrence. Suffice it to say that a neglected or improperly treated diarrhœa is most prone to result in grave cerebral complications, and in the cases we are called to see these complications have, in the great majority of instances, supervened. What then is to be done under such circumstances? At once apply suitable counter-irritation—either mustard or cantharides—to the nape of the neck and administer a combination of ergot, bromide of potassium and belladonna. If the head symptoms are very persistent do not hesitate to apply a bladder filled with pounded ice. This may sound somewhat heroic; but, gentlemen, what is done must be done decisively; be sure you are right in your diagnosis and go ahead.

My paper has already exceeded the limits I had allotted it, and I must defer the elaboration of this line of treatment, the salient points of which I have laid down, until a future occasion.

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*A CASE OF TRIPLETS. Reported by DR. CHAS. F. TITUS, of Joplin, Mo.*

I was called at 11 o'clock on the morning of July 18th, to attend the accouchment of Mrs. I. W. R. On instituting the necessary examination I found the head presenting in the first position of Baudelocque. The labor progressed very favorably and at 12 M. a female child, weighing seven pounds, was delivered. In a few minutes a strong contraction of the uterus threw off a portion of the placenta, which was followed by profuse hæmorrhage. The introduction of the hand, however, and the pressure of the placenta against the uterine wall, together with the free administration of infusion of ergot, in a measure controlled the flow. Detecting the presence of another fœtus in



utero—breach presenting—and recognizing the necessity of prompt delivery caused by the hæmorrhage, I summoned to my assistance Dr. Abbott, who manipulated the head externally, while I applied the forceps, and delivered a male child nearly equaling in size the first, but still-born. Artificial respiration, hot applications to the spine and other recognized procedures were resorted to in vain to resuscitate the child. After the delivery of the second child, still another was detected in utero—the presentation being also of the breach—which by external and internal manipulation, I soon succeeded in delivering. This proved to be a female, the smallest of the three, and still-born. The combined weight of the three children was  $20\frac{1}{2}$  pounds; with the placenta added the weight was  $22\frac{1}{2}$  pounds. The cause of death of the two that were still-born was undoubtedly the rupture of the placenta and consequent hæmorrhage, as there was but a single placenta into which the three cords were inserted. The contraction occasioned by the ergot continued for nearly twenty-four hours and prevented any tendency to post-partum hæmorrhage. The mother and child are at this date, (four days after delivery), doing well, the only trouble experienced by the former being a suppression of the lochia, which, however, was readily re-established by the application of warm poultices to the vulva.

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*A CASE OF PUERPERAL CONVULSIONS. Reported by W. H. ROUSE, M.D., Detroit.*

July 7th, 1875. Mrs W——, a healthy colored woman, rather less than the medium size, and aged 31, supposing her fifth labor at full time had commenced, sent for me. She had some pain, but no indication that labor was progressing. After inquiries I informed her that she would probably have to wait till about the 15th inst. She was directed to remain quiet and take no medicine. Her limbs were considerably swollen, but her health otherwise quite good. Her former labors had been short but normal. Rather profuse perspiration had usually followed delivery for several days.

July 14th. Saw her again to-day in consequence of dyspnoea which was promptly relieved by valerianate of ammonia. As the limbs were very much swollen I ordered potassium bicarbonate as a diuretic, with favorable results.

July 16th. About 11 o'clock A. M. convulsions came on; I did not see her till about 1 P. M., when I found her apparently recovering from a convulsion—her first. She was conscious, had a wild appearance, slow pulse, intense pain in top and back part of head, photophobia, and contracted pupils. The limbs were much less œdematous than on the 14th, and the bowels acted a short time before the convulsion. Ordered potassium bromide and ergota. The headache was considerably relieved, but convulsions came on again at 2:30 and 4; both, and especially the last of these, much less severe than the first convulsion. Labor came on at about 5 P. M., and a healthy boy was born in about one hour. The labor was rapid but otherwise normal, and I left the woman in apparently very good condition. In about an hour the convulsions recurred, and notwithstanding a large dose of calomel, followed by castor oil, and the free exhibition of potass. bromide, ergot and chloral they continued to recur till about noon on the 17th.

17th, 6:30 A. M. Convulsions more severe—patient unconscious—pupils strongly contracted—respiration stertorous—swallows with difficulty. Ordered emp. cantharides 2x5 inches to the back of the neck.

10 A. M. All the symptoms much aggravated. Blister shows some indication of acting. Gave hyd. chlor. mite. grs. x to assist purgative action of the oil—it not having acted quite as thoroughly as was thought desirable—and ammoniæ valerianate added to previous treatment. The blister acted about noon and the convulsions ceased. The woman became quite irritable towards evening and somewhat rational by the following morning. From this time there was gradual but satisfactory improvement.

Aug. 3d. The woman is up—has been troubled with considerable pain in the back of the head, and some pain and weakness of the limbs on the right side.

In this case the bromide and ergot seemed to modify, but to the blister must be attributed the most decided effects. If this be the case the value of the actual cautery would be suggested as one of the most efficient agents under similar circumstances, on account of its rapid action.

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## Proceedings of Societies.

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### *BERRIEN COUNTY MEDICAL SOCIETY.*

The second semi-annual meeting of this society was held at the office of Drs. Bonine and Dougan, of Niles, Wednesday, July 14, 1875. Present, Drs. Scott, Bell, Mason; Dunning, Bowman, Reiber, Anderson, Ryno, Dougan, Bonine, E. F. Anderson, Smith, Neal and Sovereign. The President, Dr. John Bell, in the chair.

Dr. Dougan, chairman of the Executive Committee, reported an order of business, which was adopted.

The Committee on Admissions reported favorably on the application of Dr. Reuben Blowis for membership. Report accepted and Dr. Blowis elected.

Dr. Scott's proposed amendment to the constitution was taken up and unanimously adopted. This amendment provides for the election of two vice-presidents instead of one as formerly.

The secretary read a communication from Dr. Greenamyer (now of Mansfield, Ohio), in which he requested the society to grant him a card of withdrawal. The request was granted. Upon motion of Dr. Sovereign, Dr. Greenamyer was unanimously elected an honorary member of the society.

Dr. Dunning presented the following resolutions which, after discussion, were adopted:

*Resolved,* That the members of the State Board of Health by their untiring efforts, have been enabled to obtain many facts

relative to the causes and prevention of disease, by giving the same to the public in their reports, have accomplished great good for the people.

*Resolved*, That because of the inaction of local boards of health, the State board has not been enabled to accomplish the greatest amount of good of which it is capable. The law requires, and the interests of the people demand, that the local boards of health be thoroughly organized, and that they heartily co-operate with the State board.

*Resolved*, That we feel it our duty to do all in our power to aid in the maintenance of public health. In the discharge of this duty, we will use our influence to induce the local boards to organize speedily, and to faithfully perform the duties assigned them by law and by the State board. We will also render what assistance we may be able to stimulate the study of the causes and prevention of disease.

Drs. Bonine and Dougan presented a case of exostosis of the radius and ulna at the middle third. They also presented a case of cancer of the eye ball, occurring in a child two and a half years of age.

Dr. Smith presented a case of congenital malformation of the spine. The patient, an infant of five and a half months was a large and otherwise well developed child. The malformation consisted in the absence of two lumbar vertebrae. The space being occupied by a small immovable tumor which was yielding to the touch, and more sensitive to ordinary pressure than the surrounding tissues. The patient has good control of its lower extremities, and is able to support most of its weight upon them. Has been in good health from birth. The treatment had consisted in slight pressure upon the tumor. The society was unanimous in recommending a continuance of the same line of treatment. Dr. Smith was requested to report the case at the next meeting.

Dr. Ryno moved to appoint a committee to prepare resolutions on the action of Prof. Sager in resigning the office of Dean of the Medical Faculty of the University. Carried. The

President appointed Drs. Ryno, Scott and Reiber as such committee.

Volunteer papers being called for, Dr. Ryno responded. His paper entitled "Hypodermic Injections," called forth a spirited discussion, which was participated in by Drs. Bonine, Scott, Dougan, Reiber and Bell.

A paper by Dr. Stratton, entitled "Epidemic, Endemic and Prevailing Diseases in Berrien County during the last Year," was read by the Secretary.

The Society voted thanks to Dr. Stratton for his able paper, and requested him to continue to collect facts and to report further upon the subject at the next meeting of the Society.

Drs. Bonine and Dougan invited the members of the Society to partake of the entertainment which they had prepared for them at their homes. Invitation accepted, and the Society adjourned to meet at 2 P. M.

#### AFTERNOON SESSION.

The Society was called to order by the President at 2 P. M.

Upon motion of Dr. Sovereign the Society voted thanks to Drs. Bonine and Dougan for their liberal entertainment and for their many courtesies.

The Committee on Admissions reported favorably upon the application of Dr. H. G. Clippinger, of Pipe Stone. He was elected to membership.

Dr. Mason read a detailed history of a case of retained placenta from morbid adhesions.

Dr. Dunning moved that all papers, essays and addresses presented to and read before this Society shall thereby become the property of the Society, and as such shall be carefully preserved by the Secretary. Motion carried.

Dr. Greenamyer's paper upon typhoid fever, was presented, but its reading was postponed until the next meeting.

Dr. Dougan moved that the next meeting of the Society be held at Benton Harbor. Carried.

The Executive Committee selected Drs. Neal and Thomas Anderson to prepare papers for the next meeting. Dr. Neal was requested to write upon Mercury.

Dr. Ryno, chairman of the committee on resolutions, reported the following :

WHEREAS, Prof. Sager has resigned the office of Dean of the Medical Faculty of the University of Michigan; and

WHEREAS, In this act Prof. Sager has faithfully discharged his obligations to the regular profession by refusing to be placed in a seeming alliance with those who teach and practice Homoeopathy. In refusing to employ his knowledge and skill to advance the interests of this "most modern form of quackery" he has sustained the dignity and honor of the profession, as becometh a teacher of regular medicine; therefore

*Resolved*, That the members of the Berrien County Medical Society do hereby express their hearty approval of the course he has pursued in this matter.

*Resolved*, That the Secretary forward to Prof. Sager a copy of these resolutions.

The resolutions were unanimously adopted.

The Society adjourned to meet at Benton Harbor the second Wednesday in February, 1876.

L. H. DUNNING, M. D., *Secretary*.

JOHN BELL, M. D., *President*.

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## Ophthalmology and Otology.

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*SOME OBSERVATIONS ON MENIERE'S DISEASE. Read before the Cincinnati Academy of Medicine, July 26, 1875. By ROBERTS BARTHOLOW, M.D., Prof. of the Theory and Practice of Medicine and Clinical Medicine in the Medical College of Ohio.*

The clinical history of Meniere's disease has served to complement in a remarkable manner, certain physiological researches. Flourens originally demonstrated the important fact, that puncture of the labyrinth and of the auditory nerve, caused the animal operated on to execute rotatory movements. Numerous ex-

perimenters, notably Brown-Sequard and Vulpian, have confirmed these results. The labyrinth has, therefore, been supposed to have some office in connection with the maintenance of the equilibrium of the body.

The term "Meniere's disease" has been applied to a complexus of symptoms, first adequately described by Meniere, caused by an apoplectiform congestion and sanguineous extravasation into the semicircular canals. The symptoms of Meniere's disease are as follows: Sudden pain, dizziness, turning round and falling, sometimes loss of consciousness, nausea and vomiting, syncope, followed by deafness in the affected ear, tinnitus aurium, vertigo, the body inclining during the vertiginous attacks to the side on which the lesion is situated.

Post-mortem observations have been few in number. The lesions reported by Meniere in the cases examined by him, and by Triquet (*Trousseau Clinique Medicale*, Tome 3 re p. 11) consisted in a reddish lymph, instead of the normal fluid of Cotugno which is a transparent, watery liquid, and a thickening of the epithelium and of the nervous layer beneath.

Employing the term Meniere's disease in its most restricted sense, it simply means an apoplectiform lesion of the semicircular canals. Although cases with lesions so limited do occasionally occur, it is undoubtedly true that the same phenomena ensue from other forms of injury to the labyrinth. Before introducing the evidence on this point, I purpose to narrate a case which has recently fallen under my own observation.

CASE. Dulness of hearing in left ear since 1869; injury to the right parietal bone in 1875; complete deafness of left ear; vertigo with inclination of body to left side; headache; convulsions, etc.

Personal history.—Geo. Matthews, colored, æt 36. Height 5 feet 6 inches, weight 170. When a youth had ague; in 1870 pneumonia, in 1872, gonorrhœa followed by rheumatism. In the summer of 1869, had an attack of deafness after being in the water some time, swimming, and he never recovered from this disability, the affected ear (the left) soon after discharging purulent matter which continued until March of the present year. In

March he received an injury of the right parietal bone, the skull was fractured (?) but no fragments were removed. During April he has had attacks of vertigo on arising from the bed in the morning, and has had more or less headache.

Admitted to the Good Samaritan Hospital, May 10, 1875.

Symptoms on admission.—Is in good flesh, and the vegetative functions appear to be well performed. Range of pulse, the average of four days  $81\frac{1}{2}$ ; range of temperature, average of four days  $99\frac{1}{4}^{\circ}$  F.; respirations, average of four days 16.

A cicatrix at the site of injury to the right parietal is discovered, but there is no evident depression. He complains of headache and dizziness, accompanied by nausea. In walking across the ward, he deflects to the left. In turning he reels to the left, and when told to stand with his eyes closed he falls quickly to the left, and only recovers himself by a strong effort. When asked to explain this disturbance of his equilibrium he refers it to the state of his head, to the dizziness or vertigo.

Special senses.—Vision normal, but he reports having had at one time double vision. He is absolutely deaf in left ear and cannot hear the watch when placed on left temporal bone. He hears the watch in the right ear when it is placed in the mouth. He detects sugar and citric acid very readily and correctly when placed on the tongue.

Motility.—Muscular power as measured by the dynamometer, and by other tests, appeared to be equal on the two sides.

Sensibility.—Tactile sensibility as measured by the esthesiometer, seemed lower on the right than on the left side, but it is to be feared that he made no effort to fix his attention on the compass points.

On the evening of the fourth day after his admission he had a convulsive seizure, in which, Dr. Watson reports, he had violent rotatory movements—"rolling from side to side." This was followed by severe headache, but after a drachm dose of bromide of potassium he slept from one o'clock till morning.

Further observations which were contemplated were prevented by the disappearance of the patient from the hospital.

It is to be regretted that so few details were made out in this



case, but there are several points to which I beg to call your attention.

This patient was totally deaf in the left ear.

A purulent discharge which had long existed ceased in March, a few weeks before his admission to the hospital.

Serious symptoms appeared about the time of the cessation of the otorrhœa, viz : headache, vertigo, and epileptiform rotatory attacks. The injury to the right parietal bone, in the absence of more specific information as to its occurrence, we may easily account for, on the theory that it was caused by a fall in one of the vertiginous or epileptiform attacks. There was no evidence to show that a fracture of the cranium had occurred.

Knapp reports a case (*Archives of Ophthalmology and Otology*, Vol. II., No. 1, p. 241) in which the symptoms of Meniere's disease set in three and a half years after the occurrence of an acute, followed by chronic, aural catarrh. The attack of acute aural catarrh was determined in this case by sea bathing. Politzer and Voltolini have each reported a case in which labyrinthine deafness, *tinnitus*, extreme vertigo, nausea, etc., followed a traumatic lesion of the internal ear. After death—in both cases from purulent basilar meningitis—a fissure of the petrous pyramids had caused hemorrhage into the semicircular canals. Knapp, also, gives a brief *resume* of three cases in which fracture of the petrous was assumed, because cerebral symptoms, permanent deafness, hemorrhage, purulent otitis interna succeeded to traumatic causes. His conclusion is, hence, that "Meniere's disease may be secondary to affections of the tympanum, the brain and the general system."

Hughlings Jackson has reported several cases of epilepsy which occurred in connection with, and were presumed to be dependent on, suppurative disease of the internal ear. A very instructive case of this kind I examined when pathologist to the Cincinnati Hospital—the patient having been in charge of my colleague Prof. Seely. He had otorrhœa and caries of the bones of the left ear, and was the subject of frequent epileptiform seizures. It was a curious circumstance, but quite easily explicable, that there were numerous cicatrices on the left side of

the face and head; when the attacks came on he fell to the affected side. The number and severity of the wounds indicated that he had no warning of the seizures and that he fell quickly and heavily. At the autopsy it was found that the internal ear was disorganized, that the caries had involved the petrous pyramids and that pus had burrowed under the *dura mater* to the *sella turcica*. It is quite obvious that here the epileptiform attacks and the falling to the left, were due to an extension of disease from the middle ear to the labyrinth. It is true that in children acute aural catarrh is not unfrequently announced by convulsions, just as reflex irritation of any organ may be in young subjects. We should not overlook in this connection the fact, that in Voltalini's disease, "*Otitis intima sive labyrinthica*," cerebral symptoms occur just like those of basilar meningitis, so that it is now conceded by those who have acquaintance with the matter, that when cases, apparently of acute meningitis, recover within a short period, a mistake in diagnosis has located the disease in the encephalic cavity, instead of in the labyrinth. It is of great importance to those who see much of children's disease, to recognize the fact that acute inflammation of the labyrinth produces cerebral symptoms of a very distinctive kind. Reichel (*Berliner Klinische Wochenschrift*, No. 24, 1874. *Otitis acuta intima sive labyrinthica, die acute Entzündung des hauerigen Labyrinthes, eine selbstaendige Erkrankung bisher gewoehnlich fuer Meningitis gehalten*), as well as Voltalini, holds that cases of deafness which succeed to cerebro-spinal meningitis and cerebral meningitis are really primary and not consecutive, and Voltalini even asserts that those cases of cerebral meningitis followed by deafness were not cases of meningitis at all, but were really instances of *otitis intima labyrinthica*. Without venturing even to express an opinion on this abtruse question, I may merely remark the clinical importance of a knowledge of the facts involved. As the symptomatology of Voltalini's disease may not be generally known, I abstract the chief points from the memoir of Reichel: The onset of the disease is usually sudden and accompanied frequently by nausea and vomiting. The head becomes hot, the manner of the child excited, and there is consid-

erable general fever. Drowsiness and stupor soon set in, and within the first twenty four hours consciousness is lost. The period of unconsciousness lasts several days—from two to four—and the return to consciousness is usually rapid. Vertigo and consequent disorder of voluntary movements continue for some time, and an incurable deafness remains.

The obvious distinction between Meniere's disease and Voltolini's is the occurrence of apoplectiform cerebral symptoms of short duration without fever in the former, and a period of fever followed by unconsciousness lasting several days in the latter. They agree in the vertigo, the disorders of voluntary movement and the permanent deafness which follow the attack.

The facts thus far presented clearly indicate the dependence of the cerebral symptoms in Meniere's disease on an affection of the labyrinth. It may be useful to summarise, in connection with this subject, what is actually known of the functions of this part of the internal ear, and to present some of the opinions which have been emitted by those most competent to form them. I am indebted to an article by Brenner, of Zurich (*Archives of Ophthalmology and Otology*, Vol. II., No. 1, p. 293) for many of the facts which I am about to narrate.

In 1817, Flourens ascertained that when the external semicircular canal was injured, movements of the head from right to left followed; when the superior canal was injured the movements of the head were from above downward, and when the posterior canal was injured, the movements of the head were from below upwards. Injury of all the canals produced a combination of these and movements of rotation. The movements caused by injury to the semicircular canals cease after a time, but are renewed by irritation of the animal. Czermak and Vulpian agree with Flourens. Brown-Sequard maintains that irritation of the acoustic and of the *processus cerebelli ad pontem* produces rolling movements, and I have, myself, seen him perform this experiment with the result predicted. His theory is that vertigo, the disorders of voluntary movement, and other cerebral symptoms, are due to reflex action starting from the auditory but it is well known that Brown-Sequard stretches his theory

reflex movements to the furthest limits of human credulity. Schiff, the eminent Italian physiologist, maintains in his text-book of physiology that the phenomena of disturbed equilibrium which are wrought by division of the semicircular canals are due to injury of the lateral portion of the pons. A very important series of experiments was made by Goltz (*Pfueger's Archiv f. Physiologie*, III., p. 172) with the following conclusion: "We must infer that the semicircular canals have the special function of the preservation of the equilibrium."

According to Goltz "the terminations of the nerves in the ampullæ and canals are excited by pressure or tension like the tactile nerves of the skin. The liquid in the semicircular canals according to physical laws, distends most those portions of the wall which lie deepest. The pressure from the fluid varies with the movements of the head, so that a determined nervous excitement corresponds to every position of the head. The perception and consciousness of this special nervous excitement by the brain, constitute the sense of equilibrium, which serves as a regulator of the movements. If a portion of the semicircular canals is injured, the brain receives inaccurate information of the position of the head, and is unable to calculate and direct its movements correctly. This is the cause of the vertigo and the disturbance of motility" (Knapp loc. cit.) Brenner excepts to Goltz's hypothesis that clinical facts are opposed to the view that the auditory nerve performs not only the function of hearing, but is also a regulator of the equilibrium, and that we can no more explain auditory vertigo than we can explain stomachal vertigo. On the other hand, the theory of Goltz has been strongly maintained by Curschman (Burnett and Blake, report on the progress of Otology, trans. of Am. Otol. Society, p 472), by Cyon (*Ibid*), by Brenner (*Ibid*), and by Mach (*Ibid*.)

In a long and exhaustive article (*Archiv fur Ohrenheilkunde*, 1874, p. 1), Prof. A. Boettcher, of Dorpat, revives the theory of Brown-Sequard that the disturbances of equilibrium when the semicircular canals are injured, are due really to interference with the auditory and the *processus cerebelli ad pontem*. Boettcher holds that the injury of the semicircular canals puts the fibres of

the auditory on the stretch at the border of the *pons*, and that the motor disturbances which follow are due to this interference.

Lastly, I note the theory of Dr. Albert H. Buck, of New York, announced in his prize essay "On the Mechanism of Hearing" (*New York Medical Journal*, June, 1874), Dr. Buck affirms the conclusive nature of Boettcher's experiments, and proposes a theory to explain the functions of the semicircular canals. Their function is in his view, "a mechanical one"—as safety valves—"to protect the ductus cochlearis and the organ of Corti from injury in cases where the stirrup is driven too violently into the oval window. \* \* \* The semicircular canals are most admirably fitted to serve in the capacity of safety valves, but their entire mode of construction, would seem to exclude them from any higher office in the mechanism of hearing."

From this brief summary of opinions it is seen that authorities are by no means agreed as to the office of the semicircular canals. The authorities of greatest weight and most in number hold views more or less in harmony with the experimental demonstration of Flourens. So far as Meniere's and Voltalini's diseases are concerned, it seems to be pretty well made out, that we have to deal with an affection of the labyrinth. This fact need not involve any theoretical explanation of the functions of the semicircular canals, yet we can hardly fail to see the extraordinary similarity in the results produced by physiological experiment and pathological causes.

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## § Selections and Translations.

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"ONE OF THE LOST ARTS." *Read before the American Medical Association, May 6, 1875, by SAMUEL D. GROSS, M. D.*

GENTLEMEN OF THE CONVENTION—I desire to engage the attention of the Association with a view of offering some remarks upon one of the lost arts of the profession. I allude to blood-letting, considered as a therapeutic agent. If, in what I am

about to say, it shall be my good fortune to make a few converts to the opinions which I have been led to form upon the subject, and, above all, induce this assembly of eminent men to revise and extend their knowledge of it, I shall not only be greatly rejoiced, but feel that the time devoted to its preparation has not been misspent.

How much this agent has been neglected—nay, positively ignored—by the profession, during the last thirty years, is too well known to require any comment; how much it was formerly abused is equally a matter of record, if not a lasting shame. Regarded for a long time as the great, if not indispensable, element in the treatment of inflammation, it has gradually sunk so low in the estimation of practitioners, that few, if any, have the courage even to hint at its necessity, much less to employ it, lest they should alarm their patients, and thus bring upon themselves public odium. If, now and then, one is bold enough to bleed, he is sure to be taken to task about it, if he is not actually denounced as a murderer.

When a remedy, once so popular, and regarded, for nearly two thousand years, by the most eminent and enlightened men, as so essential to success in the treatment of disease, has fallen into utter desuetude, it behoves us, especially the older members of the profession, to pause, and to inquire seriously whether there is not something wrong in all this depreciation; whether we have not fallen into the opposite error, and condemned a remedy which, if judiciously employed, is capable of doing vast good. Extremes are always dangerous, and certainly nowhere more so than in the practice of medicine. We may well ask ourselves the question, "Watchman, what of the night?" for every one must perceive that it has a broad and profound meaning here. If the modern practice be right, then the old practice must have been wrong, deadly wrong; and in so far, at least, we must be wiser than our fathers, and entitled to the gratitude of mankind for our superior knowledge and skill.

As a young man I well remember that every physician was accustomed to carry a lancet in his pocket, ready for use in any

emergency, however unexpected. It was an inseparable companion. In every large city of the Union were certain men who followed bleeding, leeching and cupping, as a specialty. How the matter now stands, everybody knows. The lancet is an obsolete instrument; the office of the bleeder as departed; venesection has long been unfashionable, and few of the present generation of medical men would, if called upon, be able to open a vein in a scientific and creditable manner.

Blood-letting, as I have already stated, is emphatically one of the lost arts.

How this extraordinary change in sentiment and practice was brought about—by what influence, agency, authority, philosophy, logic, or mode of reasoning—is a matter worthy of brief inquiry. The causes, so far as they are patent to my mind, are mainly four :

First. The influence or tyranny of authority, soon passing into more or less extensive fashion.

Second. The indiscriminate employment of the lancet in the days of what has been termed, not inappropriately, the Sangrado practice.

Third. A more accurate knowledge of the nature and seat of disease.

Lastly. The use of certain remedies unknown a third of a century ago, but now of general, if not universal, resort, in the treatment of inflammatory affections.

1. The influence of authority annually slays millions of human beings. Its pernicious effects upon human life, in its individual and collective relations are felt in every direction: in the construction of our dwellings, in our habits and occupations, in our dress, in our social entertainments, in our amusements, in our food and drink, and in a thousand other ways. Of its malign influence in our profession, examples daily fall under our observation, as the result of pernicious doctrines and practices. Superstition and fanaticism have kept the world in a state of intellectual bondage from the earliest records of society down to the present moment. The spiritism of the present day has its counterpart in the witchcraft of three centuries ago, fortunately without the hangman's halter. **Every**

age has its peculiar absurdities, characteristic of the minds of some of its people. Mesmerism deluded thousands of persons. The metallic tractors of Perkins enjoyed, for a time, a world-wide notoriety. Homœopathy is still at work in deluding the world. Clairvoyance has many devout adherents. Berkeley, in the middle of the last century, effected many wonderful cures with the aid of his tar-water. For upwards of one hundred years the lancet enjoyed unlimited sway. Everybody was bled. Surgeons, during the last dozen years, have had carbolic acid on the brain as a dressing in wounds and other injuries. Broussais, Cookeism, and the blue-pill of Abernethy, each had a reign of at least a quarter of a century. For an equally long period the medical mind of Italy was agitated by the tartar-emeti treatment of Rason and his followers. Thompsonianism, or the lobelia-and-cayenne-pepper-treatment, is not yet entirely extinct on this continent, although its days were numbered long ago. For nearly a third of a century the doctrine of a change of type in disease has tyrannized over the minds of medical men, and exerted a controlling influence upon their practice.

Of all these delusions, the latter, often called Toddism, after Dr. Todd, its author, has exercised the most pervasive and baneful effects upon civilized society. Enscorning itself behind a false position, it has literally enslaved the medical world, entrapping alike the wise and the foolish, and sweeping over human life with a force equal to that of the fiercest and most destructive hurricane. Unlike the doctrine of sthenic and asthenic diseases of Dr. John Brown, who, in the latter part of the last century, enjoyed such a wide celebrity as a medical reformer, it assumes that all maladies are of a low type, imperatively demanding the use of stimulants for their successful management. It countenances no half-way measures. The patient must be upheld by stimulants, or he must die. Now and then, perhaps, a few leeches may be tolerated, but only in very exceptional cases, where there is not too much depression of the vital powers. Who and what Dr. Todd, the author of this system of medicine, was, it would be needless to inquire. Everybody knows that he was one of the ablest writers and clinical teachers which this century has produced; but that he was a profound thinker, I



doubt; and it is well to bear in mind that the class of patients at King's College Hospital, London, of which he had charge, were persons in the lower walks of life, broken down by overwork, privation, and various forms of intemperance, and therefore unable to bear depletory remedies. Such patients as Dr. Todd had are to be found in the wards of every eleemosynary institution in Europe and in this country. It was from a study of this class of cases that this famous man, in an evil hour, deduced the absurd doctrine of a change of type in disease. I say absurd, for if there ever was anything absurd, this doctrine most assuredly deserves that name. Who that has any knowledge of the human constitution, as it is daily met with in our intercourse with our fellow-citizens, in the various pursuits of life, will lend credence to such an idea?—I had almost said to such a slander. I assert, without the fear of successful contradiction, that man's power of endurance, in health and disease, is not one particle less than it was fifty years ago, when depletory measures, in every form, were the order of the day—when, in fact, it would have been deemed derogatory to a physician's character to let a patient die without the aid of such remedies. The exploits performed during our late terrible war alone are sufficient to settle this question. Never, since man battled with man for national supremacy, were there so many rapid, laborious and brilliant marches, executed in so short a time, as there were on both sides of the line. The exploits of the soldiers of Alexander, Hannibal, Cæsar and Bonaparte, fade into comparative insignificance by the side of those of some of our generals. Our laborers, farmers, miners, hewers of wood, carriers of water, mechanics, artisans, and professional men, evince no evidence of decline in muscular power or mental endurance. Our sailors are as hardy a race of men as they were in the days of Sir Francis Drake or Captain Cook.

If we look at the habits and modes of life of the people at the present day, it will be found, if I do not greatly err, that they do not differ, in any essential manner, from those of one-third of a century ago. The different classes of men and women, in city and in country, live very much as they did in my boy hood, using the same kind of food and drink, pursuing similar

occupations and amusements, and exercising as much control over their appetites and passions generally as their fathers and mothers. If there are any differences, in any of these particulars, they are certainly not well marked, or so radical in their character as to diminish, in any material degree, the power of endurance of our people, in health and disease. On the other hand, owing to the more extensive cultivation of our soil, the destruction of our forests, the draining of our marshes, and the greater attention paid to the study of hygiene, our people, especially those in the rural districts, are much more exempt from the diseases caused by the noxious exhalations from the earth's surface, so prevalent in newly-settled countries, and so pernicious in their effects upon the constitution, than they were in the early days of my white and bald-headed contemporaries.

Do not men, during accidents and surgical operations, and women, during parturition, often lose enormous quantities of blood, and yet frequently make excellent recoveries? In epistaxis, hemoptysis, and hematemesis, this fluid is often largely poured out, and yet it is seldom that we hear of a person dying from the effects of such loss.

In the face of such facts as these, and a hundred others that might be adduced, if time permitted, the doctrine of a change of type in disease must fall to the ground, as utterly untenable.

The influence of fashion is not limited to our profession. We all recollect how the crinoline of the French Empress, invented to conceal a condition of which most ladies are so proud, enslaved the female mind, until every woman, married and single, considered it as an indispensable article of dress. A sofa, however spacious, was hardly long enough for a woman, thus arrayed, to sit upon. How the fashion has changed within the last six or eight years is familiar to everybody. Now the dress is so narrow as to show the outline of the person, and to compel the greatest care in progressing lest the fair wearer should trip and tear her garments. Even diseases occasionally become fashionable. When it became known that Louis XIV was laboring under anal fistule, the disgusting malady became at once the fashionable ailment of his debauched court. The use of enemata was cultivated as one of the fine arts in France

in the time of Moliere, who lashed the faculty without mercy for its follies and extravagances.

2. The indiscriminate employment of the lancet in former days did much to bring blood-letting into discredit, not only with the better thinking class of physicians, but the public at large. "We cure the sick," says Gui Patin, a Professor in the Royal College of France, "when over eighty years old, by blood-letting; and also infants of not more than two or three months, with as much success and as little inconvenience."

Rush, the great champion of this operation on this side of the Atlantic, bled indiscriminately and remorselessly, at all periods of life—the young, the middle-aged, and the old; in all kinds of diseases—in the eruptive fevers, in fever and ague, in puerperal fever, in inflammations, in injuries, in hæmorrhages, and even in anemia; often taking immense quantities of blood, and repeating the operation six, eight, or even a dozen times, in the same patient. In short, he and his followers used to bleed in every possible disorder, until, in many cases, no more blood would flow, because there was none left. That such practice would at length work out its own destruction is what might reasonably have been expected. It rang its own knell.

3. That we are much better acquainted with the nature and treatment of disease than our fathers were is a fact so universally accepted as to require no argument in its support. Our progress in this respect, during the last forty years, has simply been marvellous; and to nothing are we so much indebted for these improvements as to the study of pathological anatomy and histology, and the astounding developments of chemical science.

4. That the treatment of disease has been greatly simplified within the period above specified is familiar to every member of the profession. Homœopathy, by the absurdities of its doctrines and primitive practices, long ago demonstrated to the world that most of its cures are effected spontaneously, through Nature's restorative powers alone, while the patient's mind is medicated with the decillionth part of a drop or a grain of medicine; and in comparatively recent years, two eminent medical philosophers, Professor Bigelow, of Boston, and Sir John

Forbes, of London, showed us, by a series of admirably conducted observations, that certain diseases, as small-pox, scarlatina, measles, typhus and typhoid fevers, are self-limited in character, and therefore not to be materially, if at all, abridged in their course by any plan or means of medication whatever.

A third of a century ago, the only so-called depressants, aside from the use of the lancet, were tartar-emetic, calomel, and digitalis, the latter of doubtful efficacy in any case, and the first often exhibited without due discrimination. Of aconite and veratrum viride, now so universally employed as antiphlogistic agents, we were totally ignorant. These two medicines, as I shall endeavor to prove by and by, although frequently of immense service in the treatment of inflammatory affections, are far, far inferior to blood-letting.

Believing that these are the principal, if not the only, reasons, which have led to the abandonment of blood-letting as a therapeutic agent, I propose now to speak of the operation itself, and to point out, first, the classes of diseases to which it is more especially applicable; secondly, the period at which it should be performed to yield the greatest amount of good; and lastly, its mode of action.

Blood may be abstracted in different ways—as, first, by venesection; secondly, by leeches and cups; thirdly, by incision, scarification, or puncture; and fourthly, by arteriotomy. The latter operation is so difficult of performance, that few practitioners are willing to attempt it. There are cases, as in violent inflammation of the brain, eye, and ear, in which it is supposed to exercise a peculiarly beneficial influence; but, generally speaking, it is quite certain that venesection, if properly executed, answers every purpose, even in the affections here specified. Similar remarks are applicable to bleeding at the jugular vein, also usually a difficult, and sometimes even a dangerous operation.

The diseases to which blood-letting is more particularly applicable are the different inflammations—acute and chronic; general bleeding being best adapted to the former, and local to the latter. Hippocrates and his immediate followers bled largely in pneumonia and pleurisy; and Sydenham, Rush,

Louis, Drake, and many others, often took immense quantities of blood in the treatment of these maladies. In acute inflammation of the eye, in robust subjects, bleeding is often indispensably necessary to save the affected organ. Who would hesitate to draw blood largely, under similar circumstances, in acute inflammation of the brain and its envelope, in acute pericarditis or endocarditis, in hepatitis, splenitis, gastritis, enteritis, peritonitis, cystitis, metritis, or orchitis? Stricture of the urethra would be much less frequent if young men, laboring under severe gonorrhœa, were freely bled at the beginning of the attack. In traumatic affections of the joints, unattended with loss of blood or severe shock, the abstraction of blood would often prevent ankylosis, so common under the present system of treatment. The spasm which is so often present in recent fractures, especially in those of the leg and thigh, is more readily controlled by venesection, followed by a hypodermic injection of morphia, than by any other agent I have ever tried.

In chronic inflammation blood-letting is often an indispensable remedy. Even the most ultra advocate of the stimulant method of treatment will hesitate to employ it when destructive action is gradually, but surely, undermining structure and function. The abstraction of five, eight, or even ten ounces of blood, in chronic pneumonia and pleurisy, especially when associated with severe pain and obstructed respiration, often acts like a charm, relieving suffering and promoting the beneficial action of other measures. In chronic ophthalmia, a few leeches applied to the fore part of the temple, on a line with the commissure of the lids, frequently produce the happiest result.

But I will not consume your time by an enumeration of the different cases of chronic inflammation in which blood-letting might be advantageous. What I have said respecting the lungs, pleura and eye, is equally applicable to other structures, and needs no further elucidation here.

It requires no labored argument to show that general bleeding can be successfully practiced only at the beginning of an acute disease, or during its earlier and gravescent stages. Performed at a later period, when the morbid action is fully estab-

lished, and the affected tissues are inundated with inflammatory deposits, it cannot fail to do harm, by robbing the system of the strength so much needed to carry on its vital processes. A copious bleeding at the outset of violent inflammatory disease is gold ; at its height, lead ; or, to express myself more clearly, life in the one case, death in the other.

Secondly—To draw blood to the greatest possible advantage, the quantity should be measured, not by ounces, but by the impression it makes upon the system, as denoted by the pallor of the countenance, the reduction of the heart's action, the softened state of the pulse and skin, the abatement of pain and of other symptoms—as headache, thirst and restlessness, so universally present in all severe inflammatory attacks. To insure this result in the most speedy and decided manner, the blood should be drawn from a large orifice in a large vein, at the rate of two and a half to three ounces in the minute, while the patient is in the erect or semi-erect posture. If the body be recumbent during the operation, a much larger quantity of blood will be required to be drawn to produce the desired effect than when the reverse is the case. While, therefore, the bleeding should be spoliative, care should be taken not to waste the fluid unnecessarily.

To prevent undue reaction after the operation, the bleeding should not be carried to complete syncope, but merely to an approach to this condition, the effect of the operation being carefully watched by a reference to the countenance and the pulse, lest it should exceed the proper limits and thus do harm instead of good. Violent reaction, however, in any case, after the abstraction of blood, may generally be effectually prevented by a full dose of some diaphoretic anodyne, as ten grains of Dover's powder, with one-fourth of a grain of morphia, given immediately after the operation.

Respecting the repetition of the operation, every case must, so to speak, make its own rules. If, after a very copious bleeding, the symptoms rapidly reappear in all, or nearly all, their former intensity, the operation should at once be repeated, either by re-opening the original orifice or by selecting another vein.

In urgent cases, as in violent pneumonia, pleurisy, peritonitis, cerebritis, or endocarditis, the operation may often be repeated several times in rapid succession. Under such circumstances the practitioner must, like a wary general, make forced marches, and follow up his success, not waiting until the enemy has re-intrenched himself behind his works, but strike heavy blows while he has the opportunity.

But I shall be told that such heroic treatment must inevitably induce serious debility. I grant it will; but, in turn, I will ask, will the disease, if neglected or permitted to progress, not also cause debility—debility, perhaps, of the very worst kind—debility from over-action of the heart, imperfect supply of nerve-fluid, deranged circulation, impaired function of vital organs, and, above all, from disordered structure from inflammatory deposits? The enlightened practitioner bleeds to save tissue, and to prevent the morbid action from running riot. He repairs strength, when the time for it arrives, by making blood with nutritious food and drink, and thus speedily sets the machinery of life again in motion. The timid, hesitating practitioner, the opponent of bleeding, on the contrary, although he may employ the same restoratives, uses them inopportunately, and thus allows the debility caused by his treatment to linger for an indefinite time, provided the patient is so fortunate as to survive the first onslaught of his disease.

Before I proceed to speak of local bleeding, let me briefly inquire into the mode of action of venesection, or, in other words, how the removal of blood from the system affords relief in inflammatory affections? This question can be easily answered. In the first place, the abstraction acts spoliatively, diminishing, as the name implies, the quantity of blood, both in the part and system. Secondly, it weakens the power of the heart, and thereby prevents it from sending the blood with the same force and velocity into the suffering structures. Thirdly, it unlocks all the emunctories, and thus promotes secretion. Fourthly, it disgorges the vessels at the seat of the disease, restores the circulation, and places the absorbent vessels in a better condition for the removal of effused matter. And last, but not least, it favors the action of other remedies, as purgatives, diaphoretics, diuretics, and anodynes.

But it will be said that all these effects may and can readily be induced by the agency of other remedies, as aconite, veratrum viride, digitalis, mercury, and tartar-emetic; and that too, as much less cost to the system. That these articles are powerful depressants, lowering the heart's action and promoting secretion, no one at all acquainted with their virtues will question; but I deny that they exercise the same beneficial impression upon the vessels at the seat of the inflammation. When blood is drawn freely from a large vein at the bend of the arm, from a large orifice, to an approach to syncope, the vessels at the seat of the morbid action are unloaded, often to such an extent that the affected structures do not exhibit any marked difference in color from those in their immediate vicinity. Thus, for example, in violent conjunctivitis, the mucous membrane, the seat of the disease, always, under such circumstances, presents a perfectly blanched appearance, however red and engorged it may have been the moment before. Now, what occurs in the eye, in such a case, may reasonably be supposed to take place in any other part of the body when a patient is bled to a similiar extent. In pleurisy, one of the immediate effects of the copious abstraction of blood is a mitigation of the torturing pain which forms so prominent a symptom in this disease, due, evidently, to the diminished calibre of the vessels in the pleura, previously in a state of complete repletion. Has any one ever witnessed such an effect from the exhibition of aconite, digitalis, veratrum viride, or tartar-emetic? Never. No matter how these articles may be administered, whether singly or variously combined, they are simply depressants, not depressants and evacnants, as the abstraction of blood from a vein or an artery; there is no blanching of tissue from their use; no unloading of distended and crippled vessels; indeed, no direct appreciable effect of any kind.

The more recent researches in pathological histology furnish a hint, not easy to be mistaken, as to the most salient treatment of inflammation in its earlier stages. The leading indication is to restore the paralyzed capillaries to their normal tonicity, so as to prevent structural changes in their walls, and facilitate the outward passage of the white globules with which they are choked.



It is now well known that in every inflamed area there is marked hyperæmic distention of the blood-vessels, which are often crowded to their utmost capacity with leucocytes, which emigrate through the vascular walls, and, in conjunction with the effused blood-liquor, constitute the most important elements in inflammatory deposits. Hence the object of treatment should be to restore the capillaries to their normal calibre through the artificial induction of contraction of their walls, an effect which can be brought about, as is daily witnessed in many of the external inflammations, by cold applications, which, as is well ascertained, produce reflex contraction of the vessels.

In inflammation of the more deeply-seated organs and tissues, however, this object can only be attained by spoliative bleeding, whereby the affected capillaries are relieved of their contents. In this way only can their tonicity be restored, the further effusion or migration of cell-elements restrained, and the absorption of existing deposits favored.

Another effect of bleeding, not to be overlooked in this discussion, is the diminution which it causes in the quantity of fibrine and white globules, so remarkably augmented in inflammatory affections. This change, of which I have witnessed many examples, was beautifully illustrated in the case of a young man, nineteen years of age, whom I attended, along with the late Dr. Charles Woodward, of Cincinnati, on account of a severe attack of pleurisy. Blood was drawn on three consecutive days, the first bleeding being performed about thirty-six hours from the commencement of the attack. The fluid, amounting to nearly a quart, was not only greatly buffed, but cupped on both sides of the crassamentum, as is shown in the specimen which is still in my possession. At the second operation the fluid was buffed, but not cupped; and at the third it was merely a little sisy, all pain and active inflammation having by this time disappeared. If such effects follow the use of the articles above mentioned, I am uninformed of the fact.

In leeching and cupping, blood may be taken directly from the affected structures, or indirectly, as when they are practiced at a distance from the seat of the inflammation; in the latter case the effect, if carried to a great extent, is similar to that pro-

duced in venesection, but generally much more tardy, and, therefore, in the main, not so efficacious.

When the tissues are divided, as in incisions, scarifications, or puncture, the vessels are directly drained of their contents, an operation often followed by great, if not permanent relief. Illustrations of the efficacy of this mode of depletion are daily witnessed in tonsillitis, in erysipelas, ulcers of the extremities, inflammation of the uterus, and in impending mortification, not to mention other affections.

I have said that general bleeding can be successfully practiced only at the beginning of an inflammatory attack—a fact which, I repeat it, is not to be lost sight of in weighing the propriety of such a procedure. Let it be borne in mind, also, that bleeding is not to be practiced indiscriminately, but judiciously, and with proper regard to the condition of the system. Our fathers grievously erred, because they bled in every stage of disease, and in all states of the system—the plethoric and the anæmic, the strong and the weak. Of course there were exceptions, but, as a rule, this was the practice; the harm, hence, as a natural consequence of the abuse, the abandonment of the treatment.

It is within the recollection of all the older members of this Association, when the practice of medicine in this country and in Great Britain was limited to the lancet, calomel, digitalis, opiates, and tartar-emetic, with gruel and chicken broth as the chief diet during sickness. I well remember the time when the use of cold water was interdicted as highly improper, especially in the treatment of the so-called eruptive fevers, and when ventilation of a sick man's chamber was considered as fraught with danger.

Bleeding will again come into fashion; history constantly repeats itself, and knowledge runs in a circle. No sensible man can fail to read the signs of the times. But it will not be indiscriminate bleeding; it will be bleeding performed for a reason—early, and, if need be, freely,—to save tissue and promote resolution; in the robust and plethoric, in the young and middle-aged; not in the weak, the anæmic, the intemperate, the broken down and the decrepit. Practitioners, during the last third of a century, have labored under a delusion and a dream, from

which they are gradually emerging to a sense of their duty ; and although I am not a prophet, nor the son of a prophet, I venture to predict that the day is near at hand, if indeed it has not already arrived, when this important element of treatment, so long and so shamefully neglected, will again become a recognized therapeutic agent, and will thus be instrumental in saving many lives, many an eye, many a lung, many a joint, and many a limb.

But bleeding should not be restricted to the treatment of inflammatory diseases. There are other affections in which it may often be practiced with the greatest benefit. In puerperal convulsions, attended with a plethoric condition of the system, copious venesection, promptly followed by the administration of a full anodyne, either alone, or in union with chloral and bromide of ammonium, and the application of leeches to the temples and cold to the head, is the sheet-anchor of our hopes, a positive *sine qua non* to success. An experienced and learned member of this Association, Dr. J. Fordyce Barker, recently called attention to this subject in a paper characterized by strong sense and a great practical acumen, worthy of his high position as an accomplished gynæcologist. I believe, indeed, that the practice thus set down is the one now generally, if not universally, adopted, in the treatment of this dangerous disease, as it was in the time of Dewees and his more enlightened contemporaries.

In certain forms of apoplexy, the judicious employment of the lancet cannot be too strongly insisted upon, especially in comparatively young and vigorous subjects. Blood, in this disease is often taken with leeches when it ought to be taken with the lancet.

In asthma, bleeding is frequently of inestimable value, in relieving engorgement and spasm of the lungs, the causes of the terrible dyspnoea so often present in the more aggravated forms of the disease. I recall to mind the case of a lady who was subject to asthma from the age of fourteen up to that of eighty-six, when she died of pneumonia, whom I repeatedly bled with the greatest advantage, in attacks of this kind, which nothing else could relieve. In another case, that of a tall slender gentleman of this city, nearly eighty years of age, in which a severe attack

of asthma was complicated with great congestion and slight inflammation of the lungs, the abstraction of less than ten ounces of blood, by the lancet, led to a speedy convalescence and a complete cure. I verily believe that if this gentleman had not been bled he would have died.

In certain forms of phthisis, venesection, judiciously employed, is frequently productive of great benefit. I allude more particularly to the chronic variety of the disease, kept for years in abeyance by great care and a properly regulated regimen.

I remember the case of the late Mr. Benjamin Drake, of Cincinnati, a brother of the great Professor, who labored, for many years, under disease of the lungs, associated with tubercular deposits, the more urgent symptoms of which were always promptly relieved by the loss of eight or sixteen ounces of blood by venesection. I have always felt satisfied that his life was materially prolonged by this treatment.

Dr. Rush was in the habit, as Sydenham had been before him, of bleeding in every case of phthisis attended with a hard pulse, or a pulse rendered weak by the laborious transmission of blood through the lungs. In one of his cases he bled eighteen times in two weeks, and in another fifteen times in six weeks, with the happiest effect. I do not cite these instances as examples for our imitation, but simply to show that a system, borne down by disease, may react favorably under what, to us of the present day, appears as a most heroic measure.

Forty years ago it was customary, in protracted labor, dependent upon rigidity of the uterus and the perineum, to bleed, in order to relax the parts and expedite the expulsion of the child. Dewees, in such cases, often took large quantities of blood, especially in young, robust, primiparous women, and occasionally even repeated the bleeding. I well remember that this was the general practice for a number of years after I entered the profession. Why it has fallen into desuetude it would be difficult to tell. The abstraction of blood, under such circumstances, was always followed by the exhibition of a large anodyne, under the influence of which the labor usually progressed rapidly to a favorable issue, without subjecting the poor woman to undue

torture, the danger of lacerating the perineum, or the necessity of applying the forceps, the use of which is now so common among all classes of *accoucheurs*.

The plethoric condition of the system, so frequently met with in young, robust, pregnant women, is generally promptly relieved by the abstraction of twelve to fifteen ounces of blood, and certainly there is no more rational remedy in such circumstances, especially when the redundancy of blood is accompanied by dizziness, vertigo, or headache. Thirty years ago there were few women that were not bled once or twice during utero-gestation, on account of the symptoms, and I do not know that I ever heard of one that was injured by the practice.

Certain forms of hysteria and epileptic convulsions, dependent upon congestion of the nervous centres and a redundancy of blood in the system, are generally materially benefitted by venesection. The relief in the former affection is often prompt and permanent, as I can testify from personal experience.

In the convulsions of infants, blood-letting is frequently of signal service. In that form of the disease which follows upon the more severe attacks of cholera, so rife in our hot summer months, and which are manifestly due to over-excitement of the brain, as is shown by the excessive heat of the head, the flushed condition of the countenance, the suffused eye, the intense thirst, the incessant restlessness, the intolerance of light and noise, and the twitching of the muscles, the abstraction of two to two and a half ounces of blood from the arm, in a child from one to two years of age, not only, in many cases, promptly arrests the vomiting and other distressing symptoms, but protects the brain from more serious mischief, and thus places the system in a condition for speedy convalescence.

In what is called hay fever, a good bleeding sometimes affords immediate alleviation of all the disagreeable suffering incident to that complaint, as dyspnoea, violent sneezing, nasal catarrh, tightness in the frontal sinuses, headache and horripilations, or chilly sensations along the course of the spine. I recollect one case which came under my observation, many years ago, in a clerical gentleman, 33 years of age, who, on being largely bled one Sunday, soon after the close of his religious services, was

mpletely cured for that season, and, although the malady re-  
rred during several consecutive summers afterwards, the at-  
cks were always comparatively light.

Cases have been related of great benefit afforded by bleeding  
uræmic coma, attended with unconsciousness, dilated and  
ed pupils, convulsions, a highly albuminous condition of the  
ine, and excessive prostration of the system. The blood at  
st issued feebly, but gradually the stream increased in volume,  
e blood assumed a brighter hue, the pulse rose, the convulsions  
ased, consciousness returned, and the patient finally made an  
cellent recovery. Several such examples will be found record-  
in the London *Medical Times and Gazette* for September, 1874,

Dr. Benjamin W. Richardson, in an article on "Blood-  
etting, as a Point of Scientific Practice," and are worthy of  
ecial study.

This spring twelve months ago I was requested to visit a lady,  
stout, muscular person, in robust health, upwards of forty years  
age, who for several years past, had suffered much from at-  
cks of headache, attended with dizziness, and occasionally, also  
th vertigo. She had tried various remedies without bene-  
I suggested bleeding, to which she at once assented, and I  
ew fully three half-pints of blood, with immediate and perman-  
nt relief.

Surgeons, the world over, draw blood after severe reaction in  
ncussion of the brain, to prevent inflammation of that organ  
d its membranes.

The more plethoric the patient, the greater the necessity for  
ch interference; but the operation should, by no means, be  
stricted to this condition, as it is often of great value, if time-  
sly performed, in the comparatively anæmic subjects.

It was a case of concussion of the brain that gave rise to the  
ever-to-be-forgotten conversation between John Hunter and his  
pupil, Dr. Physic, at the time resident physician at St. George's  
ospital, London. A man laboring under concussion of the  
rain from a fall from a scaffold, was brought into the surgical  
ard in a state of utter unconsciousness. "What shall I do?"  
aid the pupil to his master. "Shall I bleed him?" "Bleed  
im? Bleed him, sir? No, sir! You would kill him outright.

Wait, sir, until he reacts, and then bleed him—bleed him to death, sir.”—*Dr. Charles D. Meigs, in Pennsylvania Hospital Reports*, vol. i. p. 27, 1868.

In compression of the brain from fracture, with depression of bone, and compression from extravasation of blood, the abstraction of blood by the lancet and leeches is frequently resorted to for the purpose of securing cerebral accommodation, and the practice, as is well known, is often followed by the most gratifying results.

We all have, at some period or other of our lives, experienced the torturing, racking pains in the back and limbs, so common to bilious, remittent, and intermittent fevers, as if the body were about to be broken in two, causing us to turn and toss about almost incessantly in search of ease, the head generally at the same time terribly distressed, the skin hot and dry, the thirst intense, and the heart in wild tumultuous motion. Who that has ever been freely bled in such a condition of the system does not remember, with grateful feelings, the prompt alleviation afforded by the operation? The application of a dozen wet cups to the aching back has often speedily transported the poor patient, as it were, from torment into elysium.

In gout and rheumatism the abstraction of blood is frequently of immense benefit, if not as a direct curative agent, as a means of relieving pain and paving the way for the more successful action of other remedies.

The passage of renal and biliary calculi is often greatly expedited, and the suffering caused by it much alleviated, by a copious bleeding, especially in stout, plethoric subjects.

But I must stop, for my remarks have already been extended far beyond my original design, which was simply to point out a few of the more prominent diseases in which, in my humble opinion, this much neglected, but most valuable, therapeutic agent, may be advantageously employed.

The fate of blood-letting, Mr. Chairman, teaches us an important lesson, not at all calculated to elevate our pride as men intrusted with the preservation of the health and lives of our fellow-beings. It shows what little faith there is to be placed in human judgment, and how sadly we are influenced by authority

and fashion in a matter pertaining to the dearest interests of society. If I wished to be satirical, I should say that there are in our profession, as there are, indeed, in every other, two distinct classes of men—the thinking and the non-thinking. The former, whose number is exceedingly limited, accept every novelty, or great and sudden change, with suspicion, wisely concluding that the one ought not to be adopted until it has been fairly tested by well-conducted observation and experiment, and that the other should not be rejected without sufficient cause. The non-thinking man, on the contrary, eagerly lays hold of every novelty, and seldom stops to seek a reason for his new faith. He adopts it simply because his neighbor adopts it. Especially is this the case when the novelty, whatever it may be, has a distinguished parentage, as when it has received the sanction of a great name, or, perchance, if it had a trans-Atlantic origin. Jones, Robinson, or Brown in Europe, is always a great man—far greater than his namesake on this side of the water.

The non-thinking man confounds progress with improvement. He does not weigh the *pros* and *cons* of a question; he takes a shorter route—see things in a distorted light—assumes for granted what he cannot comprehend, and jumps at conclusions. As the sheep follows the wether, so he follows his master, looks through his spectacles, believes in his infallibility, and swears by his authority. The more the assertion borders on the marvelous, the more greedily does he gulp it—so much easier is it to *assume* the truth of a proposition or statement than to prove it by sound logical argument and inductive reasoning.

I think I am not guilty of exaggeration in what I say. It really seems to me as if we were bereft of our senses. No sooner is a new remedy, an operation, or a method of treatment, introduced to notice, than it is puffed into gigantic proportions, and endowed with virtues as foreign to it as any other folly under heaven. Certain it is, there never was any greater need of deliberation and reflection than there is at the present time—greater need of asking ourselves, “Watchman, what of the night?”



*Ars, ante omnia veritas.*

## Editorial.

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### RECREATION.

Being now in the midst of dog days, a strongly seductive wooing comes from the redolent air and grassy glades of the country. The temptation to exchange the heated atmosphere and parched streets of the city for a brief sojourn with fresh nature, is so overpowering that naught but a touch of the prevailing tightness of the money market, or an urgent *clientele* is sufficient to keep one at the post of duty. The jaded body and fatigued mind, at all times craving for repose, are doubly importunate when the thermometer hugs the nineties. Nothing more forcibly illustrates precept *vs.* practice than the habitual disregard which the members of the medical profession, more especially in this country, manifest on the question of recreation. While scores and perhaps hundreds of patients leave this city every week for a trip up the lakes or for a sojourn at some rural retreat, in obedience to the prescription of their medical advisers, it is a most unusual thing to find any of those advisers themselves, than whom none stand more in need of rest and recreation, absent from the immediate sphere of their labor. Medical men are the most overworked of any of the three learned professions, while at the same time they are the most negligent of some of the most essential conditions to health and longevity. The average duration of the physician's life is nearly ten years less than that of the members of the other learned professions. To do effective work seasons of repose must follow those of labor. The bow that is always strung soon loses its elasticity. Men are properly capable of only a limited amount of endurance, whether physical or mental, and all draughts on the reserve fund of energy, but lessens the store which nature has designed to buoy up old age. A life of disturbed sleep, irregular meals and fatiguing rounds of visits, demands its seasons of recuperation.

Our clerical brethren display a wisdom in this direction which the children of the world would do well to emulate. Instead of

fulminating sermons or going the rounds of pastoral visitation during the heated term, they very wisely commit the oversight of the spiritual affairs of their flocks to some country brother, to whom a few weeks of city life at any season, is a pleasant diversion, while they are wont to disport themselves with old Neptune on the beach or sit at the feet of Isaak Walton in some shady nook by some limpid stream. We do not blame our reverend friends for deserting their posts for a month or two at this season, we rather commend them for it, but we must confess to feeling at times a little envious and are prone to reflect whether they are any more entitled to this coveted respite from professional labor than we are. We are also somewhat given to rebel at the inconsistency of the flocks who are loud in their expressions of sympathy for their poor, dear, over-worked pastors, while they have never a word for those who are at their beck night and day, in all kinds of weather, in season and out of season; for those who, in addition to undergoing mental labor and anxiety equally severe with that the pastor is subject to, have superadded the physical exhaustion, wear and tear of the laborer. The same people who most willingly allow their pastor an annual gratuity of two month's salary, are apt to scrutinize the doctors' bills very closely to see that there have been no over charge.

Time and money spent in the proper amount of rest and recreation are not wasted. The buoyancy of mind and body following a season of recuperation are a good return for the expenditure, and are productive of desirable fruit in their effect on the doctor's patients. The most successful workers are notoriously the best resters, recognizing as they do, that law of their being which demands a renewal of wasted energy. Much as we admire plodding industry we still cannot fail to notice that in the race of life, those come out ahead whose labors are regularly and systematically intermittent. An excess of expenditure over income, be it ever so light, in vital, as well as in pecuniary matters, must inevitably terminate in insolvency. The deplorable havoc a commercial crisis causes among business men, whose incomes have during a term of years fallen short of their outlays, have fitting counterparts in the sudden breaking

down and irretrievable intellectual insolvency of over-worked literati. Ambition, love of applause, and artificial stimuli, may, for a time, ward off the inevitable, but it is only for a time; bankruptcy dogs their steps, and sooner or later overtakes them.

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*"ALCOHOL.—SOME NEW POINTS."*

It gives us pleasure to announce that the essay with the above title, which was read by Dr. A. F. Kinne, of Ypsilanti, before the Washtenaw County Medical Society, and referred to in the Proceedings of that body in the March number of this JOURNAL, has been awarded a prize of \$300.00 and is to be published by the National Temperance Society and Publishing House, No. 58 Reade St., New York. This essay claims to demonstrate that alcohol is in no case a stimulant, that its well known effects, such for instance as a quickened pulse, a flushed face and a heated surface, are due to its action as a paralyzing force, and that its well known therapeutic value, must be accounted for upon entirely different physiological principles. And as it is strictly scientific in character, and in no sense controversial or partisan, its issue from the press will be looked for with interest—especially by those who had the pleasure of listening to such portions of it as were read before the Society.

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*PECULIAR PEOPLE.*

A religious sect assuming this name has lately sprung up in London, England, and the method they have of treating their sick certainly entitles them to the appellation. They employ none of the therapeutic agents commonly in vogue, but rely exclusively on the power of prayer. Regarding disease as a direct visitation of the Almighty, they propose to combat it by an immediate appeal to its author. It does seem strange that in the midst of the enlightenment of this nineteenth century, there should remain such humiliating relics of a superstitious barbarism. If science has demonstrated anything, it is that there is no

effect without a cause, and that disease is but the consequent to some antecedent. It is impious to endeavour to shift the responsibility of the suffering and disease to which human nature is subjected, to the Almighty. Men persistently violate the laws of health, and ignorantly closing their eyes to their own sins attribute the suffering inevitably attached as a penalty to this violation, to God. Our conception of the Almighty leads us instinctively to revolt against the idea that disease was a part of the original plan of creation. Spontaneous idiopathic diseases are so extremely rare as to warrant the belief that they never occur. Hereditary predisposition or direct causation will be found, on a close examination, to be the antecedents of all disease, and so general is the law, that when we fail to trace the connection it is but fair to attribute the failure to our deficient powers of observation.

We are not surprised, however, to notice the good percentage of recoveries in the Hospital of the "Peculiar People." Under their system the *vis medicatrix naturæ*, assisted by the benign influence of faith and hope, has every opportunity to assert itself.

It would be a sad thing for suffering humanity were it obliged to depend for relief from the effects of its own sins, on the skill and ingenuity of man. Nature has endowed the living organism with a tendency to resist and throw off disease. This conservatism in nature, the true physician does not fail to recognize, and he is most successful in practice who can the most nearly determine the extent to which unassisted nature can set herself right, supplementing her efforts by the administration of the remedies she has placed at his disposal.

We do not wish to be understood as undervaluing the power of prayer, for we believe in its potency, but man has his part to do, and those prayers are most effectual which come from those who work the best. Oliver Cromwell struck the key note in his injunction to his men to "trust in God and keep your powder dry."

## Reviews and Bibliographical Notes.

LECTURES ON THE DISEASES OF THE RESPIRATORY ORGANS, HEART AND KIDNEYS. By Alfred L. Loomis, M. D., Professor of Pathology and Practical Medicine in the Medical Department of the University of New York, Consulting Physician to Charity Hospital, etc. New York: Wm. Wood & Co. Detroit: E. B. Smith & Co.

This is a phonographic report of a series of forty-four lectures delivered to the Medical Class of the University of New York in 1874. Dr. Loomis is already known to the profession from his writings on medical topics, prominent among which is his "Lessons in Physical Diagnosis," issued several years ago. The present work, while not presenting anything markedly original, is still a faithful representation of the most advanced views held on the subjects treated of. We do not look, however, for anything strikingly new on such subjects in a text book, for the reason that the slightest discovery, or advancement in every subject is placed before the profession in the periodical literature of the day. The author who faithfully and in a readable manner, presents all that is known in a concise form, has frequently an equal claim to consideration with him who shows marked originality.

One commendable feature of the work is the inculcation throughout of a fact which the profession is gradually coming to practically recognize, viz: the sustaining of the patient's strength during the progress of the disease. The author who most loudly and persistently enforces this principle in treatment, is the one whose writings are calculated to do the most good.

In the treatment of pneumonia with high temperature as well as in the treatment of the fever accompanying phthisis, the author places much reliance on large doses of quinine—twenty grains daily. Notwithstanding the confident manner in which he speaks of this agent in these doses, we are very skeptical as to its efficacy, there being other agents at our disposal which accomplish the ends sought with much less danger of working positive mischief.

On the whole the work is a valuable acquisition to medical literature, and one which a library making any pretension to completeness should not be without.

*A STATEMENT OF THE RELATIONS OF THE FACULTY  
OF MEDICINE AND SURGERY IN THE UNIVERSITY  
OF MICHIGAN TO HOMŒOPATHY.*

The condition of affairs in the University of Michigan, produced by the action of the Legislature and the Board of Regents establishing a Homœopathic college at Ann Arbor, has, in consequence of the misconceptions and the partial and erroneous representations which have occurred, imposed upon the Faculty of the Medical Department the duty of making a statement to the profession and public of the exact state of things existing—of the relations in which they have been placed, the position they occupy and propose to maintain, in regard to the new college, and the system of Homœopathy. Before making the statement they have allowed the first feelings naturally induced by the unexpected action to subside, and have taken time for consultation with many eminent and judicious professional friends, whose opinions are entitled to the highest respect, and also for careful and mature deliberation.

It is well known that for more than twenty years the introduction of Homœopathy into the State University has been a subject of agitation; has been constantly urged upon the Board of Regents; has been thrust upon every successive Legislature; and that various acts have been placed upon the statute book of the State making provision for its accomplishment.

The Regents, however, claiming their constitutional right to govern the University, and believing such course unwise; and perhaps, also, regarding the views of a large portion of the regular physicians of the State, and the strongly expressed opinions and feelings of the medical Faculty, who had built up a large and successful department of the institution, declined to carry the acts of the Legislature into effect; especially as all these acts contemplated the introduction of homœopathic pro-

fessors into the *Medical Department*, forcing upon the professors of that department associations to which they could not submit, and introducing into its teaching incongruities which, it was thought, would be disastrous. A few years ago, when even a large appropriation of money was made to the University—money very much needed to carry on its extensive operations—on the condition that two homœopathic professors should be placed in the Faculty, the money was declined.

Wishing to comply with the demands of the homœopaths and those who either favored their system or believed there was justice in their claims, as expressed by the Legislature, and hoping thus to secure the appropriations while not disturbing the prosperity of the Medical Department, the Regents made an attempt to establish a separate homœopathic college at some point other than Ann Arbor; but the plan was decided by the court not to be in compliance with the conditions of the particular act making the appropriation, and the attempt failed.

Other attempts at reconciling the conflicting interests and principles were also unsuccessful, while the agitation continued—the cry of persecution and unfairness was industriously kept up, and the medical Faculty were charged with defeating the public will by their prejudices and pertinacity, and of standing in the way of the prosperity of the University as a whole. Regarding homœopathy, so far as it is more than a pretence and a name, as a false system, they could never, as individuals and citizens of the State, desire its recognition and support by the public authorities; yet as a Faculty, they have never offered any opposition to the establishment of an entirely separate institution for teaching anything the people of the State might desire.

A few years ago, soon after the establishment of a similar system in Canada, a measure was proposed in the Michigan State Medical Society for the creation of a State Board of Censors, to be composed of regular physicians, homœopaths, and eclectics, who should examine those proposing to practice any form of medicine or surgery in the State, upon all subjects except what are technically called the practice of medicine and *materia medica*, and should grant a *joint* certificate or diploma, which

should constitute a legal qualification to practice; all not having such diploma, and who had not for some years previously been in practice, being prevented from attending professionally the sick.

During the last session of the Legislature, a special meeting of the State Society was called, a committee was appointed to forward the measure, and a bill embracing these provisions was presented to the Legislature and its passage urged. The bill however, met with opposition from various sources; and from what were regarded its imperfections and impracticability, and especially from its influence on the homœopathic question in the University, it was opposed by members of this Faculty, and it failed to become a law.

The Legislature and the Board of Regents, however, seeing the willingness of a majority of the State Society, supposed to represent the opinions and feelings of the regular profession in the State, to enter into an association with homœopaths in examining candidates and granting a joint diploma, very logically concluded that no serious offense could be given to the profession by establishing a relation much more remote—certainly far less intimate—between regular scientific medicine and homœopathy in the University.

The Faculty do not propose to discuss the wisdom or the folly of any of these measures. They are now matters of the past, for which they have no responsibility. It is claimed that the law in Canada referred to, has operated much against the interests of homœopathy: and it is certain that the adherents of this system have opposed the passage of a similar law in some of the states. The full effect of this action in our State Society the future alone can determine. But there can be no doubt that the state of things in the University, which some who favored the mingling proposed by the State Society are now so forward in condemning, is a logical consequence—a legitimate outcome of the actions of the Society.

During the whole history of the medical department of the University, the members of its faculty have been, as some think, even over zealous, but according to their judgment, conscience



and ability, they have been firm and consistent in opposing every form of error, folly and deception in medicine. In the protracted struggle with homœopathy, though receiving important aid and sympathy from individuals, so far as organized effort is concerned, they have had little support. They at least have stood the brunt of the opposition which so many, not understanding the real character of the issues, have attempted to heap upon them. Of this they did not complain, and were willing to retain that position with all its consequences. .

But a few months ago, during the absence of some of the Faculty from the State, and in opposition to their well known wishes, and also in opposition to the expressions of others, certain complications were effected which have caused much excitement and comment, especially in the profession, not merely throughout the State, but the country, have called forth many expressions from both friends and rivals, often hastily uttered, and from an imperfect knowledge of the facts. Hence the historical sketch which has been given, and the statement of the exact character of the relations existing, which is to follow, have been deemed necessary.

The acts of the Legislature and the Board of Regents have resulted in the organization of a "Homœopathic Medical College" under the management of the Regents of the University. It consists of two professors, one of "Materia Medica and Therapeutics," and one of the "Theory and Practice of Medicine," of course according to the professed homœopathic system.

This homœopathic college, created under an act of the Legislature essentially different from any acts in regard to homœopathy previously passed, which the Faculty had so strenuously opposed, and which the Regents had so constantly declined to carry into effect, is entirely distinct in its organization and name from the "Department of Medicine and Surgery"—no homœopathic professors, as previous acts provided for, are placed in the Medical Department, but a separate college established; the two faculties never meet in any joint sessions, the lectures are given in separate and distant buildings, the students of each are registered in separate books under different titles, and are to appear

in the catalogue under different headings and in different places. The diplomas to be granted are different in title and character—those of the homœopathic students are to be designated as homœopathic—the names of none of the Faculty of the Department of Medicine and Surgery are to go upon them, and of course the names of the Faculty of the Homœopathic College are not to go upon those of the other department. The Faculty of the College of Medicine and Surgery do not recommend for graduation, and have no responsibility whatever in sending forth homœopathic students, or testifying to their fitness to become members of the medical profession.

But the students of the homœopathic college have the privilege of attending the instruction in the College of Medicine and Surgery, on Anatomy, Chemistry, and all the branches, excepting those on “Practice of Medicine,” and “Materia Medica,” and they are to be examined in each department of study by those who teach them, and are to have their knowledge or want of knowledge in *those departments* certified to. If the student becomes a proficient in chemistry, anatomy, etc., the simple fact is stated, while no intimation is given that he is qualified to practice medicine, or to be a proper professional associate of medical men. Holding to the belief that the system of homœopathy, as taught by Hahnemann and his followers, is absurd in theory and useless in practice, and that those who profess the theory but systematically violate its principles, are unworthy of confidence, no member of the faculty could certify to the fitness of any one professing it to practice the profession, and for similar reasons no professional association can be maintained with them. This position may seem illiberal to those not fully understanding the subject, but all enlightened physicians know that the exclusive system of homœopathy is so diametrically opposed to what is regarded as rational medicine, that no compromise between them is possible. Real homœopathy, as its name implies, insists that there is but one law of cure—that of *similia similibus curantur*; and this pretended principle, as its founder contends, stands as an insuperable barrier between homœopathy and all that denies this assumed universal law. The object of professional associa-

tion and consultation is to benefit the sick by directing the use of therapeutical measures ; and as there can be no possible agreement between a regular physician and a homœopath, such consultation would necessarily be useless while each adhered to his respective course. Should either be willing to adopt the measures of the other, sharing the responsibility of a case, regardless as it would be, of the interests of the patient, he would be unworthy of any honorable association whatever ; and he who professes what he does not believe or practice, must be regarded as a deceiver and imposter. Such a man cannot be associated with on either honorable or moral grounds. Any professional association, then, by regular physicians, with the professed adherents of this exclusive and radically opposing system, must be useless or worse, leading to confusion and to the destruction of the confidence of patients. These principles must be seen to be logical and fundamental, and are firmly held by the faculty, and when understood must shield those who refuse such associations and the sharing of such responsibilities from the charges of senseless illiberality. All this, however, does not prevent discussion, or efforts for finding and enforcing the truth, and exposing and refuting error.

The medical faculty finding themselves, as an accomplished fact, in the relations to the homœopathic school which have been described, and in view of the principles of professional associations stated, have presented to them the question, as to their duty to the University, which some of them have served during the most of their active lives, to medical science, to which they are all devoted, and to their professional brethren, whom they so highly respect. With the question as to whether the Legislature and Board of Regents acted wisely or not, they have nothing to do. The practical question is as to their duty under the circumstances.

The distinguished and venerable Prof. Gross, evidently writing under the influence of a strong impulse, feeling, as he says, "with every member of the regular profession" for the organization of homœopathy "a sovereign and unmitigated contempt— an organization with which it is impossible for us ever to asso-

ciate or fraternize," and supposing the relation to which the faculty are subjected implied such association and fraternization, very naturally advises immediate resignation. Understanding, as the members of the Faculty do, the sentiments which, from Dr. Gross' premises, prompted this advice, we have no reproach to utter and no feeling of unkindness to indulge. His advice, though it may have been given hastily, was doubtless given conscientiously and from feelings which the profession will respect. Others, however, standing quite as high in the estimation of the profession for wisdom and devotion to its interests, think it would be cowardice in the Faculty, and worse, that it would be treason to the interests of medical science and to the profession to abandon the field, surrendering a stronghold without resistance—to flee from our guns when the invaders, if they may be so considered, had placed themselves within the most effective geran.

The opinions and feelings of the Faculty regarding homœopathy are those which have been long entertained and which have been sufficiently expressed. They are under no restraint but such as the cause of truth and their characters as gentlemen impose, to treat it with favorable consideration; and as to results, they have little fear of errors and absurdities among sensible people, if truth and reason are left free to oppose them. Brought into no affiliation with the homœopaths, but ready to have them bring to the light whatever doctrines they may choose to present to those who seek their teachings, the Faculty of the Department of Medicine and Surgery believe it their duty to go on in their liberty as heretofore, presenting the truth "as they see the truth," and opposing error and folly as they may think the cause of true science and humanity demands. In nature the "survival of the fittest" is the law; and in the world of ideas the results of investigation and discussion, the operations of intellect and reason ought, and will ultimately rule.

It is the opinion of many fully conversant with the subject that a great error of policy has been committed on the part of the profession generally in yielding to feelings of repugnance,

and keeping so far aloof from this system, treating it with silent contempt or with exclamations of derision, without argument or even a calm statement of its pretensions. It must at all events be admitted that under the policy which has been pursued the system has flourished and created for itself a demand among the people. Although as science advances—as vague speculations in medicine yield to ascertained facts—as the laws of life and the nature and causes of disease become more apparent, and the natural courses of diseases and the operations of medicines upon them are better understood, the dreamy absurdities of homœopathy become more glaring, yet under the cover of obscurity—in the profound ignorance among even educated people as to what the system really is—under the cry of persecution and the false pretension of advancement and reform, this system maintains its position with the public. This result is, to be sure, aided by the recoveries resulting from the efforts of nature and from ordinary therapeutical measures in the hands of professed homœopaths being falsely credited to it. No form of error or deception was ever put down by senseless denunciation, without investigation and exposure.

There are many firm in the conviction that encouraging homœopathy to show itself in the light, bringing it to the test of scientific observation and calm discussion, will be fatal to its pretensions. This certainly can be done without fraternizing with it. Under this belief the *New York Medical Record*, a leading journal of regular medicine, approves the recent action of the "Commissioners of Charities and Correction"—the body which governs Bellevue Hospital and the other public medical institutions of New York—in setting aside a portion of an Asylum for the purpose of a homœopathic hospital, where the working and the results of the system will be more than heretofore under scientific observation.

In a recent correspondence held by a member of the Faculty with Prof. Austin Flint, Sr., of Bellevue Hospital Medical College, a gentleman whose works are standards of authority among physicians, and whose high character for wisdom, personal honor and devotion to the interests of the profession are

so well known, the views of this gentleman on the course best to be pursued toward homœopathy, and the relations of the Faculty of Medicine and Surgery of the University to the Homœopathic College, their duty in the present crisis, and the influence of the complication on the standing of the College, are clearly expressed; and so much of the correspondence as is necessary to make his position fully understood is introduced even at the risk of protracting this statement :

“ ANN ARBOR, Aug. 21st, 1875.

“ Prof. A. FLINT, M. D. :

“ DEAR DOCTOR—I remember in a conversation with you some two years ago, you said that you thought the true interests of medical science would be promoted by allowing the homœopaths to advocate their doctrines where there would be an opportunity of meeting them and showing their weakness and absurdity, and that we at the University of Michigan would do a good work for science, however the interests of our Medical College might be affected, by allowing them to come into the University. I felt then the force of your statement, but, as you will remember, expressed a strong unwillingness to jeopardize the peace and interest of our school, subjecting ourselves to the attacks of rivals and the possible distrust of friends, for the prospect there was of affecting such an object. A state of things has now occurred contrary to our wishes and efforts, but which may be made to result as you suggested, and I beg the privilege of calling your attention to a statement of the exact state of things existing, and to ask your advice as to the course we should pursue for the accomplishment of an object we in common have at heart—the interests of true medical science and the honor of the profession.”

A copy of the proceedings of the Board of Regents was sent, establishing the Homœopathic College, and a brief statement of the state of things given.

The following answer was promptly received :

“ NEW YORK, Aug. 26, 1875.

“ DEAR DOCTOR—I recollect my conversation with you a

couple of years since, and I recognize in the account of it which you give in your letter of the 21st inst., the sentiments which I then advanced. I entertain them still, and I believe the result will show their correctness. I am sorry to differ from my much beloved friend Dr. Gross, but I think your Faculty have no occasion to resign and abandon the field. You are in no sense responsible for the action of the Legislature; you are not brought into association with the homœopathic professors; why, then, should you not go on as you have heretofore? I cannot see why this course should affect in the least your present personal, professorial, or professional relations, at or away from home; and I cannot see why the standing of your schools should be affected.

“Yours very truly,

“A. FLINT.”

A similar letter giving information of the situation and asking for advice, was addressed at the same time to Dr. J. Marion Sims, whose inventions and success in his specialty have reflected such honor upon American surgery, and made his name familiar throughout the world; whose residence abroad has made him cosmopolitan, and whose claims to consideration as recognized at home, have placed him in the position of the present President of the American Medical Association; and in his reply, besides expressions of a personal character, which it is unnecessary to repeat, he uses the following language:

“As I am not the man ever to desert my post, I can answer your query in but one way.

“I think the Regents of the University have the right to create new chairs and appoint new teachers whenever they please to do so. \* \* The appointment of special Professors of Homœopathy is a great innovation, and is doubtless not a little galling to your faculty. \* \* The Regents have wisely respected your sensibilities in not forcing these new professors upon you as a faculty. They have simply placed them in the same relation to you as they would other lecturers on special branches. Your autonomy is not disturbed.

You are exactly where you were before these appointments were made ; and I think, under all the circumstances, you ought not to resign your places.

“The Medical Department of the University that you have labored for a quarter of a century to place on a solid foundation is not to be toppled over because of a difference of this kind between you and the Regents. Your duty to your profession and to the broad principles of medicine forbid you to resign. To fly from your posts is to acknowledge weakness and to insure defeat all along the line.

“My advice then is—‘Don’t give up the ship.’

“Believe me, dear Doctor, most truly yours,

“J. MARION SIMS.”

Other letters of similar import have been received from gentlemen standing high in the profession in different parts of the country, but the length of this article forbids further quotations.

It is not deemed necessary to refer to articles which have appeared in the newspapers on the one side or the other, or to baseless rumors which may be expected to obtain currency upon a subject exciting so much public interest. Neither is it thought best to prolong this statement by reviewing the productions which have appeared in the medical journals. The simple facts of the case, when fully understood, will be the best justification of the course which will be pursued.

The Faculty would respectfully ask those few who advise their resigning to consider what would be the effect of such a step? One of two things would certainly occur: either the University would be given up to the undisputed possession of the homœopaths, or a Medical Faculty would be formed which, if not fraternizing with homœopathy, would be less firm in resisting its advances and in exposing its follies. Does the profession of the State or the country desire either of these results? If the claims of homœopathy are not to be put aside by contemptuous silence, but are to be met by argument and reason—if as some believe, a most important, and perhaps decisive,



hand to hand contest between this form of error and scientific medical truth is to occur in the University of Michigan, would they prefer as their champions new and untried men, or those who have at least stood firm in the contests which have already occurred? Indeed, the present arrangement is already opposed by a large number of the homœopaths of the State and the country, and it is regarded by many as a temporary expedient which will fail of success.

From whatever point of view, the more the Faculty consider the subject the more preposterous appears the idea of abandoning their posts. In this view they are strengthened by the only expression which has been made by the State Medical Society of which they have any record. This expression occurred in June, 1865, when a committee, consisting of Wm. Brodie, I. H. Bartholomew, C. T. Southworth, Wm. H. DeCamp and Hamilton E. Smith, reported the following resolution, which unanimously passed:

“*Resolved*, That until such time arrives that the Board of Regents shall change the curriculum of the Medical Department, we are of opinion that the professors thereof should continue to hold their respective chairs. But should such a change be accomplished as would directly affect the curriculum, we believe that in honor to themselves and the profession to which they belong, and whose sympathies they receive, they could not consistently remain, and their resignations should be respectfully submitted.”

The curriculum of the Medical Department is not in the least affected—no student of that department is taught homœopathy—no homœopathic or other irregular teachers are brought in their presence; the exercises of the department are to go on as heretofore; the only changes which will occur will be in a more thorough preliminary examination and in a broader course of instruction as medical science shall advance.

In conclusion, the Faculty desire to repeat, that in view of all the facts and considerations of the case, they fully believe their duty requires them to remain at their posts while the curriculum of their department is not changed, while no affiliations

or professional association with homœopaths or homœopathy are required, and while freedom of discussion is maintained; and in this, the entire teaching faculty as constituted at the time the action of the Regents establishing the new department took place, concur. In this course they expect ultimately to be sustained by all judicious members of the profession, who, without prejudice or passion, acquaint themselves with the facts, who calmly consider all the bearings of the subject, and whose interests or sympathies for rival institutions have no influence upon their views.

Whether cheered by the voice of a united profession in the contest which is to come for rational medicine, or annoyed and disheartened by skirmishes in the rear, they hope to gain triumphs for truth and reason, and enjoy the consciousness of duty performed.

In behalf of the Faculty,

A. B. PALMER, M. D.,

*Dean.*



THE  
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**Original Communications.**

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*THE INFLUENCE OF THE MIND ON SOME OF THE ORGANIC FUNCTIONS OF THE BODY. A Paper Read before the Wayne County Medical Society by W. H. ROUSE, M. D.*

About two years ago a fire occurred near the residence of a woman who had a fine healthy babe five or six weeks old. The fire was at night and in full view from the lady's chamber. From an upper window of the burning house depended a quilt, which, being mistaken for a woman, greatly excited the mother in regard to the safety of her neighbor. Not long after the fire the babe was permitted to nurse, and in a few hours thereafter it became so ill that grave doubts of its recovery were entertained. There were great prostration, nausea, diarrhœa, and extreme pain in the stomach and bowels. The stools were frequent, green, watery, frothy, and so acrid as to excoriate the surface wherever they came in contact. The child was removed from the breast and placed under treatment. In about twenty-four hours it began to improve, and finally recovered.

A few months after this a babe came under my care in consequence of its having diarrhœa, emesis, and troublesome pains

in its bowels. The mother having heard a number of reports of deaths from "summer complaint" became very anxious in regard to the safety of her own first-born. This anxiety, producing its legitimate results on the mammary secretion, seemed to be the direct cause of the child's trouble. The sickness of the child, by intensifying the mother's anxiety, still further increased the noxious properties of the milk. Medicine seemed useless till the child was taken from the breast, when it gradually recovered.

The following, from Dr. Von Ammon, seems like an extreme case, and, were it not well authenticated, and not only supported by similar cases reported by others, but also by various grades of poisoning by the mother's milk, which are but too familiar to the observing physician, we would be inclined to regard it as fabulous:

"A carpenter had a quarrel with a soldier billeted in his house, who set upon the former with his sword. The wife of the carpenter, trembling with fear and terror, threw herself furiously between the combatants, wrested the sword from the soldier, broke it and threw it away. The neighbors separated the men. While in this state of excitement, the woman took her babe from the cradle and applied it to her breast. In a few moments the child left off sucking, became restless, panted, and sank dead upon its mother's bosom." The child had been previously healthy.

Now, if the mental condition of the mother can change the quality of her milk, as shown by these cases, the welfare of infants demands that this subject be thoroughly investigated. It has been found by observation and experiment that a tranquil state of the mind is the most favorable for a regular and abundant supply of good and wholesome milk. Any great deviation from this state impairs its quality and renders it irritating or even poisonous. Similar results have been observed among the inferior animals. Pigs and pups have been reported as killed by sucking highly exasperated mothers.

The depressing emotions, such as grief, fear, terror, etc., fits of anger, or an irritable and fretful disposition usually diminish

the quantity of milk and render it thin, serous, acid and irritating. It then disturbs the child's digestive organs, and may induce anorexia, pyrexia, nausea, emesis, colic, enteritis, diarrhoea, or even death. The passages may become very frequent, thin, green, frothy, and acrid. In cases of great anxiety the milk is very limited, as shown by the flaccid state of the mother's breasts while watching a sick child. In some cases the secretion is entirely suspended.

Now, while the milk is so sensitive to the mental state it is by no means the only secretion affected. The flowing of tears from moderate joy, tenderness or grief, is familiar to all. It is when the sorrow is immoderate that tears do not come to the relief of the sufferer.

The saliva may flow freely at the smell, sight, or even thought of savory food. It may be entirely checked by strong emotions. In India, advantage is taken of this fact in detecting a thief among domestics. Each of the suspected persons is required to hold in his mouth a certain quantity of rice for a few minutes, and the offender is detected by the dryness of his mouth.

The gastric secretion is similarly affected. Strong emotions or excitement, as from business, pleasure, sudden unfavorable news, etc., may arrest the gastric secretion and the act of digestion—hence the loss of appetite under such circumstances. From this cause indigestion and dyspepsia are so common in those whom the excitements of pleasure or business compel to “swallow their food and run.”

Certain secretions of such animals as the skunk (*mephitis Americana*) and cuttle fish (*sepæ*) become so abundant and offensive under excitement or fear as to form an important means of defence. Fear or bashfulness strongly excited in certain persons renders the exhalations from the body of an ammoniacal odor.

Now if temporary emotions, though never so strongly excited, can produce such effects on the secretions and functions of different organs, the long continued action of such causes could scarcely fail to produce change in the structure of the tissues

themselves. If this be the case, expectant attention, or a fervent expectation of certain results to follow any given application or procedure, would become one of our best therapeutic agents, and justify the adage, "The physician does more good by his presence than by his pills." Expectant attention has been recognized as a therapeutic agent for many ages. By it many real or imaginary cures have been effected, some of which tax the fullest credulity. No doubt many of these ailments were of nervous origin, and it is well known that phantom tumors, peritonitis, and other apparently grave diseases, are but the result of innervation, irregular nervous action, or depraved imagination of hysterical and hypochondriacal patients. But these cures were not imaginary simply. The method of charming away warts, more or less familiar to all, furnishes an example of change of structure. Dr. Tuke gives the two following somewhat remarkable instances, in point :

a.) "A relative of mine had a troublesome wart on the hand, for which I used the usual remedies, but without effect. After they were discontinued, it remained *in statu quo* for some time, when a gentleman "charmed it away in a few days."

b.) "A surgeon had attempted to cure warts on his daughter's hands without success. A caller asked the girl to count them. He gravely wrote the number on a piece of paper and said, 'you will not be troubled with warts after next Sunday.' By the day named the warts disappeared, and did not return."

A very remarkable cure of a fistula lachrymalis is reported to have taken place at Port Royal. The niece of Pascal had been under treatment for some time, but without benefit. Her surgeon had appointed a day to remove some necrosed bone. The day previous, while in a religious procession, by the advice of attendants, she applied the "Sacred Thorn" to the sore, and rapid improvement resulted. This cure, being attested by the surgeon who had charge of the case both before and after the application, seems to be too well authenticated to admit of doubt in regard to the facts stated.

The cure of scrofula and chorea by the royal touch several hundred years ago must have been very fashionable. The rite

was imposing, as will be observed from the subjoined, abridged from Macauley's History of England: This was a ceremony that had come down from the dark ages, and was sanctioned by very high medical and ecclesiastical authority. The days on which the miracle was to be wrought in Great Britain were fixed at the sitting of the Privy Council. The clergy solemnly notified the people in every parish of the realm. When the appointed time came several divines in full canonicals stood round the canopy of state. The surgeons of the royal household introduced the sufferers. "They shall lay their hands on the sick, and they shall recover," Mark 16:18, being read, the king stroked the ulcers and swellings and hung round the patient's neck a white ribbon to which was fastened a gold coin. These ceremonies were followed by the epistle, prayers, antiphonies and a benediction. That such gorgeous displays in high places should powerfully affect the minds of the vulgar is highly probable, but that the clergy, and even the surgeons of those times should be strenuous supporters of such mummeries seems almost incredible. One of the royal surgeons is not ashamed to tell us that the gift was communicated to the king by the unction administered at the coronation; that the cures were so numerous and sometimes so rapid that they could not be attributed to any natural cause; that the failures were to be ascribed to want of faith on the part of the patients; that Charles once handled a scrofulous Quaker and made him a healthy man and a sound churchman in a moment; that, if those who had been healed lost or sold the piece of gold which had been hung round their necks the ulcers broke forth again, and could be removed only by a second touch and a second talisman. In an age of religious bigotry and of superstition, we are not surprised that the wretched populace, tortured by a disease over which natural remedies seemed to have no power should eagerly drink in tales of preternatural cures, for nothing is so credulous as misery. No wonder crowds of the afflicted flocked to the royal pageant, and that Charles II of England applied the healing balm to about 100,000 during his reign. In 1682 he performed the rite 8,500 times. In 1684 the throng



was so great that six or seven of the sick were trampled to death. James, in one of his progresses, touched 800 persons in the choir of the cathedral of Chester. The expense of the ceremony was little less than £10,000 a year, and would have been much greater but for the vigilance of the royal surgeons, whose business it was to examine the applicants, and to distinguish those who came for the cure from those who came for the gold.

This same principle of *expectancy* has been used with varying success to confer popularity on certain so-called systems of cure. Some of these systems seem to have flashed like meteors across our vision, but they have soon disappeared, only to be followed by others of the same class. Prominent among these may be mentioned Perkins' metallic tractors, mesmerism, homœopathy, and spiritualism. Each of these systems has had its admirers, who have ever been able to present a vast array of wonderful cures, to convince the doubting. That cures have been effected by these means all must admit. That infinitesimal doses or *mysterious passes* were the active remedial agents, is liable to serious doubt.

The homœopathic doses seemed to have worked well at the siege of Breda, in 1625. The garrison was suffering from scurvy in its severest form. The mortality was very great and the troops were disheartened. The Prince of Orange instructed the surgeons to give a few drops of a very remarkable medicine—a decoction of chamomile, wormwood and camphor—which he would furnish them—minute instructions being given as to its use. It almost immediately stopped the spread of the disease and cured many that were sick. It inspired hope.

Now, while mental emotions may contribute much to the cure of diseases they may be equally potent in causing them. The suffering of the New England people from the witches of Salem, and the fear, even unto death, of Obi, in the West Indies, are familiar illustrations of this point. The following cases are also illustrative of the same principle :

“A lady who was watching her little child at play, saw a heavy window sash fall upon its hand, cutting off three of its

fingers. She was so much overcome by fright and distress as to be unable to render any assistance. A surgeon was speedily obtained, who, having dressed the wounds, turned to the mother, whom he found seated, moaning, and complaining of pain in her hand. On examination three fingers, corresponding to those injured in the child, were discovered to be swollen and inflamed, although they had ailed nothing prior to the accident. In four and twenty hours incisions were made into them and pus was evacuated. Sloughs were afterwards discharged and the wounds ultimately healed."\*

Dr Tuke reports a case of "a lady who saw a child in whom she was much interested coming out of a very heavy gate which would probably crush the ankle as it closed. The lady could not render any assistance. She felt at the time pain in her own ankle corresponding to the one of the boy's she supposed injured. She walked home with much difficulty. On removing her stocking a circle, as if painted with red currant juice, was found around her ankle, with a large spot of the same on the outer part. Next morning the whole foot was much inflamed, and she was confined to her bed for many days."

Now, while it may require a nervous system of remarkable mobility to exhibit such extreme phenomena as these, nevertheless the mental state may have more influence over the functions of the body than we are inclined to admit. Whether it may or may not be difficult to "minister to a mind diseased," I am fully persuaded that ailments of the body are most easily healed, other things being equal, when the mental faculties are in a quiet and hopeful state. Despondency, long continued, induces innervation, possibly active disease, while "the merry heart has a continual feast."

Though my paper is already so long, I cannot refrain from suggesting some explanation of these remarkable phenomena. That they are dependent upon the influence of the nervous system seems evident, but how is not so clear. The sympathetic nerves controlling, as they do, the functions of organic life must materially modify the quantity and quality of the nutrition of the brain,

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\*Carter on the Pathology and Treatment of Hysteria.

and upon such nutrition to a considerable extent, depends the flow and coherency of thought. This is beautifully illustrated in the happy mood of after-dinner speeches and the moroseness of the famished hunter returning to his evening meal. When the nutrition of the brain becomes very excessive or very defective there may be incoherency of thought, insanity, convulsions, coma and death. Therefore the nutrition of the body or of any of its parts will be modified by the mind through the sympathetic nerves, so far as these nerves are under the control of the will—such control being indirect or slight, some other explanation is requisite.

The cerebro-spinal system of nerves which presides over respiration, locomotion, sensation and intellection, is more or less under the control of the will. The matter composing this system is of two colors—gray and white. The gray, cineritious or vesicular portion receives impressions transmitted to it by the afferent nerves, and sends these or others formed by cerebration, to distant organs by the efferent. It may possibly have the inherent power of originating ideas *de novo*. The white portion consists of two sets of filaments—one to transmit impressions from external organs or parts to the vesicular, the other to transmit impressions or sensations from the cineritious matter to external organs—hence the terms afferent and efferent nerves.

Each portion of the cerebro-spinal system is susceptible of a certain amount of tension, excitement or depression, beyond which it cannot endure and discharge its proper function. The health of a part depends very much upon the condition of its nerves. If the afferent nerves be impaired or destroyed sensation will be defective or lost: if the efferent, motion; and if the vesicular, both sensation and motion.

Under the influence of expectant attention, as in the cure of scrofula by the royal touch, there is a constant nervous stimulation, which assists digestion and assimilation. If the expectant attention forebodes evil, as from Obi or other maleficent beings, the nervous system becomes depressed, the digestion poor, the mind gloomy, and the poor deluded mortal soon suffers all he feared.

When the impressions conveyed to the ciniretious matter are of very great intensity, it is highly probable that the delicate vesicles of the brain are unable to sustain the shock, and the reflex action is suspended, impaired or materially modified. People are sometimes said to be paralyzed with fright.

Certain mental impressions or moods seem to affect certain organs or parts of the body as disease of certain organs induces or is attended by peculiar mental states. Thus, a depressed state of the mind seems to induce torpor of the abdominal organs, as disease of these organs is usually accompanied by gloomy forebodings. Merry thoughts tickle the midriff, and phthisis pulmonalis induces no fear of death.

Bashfulness, excited, induces a flow of blood to the cheeks, as is indicated by the ruddy glow; and long continued exercise under the direction of the will causes strength and development, unless such exercise be excessive, when the opposite results will be obtained. The ample muscular development of the gymnast and the brawny right arm of the blacksmith are familiar illustrations.

An opposite result may be obtained from inactivity or rest, whether voluntary or forced. A limb kept at rest for a long time, either by the will or by surgical dressing, is liable to atrophy. Innervation and paralysis produce similar results.

The healthy development and activity of a part or organ, therefore, depend not a little upon its nervousness. Such tonicity will depend upon the strength and integrity of the nerves, their connections and nutrition. Any excitation or depression transmitted from the vesicular matter will induce a corresponding influence in the organ, unless such influence be so intense as to impair the nervous integrity, when some violent change may result, as in some of the cases already reported.

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*TREATMENT OF CANCER OF THE BREAST WITH SPECIAL  
REFERENCE TO CAUSTICS AND BY OPEN WOUND.*

*By Z. HOYT EVANS, M. D., Midland, Mich.*

My early teaching from preceptor and professors (men of considerable reputation among the profession of this country at

least) in regard to the treatment of cancerous disease of the breast, was to use the knife and thus, if possible, secure union by first intention. I heartily endorse this strenuously advocated mode of treatment, provided the surgeon could always be assured of having extirpated every germ of cancerous growth, but since he never can indulge in this happy assurance, I have for certain—to me at least—plausible reasons, departed from the generally accepted mode of treatment.

As a result of my observation and experience, I am decidedly in favor of the following mode of procedure: First, in the original operation, whether by caustic or by knife, go fairly beyond the supposed limits of the diseased tissues. (My preference in first operations has always been in favor of the knife, the state of the patient's health permitting.)

Secondly. After the initiatory operation, I adopt the free use of the super-sulphate of zinc, as recommended by Prof. Tanner in his work on Practice of Medicine, for two reasons, viz: first, to arrest hæmorrhage, and secondly, to destroy any remaining diseased tissues that have escaped the knife. Although I am aware that the majority of the profession endorse Velpeau when he says: "The use of caustics neither requires a knowledge of anatomy or operative surgery," yet, I for one, am decidedly in favor of their employment in cancerous deposits of the breast.

The arguments, as they present themselves to me, in favor of treatment by open wound, are:

First. In unusually large tumours, the utter impracticability of securing union by first intention, and the feasibility of their removal by this method.

Second. Avoidance of the pressure which is necessitated by the ordinary method of securing union.

Third. Avoidance of septicæmia by allowing free exit of pus.

Fourth. The opportunity afforded the surgeon of observing the degree of success attending first operation as regards the removal of cancerous material, *and to remedy any defective results.*

At present writing I have a case of scirrhus of the breast under treatment by method here advocated.

I operated on 9th July last (although persistently discouraged by other members of the profession), removing the entire gland by the knife. The super-sulphate of zinc was freely and repeatedly applied, granulation progressed finely and the healing process is now completed. I have every reason to believe that the patient is entirely free from the disease, and if not, I feel assured her life has been prolonged, it may be for years.

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## Proceedings of Societies.

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### WAYNE COUNTY MEDICAL SOCIETY.

THURSDAY EVENING, August 10th.

The Society convened at the office of Dr. Jas. A. Brown.

The subjects for discussion were the papers read at the last meeting of the Society.

Dr. Leonard gave a *resume* of the paper he had read on cancer, but no discussion followed.

Dr. Mulheron re-read his paper on "Infant Mortality during the Summer Months," and at the request of the Society, elaborated somewhat more fully the line of treatment he pursues.

(Dr. M.'s paper appeared in the September number of the JOURNAL.)

Dr. Leonard gave a brief synopsis of cases of summer comin which he had administered salicine to good advantage, giving from one to two grains every two hours, according to age. He used this after a preparatory course (24 hours) of belladonna and ergot.

Dr. Farrand reported a case in which four grain doses of salicine acted very nicely.

Dr. Brown detailed a few cases in which salicine had done good service. Regarded it as especially serviceable in chronic cases. Looks upon it more as a tonic than as an astringent. Has combined tannin with it, but did not think this increased its usefulness. In the diarrhoea of typhoid fever he had found it of marked service.

Dr. Kerr had this year found potassium bicarb. as good as anything; gave it at meal time and followed it with a preparation of pepsin—Buntin & Armstrong's Aromatic Glycerole. This referred only to infant diarrhoea.

Dr. H. E. Smith considered a cathartic necessary when the stools were dark. He would not exclude calomel in small doses even if the stools were light.

Dr. Heaton—We are indebted to Dr. Rush for the name cholera infantum. In 1794 it was called the May disease, because it began in that month at Charleston, where it was first minutely described. Under the old regime it was attributed to malarial origin, and hence the use of calomel; considers the use of calomel good practice, his theory being the "theory of success." He has also given with good results a combination of quinia, tannin and glycerine. He always "diets."

Dr. Brown considered small doses of calomel,  $\frac{1}{10}$  grain, given dry on the tongue, of much service in vomiting.

Dr. Farrand has faith in small doses of calomel and mustard baths; after a change in the secretions has been effected, he gives astringents and alkalies.

Dr. Heaton, in reply to a question, stated that he was in the Lake Superior country several years before a run of cholera infantum occurred. He had noticed that typhoid fever in those regions was preceded by a run of cholera infantum.

Dr. Klein was in Webster in 1863, and in four months treated seventy cases of cholera infantum. His "sheet anchor" in these cases was a combination of ipecac and tannin in small doses. After the abatement of acute symptoms he gave mercurial chalk or calomel in minute doses.

Dr. Mulheron remarked that the expectant plan, accompanied by strict dietary regimen, was sometimes very successful, and concluded from this that the efficacy of the minute doses of calomel, ipecac, and other remedies was frequently rather imaginary than real, that the credit should be given the diet rather than the medicine. Dr. Flint's reported cases of acute dysentery, in which the purely expectant plan was followed, would seem to shake faith in any medicine in these cases.

Dr. Farrand thought Flint made a hobby of expectancy in everything, and rode it often to the detriment of his patients.

Dr. Rouse regarded city milk as an important factor in the etiology of cholera infantum, that it almost invariably gave an acid reaction in specimens he had tested. He had also noticed that beer-drinking women, as well as slop-fed cows, secreted acid milk.

Dr. Shurly introduced resolutions of censure on the present administration of the Society for the publicity they were giving the meetings through the secular press. After a rather warm reception, the resolutions were referred to a special committee. Adjourned.

C. HENRI LEONARD, M. D.,  
*Secretary.*

J. J. MULHERON, M. D.,  
*President.*

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September 2.

The Society met this evening at the office of Dr. Heaton. Present, Drs. Brown, Book, Borrowman, Farrand, Gustin, Heaton, Jamieson, Klein, Kerr, Lyster, Leonard, Mulheron, Rouse, Shurly, E. Smith, I. S. Smith, H. E. Smith, Sinclair, P. Stewart, Tiffany and Yemans.

Prof. Armor and Dr. Lundy being present, were introduced to the Society.

Dr. Leonard exhibited a specimen of a tumor taken from the fat of pork. Macroscopically it looked as if a beard of two days' growth had been shaved from the face and interspersed between the fat cells. None of the characteristics of fibrous structure were present. Each particle resembling to the naked eye the whisker stub, was found, on a microscopic examination, to be a mass with apparently but a limiting membrane, of dark, polygonal nucleated cells, similar to melanotic carcinoma, and granular pigment particles.

Dr. Kerr exhibited the heart of a cyanotic infant twelve days' old, in which the foramen ovale and ductus arteriosus



were pervious. In the former no apparent attempt at closure had taken place.

Dr. Leonard detailed a case in which a female lived to the age of eighteen before succumbing to this pathological condition.

Dr. Farrand narrated a case of intermittent cyanosis, in which soon after birth the symptoms became very marked, but gradually improved; and the child finally apparently completely recovered. At three months of age, during an attack pertussis, the cyanosis returned, but subsequently subsided. The child is now eleven years of age and seems perfectly healthy.

Dr. Heaton had made post mortem examinations on two cyanotic subjects, and in each found ossification of the pulmonary arteries. Both died at three months of age.

Dr. Kerr remarked that the lesion was regarded by Smith as cardio-pulmonic, and that there was either an admixture of arterial and venous blood, or an obstruction to, through or from the lungs.

Dr. Yemans read a paper on synovitis, and detailed a case in which he attributed the inflammation to a syphilitic taint. In this case amputation became necessary. No nodes were found on the tibia. There was nearly a quart of pus in the joint.

Dr. Mulheron referred to two cases with a somewhat similar history, reported to the Washtenaw County Medical Society by Dr. Smith, of Ann Arbor, in which rheumatism was regarded as the cause.

Dr. Farrand called attention to the unusual mortality among infants in the eastern cities. In this city he had found fewer cases than usual, and had found these to be very amenable to treatment. He requested the experience of the Society on this matter.

The members generally corroborated Dr. Farrand's experience.

Dr. Smith reported a case of purulent ophthalmia he had recently treated, in which the cause was attributed to auto-inoculation from the vagina and rectum. Patient was about three years of age, and had pin-worms. The ophthalmia was yielding to nitrate of silver, 10 grs. reduced to 4 grs. to the ounce.

Dr. Rouse reported a sudden death following a normal con-

finement on the tenth day after delivery. At the breakfast table the woman was seized with thoracic pains, and immediately expired. There had been no indications of phlegmasia dolens or other inflammatory trouble. Regarded the cause as heart clot.

Dr. Leonard referred to a case of occlusion of the left carotid artery from embolus he had seen in the N. Y. City Hospital. Symptoms had been similar to those reported by Dr. Rouse, with the exception of a slower recovery after confinement. Death occurred on the 20th day. He also referred to cases reported by Simpson.

Dr. Lyster referred to a case in which there had been slight phlegmasia dolens; the woman fell from her chair, was picked up and laid on her bed, and expired within five minutes. He attributed death to embolus of the pulmonary artery.

Dr. Stewart referred to a case which occurred four years ago in this city, in which the embolus was in the internal carotid. The pain was referred to the head.

Dr. Armor referred to cases of this nature reported by Meigs, and stated that this was the first observer to bring the etiology prominently before the profession of this country. He regarded cardiac thrombosis as the most common cause of these sudden deaths. Last year in the wards of Long Island College Hospital there were three sudden deaths from this cause, two of the patients, having pneumonia. Each was in a fair way for recovery when death suddenly occurred. The autopsies showed clots in the pulmonary arteries.

The doctor related a case in which he had diagnosed intercranial pressure from hæmorrhage, the patient having fallen from a height. There was hemiplegia, and the prognosis was pronounced very grave. On the third day, however, the paralysis left the arm, and within eight days the man was discharged well. Instead of pressure from hæmorrhage having been the cause of paralysis, as diagnosed, the doctor thought it must have been thrombosis in the circle of Willis, and that a collateral circulation having been established, the paralysis was removed.

Dr. Smith related a somewhat similar case to this which he saw in London. He also saw a similar case in Saginaw last win-

ter. The ophthalmoscope in the latter case revealed dilated veins, but attenuated arteries, thus pointing to cerebral thrombosis.

Dr. Farrand reported a case as occurring in his practice, in which the patient was recovering from pneumonia. He had been warned not to get up, but, disregarding the injunction, he arose to micturate, and fell over on his bed and immediately expired. He attributed the death to embolism.

Dr. Armor then spoke of the reference in Ziemssen's *Encyclopedia of Medicine* to pulmonic thrombosis as being the frequent cause of lobular infiltration in typhoid fever.

Dr. Stewart remarked that since mercury had fallen into disuse in the treatment of pneumonia, he thought these cases of thrombosis happened more frequently, and questioned the policy of not using mercury to secure its defibrinating influence.

Dr. Lyster thought that under the present treatment, the percentage of recovery from pneumonia was much larger than under the old mercurial defibrinating plan.

Dr. Klein, chairman of committee to whom was referred the resolutions of censure introduced at last meeting, reported in effect, that while the committee did not sanction reports of the Society's meeting in the secular press, they did not recommend such an extreme measure as censure on either the administration or individuals for causing or allowing such reports or papers to be thus published. They would, however, severely condemn any member for being instrumental in having reports of his cases appear in the public press. The report was amended to provide that papers read before the Society, and of public interest, should be published in daily papers but with the Society's consent. The report as amended was adopted, and the committee discharged.

C. HENRI LEONARD, M. D.,

*Secretary.*

J. J. MULHERON, M. D.,

*President.*

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## Correspondence.

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DETROIT, Sept. 29, 1875.

*To the Editors of the Peninsular Journal of Medicine :*

GENTLEMEN—We have been interested in common with a majority of the medical profession, in the recent establishment of homœopathy in the University of Michigan.

The professors in the medical department who have, for more than twenty years, in many a hard fought campaign and closely contested field opposed its introduction, are entitled to our warmest sympathies and kindest consideration. Year after year, assisted now and again by medical men in the several Legislatures, they have, by argument and by personal solicitation and intervention, as well as by lectures, and letters and pamphlets, prevented legal recognition and deferred until to-day, the present unfortunate state of affairs.

For the present, at least, homœopathy, it is to be presumed, will be taught in and will form one of the colleges of the University. Whatever claims it may possess, entitling it to such special recognition over equally prominent beliefs, such as medical spiritualism, Thompsonianism, eclecticism, hydrophathy, and permitting it to be embraced within the curriculum of a university, is something which it is now useless to discuss.

The College of Homœopathy has been instituted, and we can learn from official sources whether or not the dogmas of Hahnemann are still in vogue.

Up to the present writing we have been so constantly disappointed in the diagnosis as well as in the treatment, whenever we have had occasion to follow physicians of that school in the care of patients, that we have long since concluded that not only was their pathology unknown to us, but that the proclaimed dogmas "like cures like" and "the strength of medicines increase in ratio to the diminution of their physical properties," had been discarded, and were only remembered by those who desired to throw ridicule upon the scheme. We acknowledge that we

have been hitherto unable to harmonize with the teachings of Hahnemann the free use of the C. C. pill of the U. S. P., or of three grain quinine pills, or of one grain iodide of mercury pills, all of which we have personally known to have been prescribed by those professing to the people to be physicians of that school,

We have been unable to harmonize with their theory of potencies the fact that when called upon to treat syphilis or malarious fevers, or to anæsthetize patients, they have been forced to resort to the experience of regular medicine, which has been built up by rational observation and scientific investigation.

Opposition and sympathy, each potent influences among a people indelibly stamped with a desire to see fair play and to afford equal rights to all, are now no longer effective elements by which to attract public attention, for the reason that State recognition, a desideratum in all countries, apparently more earnestly sought after by them than any advancement of medicine in the line of new facts, has been accorded. Their candle is no longer hidden under a bushel, but it has been placed upon a candlestick, and will enable us to see what material they possess of which we are not now cognizant.

Why and in what respect the establishment of a College of Homœopathy in the University should affect the College of Medicine and Surgery, is a question which has caused not a little anxiety to the many well-wishers of the latter institution, included among whom are especially recognized the medical practitioners of this State, and all within the limits of the Northwest.

Some propose that the present faculty should immediately step down and out. This action on their part would at once result in the appointment by the regents of another faculty, who, without the experience of the present, and less known in professional circles, would damage the school more than would the intimate relationship with which it is now placed in regard to the Homœopathic College.

In what respect, then, would we be better off by the resignation of the faculty of medicine? It is hardly possible that the

idea is seriously entertained of discontinuing the department of medicine and surgery, of breaking up a flourishing school with the reputation for sound teaching which twenty-five years has earned for it? It is the doctrine of the Commune to break down and destroy, but it is the part of good order to preserve that which is good, until you can substitute something better in its place.

For the reason that the politicians have been log-rolled, until they have diverted from the public treasury moneys to be paid for the propagation of peculiar views at the University, is no reason why the College of Medicine should be discontinued any more than the department of chemistry or natural science. Regular medicine is being erected upon the foundation of science; it is tenacious of no theories, holds to no hobbies, all the material which enters into the permanent superstructure must be proved by observation, and must satisfy the reason.

There is no appeal to the credulity of the people, there is no faith demanded; all that cannot pass the experimentum crucis of scientific analysis is not of it. Why, then, should the beautiful temple which has been building during a quarter of a century, and whose foundations have been so well laid, be abandoned, particularly at this moment when scientific research is met by fantastic theory, reason by faith, and accurate observation by provings appealing to the imagination?

We believe that we reflect the sober second thought of the profession when we say "don't give up the ship." The State Medical Society said this when it passed the resolutions recommending the Faculty to stand up for the profession by advancing the standard of preliminary requirements, and to lengthen the term of study. Those who were in favor of the registration of the profession and the formation of an examining college, favored by their action the continuance of the Faculty at their post. View it in whatever light may be thrown upon it, any other action would be regarded as absurd and ridiculous, and would serve only to bring discredit upon the profession at large. The fact that the regular Faculty are to teach the homœopathic students anatomy, physiology, chemistry (including pharmacy

and toxicology), obstetrics and surgery, and will require them to pass a thorough examination upon these the most important, in fact fundamental, branches of medicine, will open the eyes of numbers of students to the actual value of the various isms and eccentric theories of medicine, and will gather into the graduating class many who did not enter the fold by the door; and will leave to those who will not see, no matter how much light may be thrown upon them, by the acquisition of true knowledge, the horn of the dilemma which remains when that called ignorance has been removed.

The medical Faculty are now where they will do the most good. Scientific teaching can not fail; the effort to analyze all information and bring it within the boundaries of reason and rational observation, can not be overcome by any theory, however plausible, which can not be subjected to the same proof. The human mind is very credulous, and the mysterious has a strange fascination for it, but in the course of years it comes back to the right path, enlightened by examining the very errors it has found so delusive. Homœopathy will be left in time a stranded wreck upon the shore, in company with the many which may be seen along the stream of time which reaches us from the days of Galen.

The "autumnal outbreak" of censure and captious criticism may be annually expected about the ides of September, the season when medical students are known to migrate, but it will not have weight with those who have looked the situation in the face, and will not, we hope, cause the faculty, who are our representatives, to hesitate in the road which duty to the profession demands of them.

Let them oppose the ingenious and insidious sophistries of error; let them, depending upon the soundness of their position and the invulnerableness of rational and scientific work, stand up and proclaim the truths of science to the world, as the prophet of Israel stood up among the prophets of Baal, and before the hosts of the children of Israel and called upon the Lord and said, "and the God that answereth by fire, let him be God."

H. F. L.

NORTH NEWBURG, Sept. 26, 1875.

EDITORS PENINSULAR JOURNAL OF MEDICINE.—The following case presents some peculiarities, both in regard to the symptoms and the treatment employed, which may vest it with interest to the readers of your journal.

June 20th, 1871, I was called to see a young lady, a member of one of our best families, whom I found on my arrival in a state of coma. I learned from her mother that she was subject to paroxysms which were followed by the comatose condition. During these attacks she became quite dangerous, so much so that the members of the family were apprehensive of their lives. These "mad spells" had been occurring with increasing frequency prior to my visit, she having an attack once or twice a week, whereas a year ago they had occurred only once or twice a month. For days preceding the attack she would remain closely confined to her room. During the paroxysm she would rave and run wildly from room to room, sometimes almost nude, and would passionately embrace and hug anyone who happened to come in her way. I watched the patient until appearances of consciousness returned. She opened her eyes, sighed frequently, turned lasciviously in her bed and indulged in the most libidinous gestures and speeches. She appeared very much exhausted. I left her a soothing anodyne, and requested to be called as soon as she had fully regained her right mind. I was called the next day at 10 A. M., and found my patient a young lady aged 22, rather pale, well educated and very refined in her appearance. I had a long conversation with her, during which her mind would occasionally wander. I learned from her that she had during the last five years been addicted to masturbation, to which was attributed her reduced condition and the fearful train of attendant symptoms.

The case was to me one of extreme interest, and I was none the less anxious to effect a cure, from the fact that she had been under the treatment of several M. D.'s of the little pill persuasion, who had attributed her troubles to the liver. Regarding the clitoris as the seat of pleasure during coitus, and judging it to have been rendered preternaturally sensitive through the indul-



gence of a vicious habit, I proposed the extirpation of that organ with a view to overcoming the nymphomania. The reply of the young lady was, "I will submit to anything rather than live the life I do." I accordingly removed the organ with a bistoury, restraining the hæmorrhage, which was profuse, by the use of the actual cautery, The operation was followed by a complete cessation of the aggravating symptoms, and complete recovery of health. I regard this case as unique, and would ask the experience of your readers in similar cases.

Yours truly,

J. B. SULLIVAN.

*WILL THE EDITOR EXPLAIN?*

EDS. PENINSULAR JOURNAL OF MEDICINE:

*Dear Sirs*—In the September number of the *Detroit Review of Medicine and Pharmacy* there appears a vituperative editorial (altogether too much so, considering its author's short-comings) under the caption of "Medical Notoriety-seeking." In this, the editor (to use his own words) arrogates to himself the duty of "exposing a certain species of *quackery* within our ranks, and unmasking the *subtle charlatans* who *plan it*." After a considerable "slopping over" of an article copied from the *secular* press (from motives best known to him he does not give credit to the *secular* press that furnishes him his able (?) editorial in question) he goes on to say that "another objectionable mode of advertising is by causing the publications of the times and places of the meetings of medical societies," etc., ending with "all this could and *should* be conveyed to the members interested by private notices through the mail." (Italics are mine.)

Will this editor now, as a matter of courtesy, EXPLAIN the "whys and wherefores" of the publication of the meeting of a medical society of which he is a member, and of which his journal is the organ—the members of the society being mostly made up of that mutual admiration society, the "D. M. C. association," at least they fill all the offices—in the columns of the secular press after their last meeting, the daily papers giving the

time and place of meeting, each of the officers elected, etc.? Verily, "all this could and SHOULD be conveyed through the mail."

One of the editors of the *Review* was secretary of the meeting; no reporters were present (they would not have been allowed, judging from this able editorial, at least in open sight) and so it is a mystery how all this came about. The president of the meeting has of late been very forward in having a sister society "put to the rack" for doing the same thing that the editorial condemns, and that his society has just now indulged in.

If they have any "subtle *charlatans* in *their* midst," why the best thing they can do for the 'onour of their society and the dignity of the profession, at home and abroad, is to "out with them." The good work they have inaugurated by their unselfish interest in the workings of other medical bodies should now be continued by purging out all that is unclean within themselves, even if it takes the last member to do it. I for one am for upholding the true dignity of the profession, and any "professional upstarts" and "masked charlatans" that are wolves in sheep's clothing (or, asses in lions' skins may be a better simile in their case) among us, I want to see flayed of their pretentious clothing. As the *Review* has so delightfully "put its foot in it," I, for one, would be delighted to see it put its foot *on* it—this hydra-headed monster that it has so officiously assumed to slay with its Herculean pen-jabs. Consistency is a jewel; and people in glass houses shouldn't throw stones, even if they *are* members of that great scratch-my-back-and-I-will-scratch-yours fraternity, that assumes to itself *all* advertising prerogatives about this section of the country. In other words, Mr. Editor, I want whatever is sauce for the goose to be sauce for the gander, even if it does savor of *quack-ery*.

Yours,

JUSTICE.

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## Selections and Translations.

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### *MASSAGE.*

Massage, or, in plain English, shampooing, has long been a recognized procedure in medical treatment, though until lately it has seldom been employed in a careful or systematic manner. The quacks, "bone setters," "rubbers," and the like, have enjoyed nearly a monopoly of the practice until recently, when the subject has been brought once more to the notice of the profession in a series of able articles in foreign journals.

It is the aim of the present communication to give, in a succinct form, some account of the various methods of employing massage, the diseases in which it has been found the most efficacious, and the different modifications of the procedure most applicable to each class of affections. The writer is indebted for most of the facts embodied in this article to an admirable *resume* of the recent literature of the subject by W. Berger.\*

The various manipulations included under the term "massage" (to knead) comprise stroking or friction (*streichen, effleurage*); rubbing (*reiben, massage a friction*); kneading, (*kneten, petrisage*); percussion (*schlagen, klopfen, tapotement*). Any of these may be employed separately, or several in conjunction.

The first, stroking, is performed by passing the hand gently and slowly over the surface desired to be acted upon, the flattened palm pressing against the skin, and the motion being in a direction from periphery to centre—that is, in the direction of the venous and lymphatic currents.

Rubbing is a form of massage more frequently employed than stroking: it is similar in every respect, excepting that the movements are more vigorous and are not confined to a single direction. Previous to rubbing, all hairs should be removed from the part to be operated upon, lest irritation and the formation of acute pustules should result, which, of course, would

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\* Schmidt's Jahrbucher, Bd. clxvi., 1875, p. 158.

put an end to massage for the time being. Fat or oil is sometimes used with advantage in rubbing, and the fingers should be made to follow all the inequalities of the surface, being employed with an amount of force considerably greater than that used in stroking. Rubbing should be practised with both hands simultaneously; one may be moved in a horizontal or circular direction, while the other is impelled vertically. Perfect quiescence of the part operated upon is not necessary nor even desirable.

Kneading is performed by seizing the part in the hand, raising it from the subjacent tissues, rubbing, rolling, or kneading it between the palms, or moving it to and fro on the parts beneath. These movements are to be alternated at times with brisk friction of the surface.

Under favorable circumstances, massage should be practised twice daily, with an interval of three to four hours between the manipulations. More frequent use of the method is sometimes advisable, but is prevented by want of time. The length of time occupied by each "sitting" may vary from six to ten minutes on an average.

Massage, when used for the first time in a case, may give rise to more or less pain, which, however, ceases with the completion of the sitting. The feeling ordinarily experienced is that of general warmth, pliability, and invigoration of the part operated upon occasionally; while the skin is reddened, its temperature increased, and occasionally blue, green, or yellow discoloration is noticed. This discoloration does not in any way affect the progress of the case, and, in fact, disappears after repeated manipulations.

Among the advantages claimed for massage are these: it promotes absorption of effused material, accelerates the circulation, assuages pain, and reduces temperature.

The rationale of its effect in these directions may be explained, at least in part, as follows. Stroking and rubbing from the periphery towards the centre lead to a direct pressure upon the interstitial lymph canals, and thus aid in carrying away the products of effusion. In addition, an increase in the rapidity of

the vascular current is gained, and the rubbing excites the nerves (at least at first) in such a way as to cause contraction of the blood-vessels themselves. When the inflammatory process has gone a step farther, and stasis exists to a certain degree in the arteries, the stroking movement first arrests the flow for a moment and sends the arterial current backward, while accelerating that in the veins. Then, when this momentary pressure is removed, the vessels are filled again, the blood moved by *vis a tergo* overcomes the stasis, and the circulation becomes more active. Towards the end of the sitting a certain amount of hyperæmia of the vessels in the manipulated parts of course occurs. This, however, never amounts to actual stasis, since exit is made easy through the thoroughly emptied capillaries and veins, the muscular movements usually made by the patient after the manipulation aiding directly in promoting absorption. A more active circulation being now established in the whole vascular region, the capacity of the capillaries is increased, and absorption is also aided by diffusion. Massage also brings about absorption by its direct influence upon the lymphatics and capillaries: the swelling in the affected part goes down, the sensory nerves are freed from the tension and pressure to which they had been subjected, their irritability is abated by further manipulation, and the temperature of the locality operated upon is lowered.

In chronic inflammations, particularly in and about the joints, vigorous circular rubbing comes into play in addition to that from periphery to centre. This crushes the newly-formed blood vessels in the hyperplastic tissues. The fluid portions of the extravasation being drained away by the pressed-out veins and lymphatics, the more solid portions deprived of nourishment proceed to retrograde metamorphosis, and are also gradually absorbed. The characteristic fungus granulations of chronic joint-inflammation are removed in a similar manner. Thus the active circulation kept up not only by frequently-repeated manipulations but also by active muscular movements aids directly in causing absorption of effused material.

The various manipulations of massage act directly upon the

nerves, causing at first increased sensibility, later diminishing this so that it may act in allaying morbidly increased irritability of the nerves.

The various manipulations connected with the procedure under consideration act directly upon the muscles. For the excitation of contractions in paretic or paralyzed muscles stroking and percussion are important means, and kneading has been proved to act powerfully in increasing the vitality of paralyzed and atrophied muscles.

The indications for massage are found principally in those conditions of disease in which hyperæmia, extravasations, exudations, hyperplasiæ, condensation and thickening of the tissues, or adhesences between sinews and their sheaths, exist. Especially is massage indicated when the products of inflammation are such as may enter the circulation without prejudice.

In diseases of the joints, it is particularly useful in the acute and chronic forms of synovitis, inflammations and extravasation in the neighborhood of joints and contractions, so long as these do not depend upon bony ankylosis. Among diseases of the muscles, it is particularly indicated in inflammation and rheumatic affections.

Among nervous affections, it is particularly indicated in neuralgias and paralyzes of peripheral origin; in these massage has been proved most useful.

Massage has been used in dyspepsia to give tone to the muscular walls of the stomach, and to increase its secretion. It has also been employed with success in skin-diseases, accompanied by exudation and thickening of the corium, and finally in the formation of abscesses and mastitis.

Massage offers no prospect of success when the pathologico-anatomical nature of the morbid change itself places an invincible hindrance to the attainment of a favorite result. Thus, in diseases of the joints involving the bones or cartilages, primarily or secondarily; in ostitis, osteomyelitis, or arthritis deformans; in the later stages of ankylosis with enlargement of the bones or organized connective-tissue growth; in disease of the joints with fractures, either extending into the articular cavity itself or

in its immediate neighborhood, and in affections of the joints attended with suppuration, it is naturally contra-indicated. Further, in advanced muscular atrophy of central origin, in neuralgias of central origin or dependent upon constitutional causes, nothing can be done by local treatment.

The general condition, also, may contra-indicate massage under certain circumstances; in many complicated acute and chronic diseases an improvement of the general condition must first be awaited before massage can be employed.

The indications for the use of the several manipulations are different according to the method of action of the latter.

Stroking aids in the removal of lymph and inflammatory products by the vascular system. It is, therefore, useful in acute cases; for instance, in acute synovitis with recent inflammation of the soft parts, especially if these are red, swollen, hot and sensitive. Occasionally in using stroking it may be necessary to continue the manipulations one half to one hour, though a shorter time suffices in most cases. Under the influence of the operation the pain usually diminishes, and the swelling and heat subside. In chronic cases demanding the more violent use of other manipulations, stroking may be employed towards the end of the sitting to guard against the swelling so apt to follow a severe rubbing.

By means of rubbing, newly-formed vessels are crushed and the tissues placed in a position to react actively, the circulation aroused, and absorption aided. It is principally indicated in chronic synovitis and perisynovitis, effusion into the sheaths of the tendons, chronic infiltration of the muscles, and similar affections.

Kneading is to be employed in inflammatory swelling of the muscles, in chronic muscular rheumatism, in "ischias," where the muscles in the neighborhood of the nerve are often affected; also in fatigue of the muscles, in order to avoid the occurrence of myositis.

Percussion is used at times for the purpose of exciting nervous action, at other times with a view to allaying it. In neuralgia this form of massage may be employed with the aid of a percussion-hammer of rubber or ivory.

It is easily understood that the particular kind of massage to be used in one case or in one class of cases may be quite different from that which would be appropriate under other circumstances. Thus, in articular affections the lighter methods are to be used when the trouble is an artificial one, the more forcible methods when, as in hip-joint inflammation, the disease is deeply seated.

The soft tissues about the diseased joint in articular affections must also come in for their share of manipulation, for by this means the neighboring vessels will be influenced, partly in a direct manner as heretofore described, partly in an indirect manner through the vaso-motor nerves.

In the treatment of articular affections massage is superior as an instrument of resorption to the bandage, for the latter compresses the subcutaneous veins, causing stasis and even œdema, while massage does not allow of stasis. It was formerly believed that massage could only be used in chronic articular affections; but it is now known that the milder methods may be used to advantage even in acute cases.

Massage has been found useful in acute and chronic synovitis serosa, and in perisynovitis. In the hyperplastic forms of synovitis it is to be used in a more forcible manner, particularly when the perisynovial parts are much thickened.

In these cases the rationale is, according to Kior, as follows: The newly-formed connective tissue changes into cicatricial tissue; by the contraction of the latter the lumina of the newly-formed blood-vessels are closed, their walls become atrophied, the more remote vessels are more or less emptied of their contents and their elastic walls contracted. At the same time, by continued manipulation the thinner blood-vessels are crushed. Of course, manipulation so rough as to produce this effect involves a certain amount of acute inflammation and exudation, but the latter is rapidly absorbed, while the torn vessels become atrophied. It is understood that in manipulations of this kind care must be taken not to excite too much inflammation. This may be avoided by only operating upon a portion of the diseased structure at any one sitting.



sons it undoubtedly must prove a valuable adjuvant in many cases of chronic and intractable disease. It should, however, be taken entirely out of the regions of charlatanism, and intrusted only to those educated to use it rightly. There is a certain amount of physiological and anatomical knowledge necessary for the employment of the method, but not more than can be acquired by a skillful and intelligent nurse; and it is to be hoped that in time the ability to perform massage will be one of the recognized accomplishments of a properly-educated attendant upon the sick.—*Phila. Med. Times.*

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*ABSTRACTS OF THE MORE IMPORTANT PAPERS READ  
BEFORE THE BRITISH MEDICAL ASSOCIATION.*

**RHEUMATIC FEVER AND ITS TREATMENT.** By Jas. Johnson, M. B., Birmingham.—The author brought forward for consideration, with regard to the causation of rheumatic fever, the non-conversion of starchy food into glucose, in consequence of irritation from improper food, or from exposure to cold and damp, and the conversion in the cæcum of the undigested starch into lactic acid, which, being absorbed, produced the phenomena of the disease. In regard to the treatment to be observed, he advocated the use of bicarbonate of soda given in enema, instead of potash. In twenty cases so treated, the temperature had gone down to below the normal state in the course of seven days.

**REMARKS ON WHOOPING-COUGH AND ITS TREATMENT WITH CARBOLIC ACID VAPOR.** By Robert S. Lee, M. D., London.—Dr. Lee directed attention to the very slight variation in the annual mortality from whooping-cough, to its widespread geographical distribution, and to the results of various kinds of treatment. The conclusions which he deduced were the results of observation of six hundred cases, and the most important remarks were connected with the rise and fall of the disease at the first or second quarter of the year, and the frequency with which the disease was not diagnosed on account of the absence of the laryngeal spasm or whoop. The use of carbolic acid was recommended, as proving more satisfactory than any other kind

of remedy ; and the method of administering it in the form of vapor, by means of the steam-draft inhaler, was explained. A solution of one part of carbolic acid in ten of water was kept as a standard for mixture, in the proportion of two drachms to four ounces of water. This was introduced into the inhaler, and every four hours its vapor was inspired for ten minutes or a quarter of an hour.

**NITRIC ACID AS A CAUSTIC IN UTERINE PRACTICE, AND ITS SUPERIORITY AS SUCH TO NITRATE OF SILVER.** By James Braithwaite, M. D.—Nitric acid is the caustic which, of all others, is the best adapted for use in cases of chronic inflammatory disease of the os and cervix uteri, resulting in erosion or ulceration. Nitrate of silver is inefficient, and requires frequent re-application to atone for its defects, both in degree and in the nature of its action. Nitric acid, on the other hand, acts as a caustic in these cases with certainty, and neither does too much or too little. Its application is productive of little or no pain ; and, when it has once been properly applied, in some cases, no further speculum-examination is required—such reliance may be placed upon its effects. If an examination be made, which is always better, it need only be after an interval of a month, and then the acid may be applied again to any spot which appears to require it. The resulting sore has a very strong tendency to heal, and does so, partly by contraction, and partly by fresh formation of mucous membrane, which is not cicatricial in appearance. The contraction is greater than follows the application of any other caustic, and is the very thing required to insure the permanence of the cure. The contraction in cases of cervical catarrh is only contraction to a healthy size of the canal, provided the acid is used with proper care. The peculiarly lasting and permanent action of nitric acid enables us to do away with the repeated speculum-examinations, so distasteful to both patient and surgeon, and gives the latter a feeling of confidence of success which he cannot have with any other caustic.

**ON THE MANAGEMENT OF THE LYING-IN WOMAN.** By Thomas Whiteside Hime, B. A., M. B.—Dr. Hime began his

by stating that the old and still established theory which presents the lying-in woman as being in a state similar to that of a person after a serious amputation, the uterus being compared to the part operated on, is unscientific and untenable. Parturition is a physiological process, the fulfillment of a natural function, and has no analogy with an operation which is an interference with function. Amputation, whether the result of disease or accident, involves consequences which have no analogy in the process of parturition. The uterus after labor is no more comparable to a stump after amputation than the uterus is before or during menstruation. After natural labor (to which Dr. Hime's paper chiefly referred) there is nothing comparable to the shock following a major amputation; there is no fever, no depression of secretions, no suppuration, or, if pus be present, it is not derived from the uterus at all, but from the vaginal or external genitals, in the great majority of cases.

The significant rise in temperature, from 0.5° C. in multiparæ, to 3° C. in primiparæ, is due to normal physiological, and not to morbid action, being the effect of muscular exertion, increased activity of the lungs, liver, and other organs, when relieved from the pressure of the gravid uterus, and is only fleeting. Milk secretion is far more talked of and written about than seen, and is a frequent occurrence. The rise in temperature which accompanies the commencement of mammary activity is slight, temporary, and unaccompanied by mental depression or constitutional disturbance of any kind. Operations performed immediately after labor will yield kindly, of which Dr. Hime related several instances in his own practice. Regarding parturition as a normal physiological process, Dr. Hime urged the importance of a de-alteration in the common mode of treating lying-in women and confining them to bed for ten or twelve days on a quiet diet, the ordinary puerperal dietary being such as would naturally not be given to any patient after amputation. He

recommended that water-gruel, barley water, tea, and dry toast, should be abandoned for milk, eggs, good soup, chickens, and other digestible meat, to be given from the first, and, of course, in quantities suitable to the conditions of individuality, want of ex-

ercise, etc. Stimulants are decidedly injurious, except in special cases. It is often urged that, as a large amount of waste uterine tissue, etc., has to be got rid of, low diet should be adhered to; but milk has also to be secreted, and, any how, health and vigor will promote excretion and the performance of all vital functions better than a state of debility. Opiates, ergot, and other drugs should only be given under necessity. The child should be applied as soon as the mother's state permits; if there be no milk at first, only for a minute or so, to encourage its secretion, and the involution of the uterus. The binder is more of an euthanæsia than a benefit after the first twelve hours, but not so the early removal into a fresh bed, and room, if possible, and this may be done within forty-eight hours. The woman may sit up in bed for a short time from the first, a continual maintenance of the recumbent posture for ten or twelve days being as injurious as it is unnecessary, and most patients may be on the sofa on the fourth or fifth day. Above all things the medical attendant should see that his directions are carried out, and not trust they will be so, especially as to the speedy removal of soiled linen, etc.; not that its presence, any more than the neighborhood of privies, want of ventilation, etc., will *per se* develop metria any more than typhoid; otherwise eight or nine tenths of lying-in women must inevitably suffer from it, a result equally certain if medical men could convey the germs of disease with them as readily as is assumed. Cleanliness and ventilation always tend to preserve health and check disease, but they are no more needful for the lying-in woman than good nourishing food. After natural labor a woman is not in a diseased state, and the maintenance of health and vigor will be the most successful means of averting all risks.

ON DYSMENORRHŒA. By Mrs. E. Garrett Anderson, M. D.—  
 In this paper, Mrs. Garrett Anderson discussed the following questions:—1. How far is the mechanical theory of dysmenorrhœa supported by facts? 2. What is the relation between mechanical or obstructive dysmenorrhœa, and the so-called neuralgic, congestive, and rheumatic forms of the complaint? 3. To what extent ought the mechanical theory, if we accept

it, to guide our treatment? With regard to the first question, Mrs. Garrett Anderson agreed with Dr. Marion Sims and Dr. Barnes, that the essential cause of dysmenorrhœa was retention of the uterine secretion. This view was supported by the curative influence of parturition. The author differed, however, from Dr. Sims when he denied the existence of constitutional dysmenorrhœa; for in a large number of cases the retention might depend on a constitutional condition. The anæmic, congestive, and rheumatic forms of dysmenorrhœa were commented on; also that dependent on uterine flexion. Mrs. Garrett Anderson did not believe in neuralgic dysmenorrhœa, as the term was commonly understood. The form thus described might depend on obstruction, or on abrasion of the os, with endometritis of the cervix or fundus. Cases of ovarian origin were believed not to be common in early woman, not to be often primary. "Intermenstrual" dysmenorrhœa was not dysmenorrhœa at all, and was probably due to ovarian congestion. In regard to the treatment, Mrs. Garrett Anderson pointed out that there were facts which seem to indicate that, in accepting the mechanical theory of dysmenorrhœa, it is not necessary to adopt in the first instance, and in most cases, a mechanical line of treatment. Various constitutional conditions frequently gave rise to obstructive dysmenorrhœa, which could often be removed by constitutional measures.

NEURALGIC DYSMENORRHŒA. By Charles R. Drysdale, M. D.—The author thought that a salutary revolution was now setting in against the surgical doctrines held by Dr. Marion Sims and others upon dysmenorrhœa and its causes. Dr. Drysdale very rarely, indeed, witnessed any case where he had found any service to arise from operations on the uterus; whilst he had seen some cases of pelvic abscess and pelvic peritonitis occur from such interference. He was lately consulted by a patient, single, aged thirty-two, who had suffered from the age of sixteen from dysmenorrhœa, and who, on consulting two eminent specialists, was advised by the one to have recourse to incision of the cervix, and by the other to wear a pessary. In this case the uterine sound passed in its normal direction without difficulty,

with the diseased surfaces, and the products which play the *role* of ferments which they furnish. Acrid, acid and putrid substances result from this alteration, and increase the inflammation of the stomach and intestines.

These compositions may be artificially produced by immersing animal membranes, a piece of typhoid fever intestine, for instance, in a saccharated fluid. Alcoholic fermentation immediately commences, and in a regular course follow the acetic, lactic, or butyric, and putrid fermentations. These take place at the ordinary temperature; how much more rapid must they be in the diseased digestive passages where the temperature is so elevated!

By simply depriving the patient of food and sweetened drinks, this cause of irritation is suppressed and the ferments are destroyed by inanition, their natural aliment being cut off.

The present method is applicable to the various cases of acute enteritis and especially typhoid enteritis. In the hands of Dr. Luton the exclusive use of cold water as a drink, united with a vigorous diet, has become the best treatment for typhoid fever itself. The putridity, the subsequent adynamia, the visceral congestion, the sloughs of the sacrum and the fuliginous conditions of the mouth, all cease as if by enchantment, whatever may be the theory.

The indications which may arise in each case should be fulfilled. Thus, at the commencement, if there should be much gastric trouble, an emeto-cathartic should be prescribed; in the pseudo-intermittent stage, quinine; a fatiguing cough is checked by bromide of potassium in cherry laurel water. As the general condition of the patient improves the diet may be gradually improved. Give at first milk in small quantities, then broths, and at last meats and wine, if no relapse occur.—*Mono. Med. and Trib. Med.—N. Y. Med. Journal.*

#### CHLORAL.

G. Leonardi (*La Nuova Liguria Med.*, XXI, 1874), abstracted in *Allg. Med. Central Zeitung*, offers the following general conclusions in regard to this drug:

1. Beneficent as is this agent, it cannot be denied that it is sometimes mis-employed. More than 2,200 pounds are annually used in the city of London.

2. The unfavorable results from the use of this remedy, so far observed, are not to be laid to its account, but to the indiscretion of physicians who, without regarding the physiological, therapeutic and toxic action of this drug, employ it indiscriminately in the most diverse affections.

3. The contradictory opinions among physicians as to the drug, are due to the fact that the researches and observations so far made are insufficient. We do not yet possess any certain information as to its indications and contradictions.

4. Chloral hydrate acts first as an excitant and second as an anæsthetizing agent, acting as such particularly on the cerebral centres. Its action is rapid and constant, depending on the more or less good composition of the preparation used, and on the idiosyncrasy of the patient.

5. It can be administered either by the mouth or by the anus, and preferably in teaspoonful doses of the solution in syrup, or dissolved in water for injection into the rectum.

6. The administration of chloral as a hypnotic is advisable in all cases when the beneficial influence of sound sleep is needed. It is contra-indicated in cases of cardiac weakness with valvular deficiency, whenever there is disorganization of the mucous membrane of the digestive organs, and also in advanced disease of the organs of respiration.

7. The average dose ranges between two and five grammes (30 grs.. 75 grs.) More than eight grammes should never be given, since in above that quantity it becomes a deadly poison.

8. A valuable and essential remedial agent in the hands of the understanding physician, it may become dangerous poison in those of inexperienced and superficial persons.—*Chicago Journal of Mental and Nervous Diseases.*

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#### NATURAL HISTORY OF DYSENTERY.

Prof. Austin Flint gives, in the *American Journal of Med. Sciences* for July, a report of ten cases of dysentery which were allowed to run a natural course, uninfluenced by treatment, and

from the consideration of which he draws the following practical conclusions :

1st. The disease in a temperate latitude tends, without treatment, to recovery.

2d. It is a self-limited disease, and its duration is but little, if at all, abridged by the methods of treatment now and heretofore in vogue.

3d. Convalescence is as rapid when active measures of treatment have not been employed, as in cases actively treated.

4th. Relapses do not occur in the cases in which the disease has been allowed to pursue its own course without active treatment.

5th. Sporadic dysentery, in a temperate climate, does not eventuate in a chronic form of the disease ; in other words, it does not lead to the ulceration of other lesions of the mucous membrane of the large intestines, and it does not involve any tendency to complications or secondary affections.

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*DRINK.*

Some extraordinary instances of the insatiate desire, or rather morbid impulse, to drink, are mentioned in a paper on the *Insanity of Inebriety*, by Dr. George Burr, published in the *New York Psychological and Medico-Legal Journal* of December, 1874. Dr. Bush records a case in which he says, in reference to an habitual drunkard in Philadelphia, who, when strongly urged by one of his friends to leave off drinking, replied, "Were a keg of rum in one corner of a room, and were a cannon constantly discharging balls between me and it, I could not refrain from passing before that cannon in order to get at the rum." One of the cases described by McNeish, in his *Anatomy of Drunkenness*, as quoted by Dr. Ray, also illustrates this feature. A friend of the subject of it painted to him "the distresses of his family, the loss of his business and character, and the ruin of his health," to which he replied, "My good friend, your remarks are just ; they are indeed too true ; but I can no longer resist temptation. If a bottle of brandy stood at one hand, and the pit of hell yawned at the other, and I were convinced that I



would be pushed in as sure as I took one glass, I could not refrain." The late Professor R. D. Mussey, of Cincinnati, relates another case: "A few years ago a tippler was put into an almshouse in this State. Within a few days he had devised various expedients to procure rum, but failed. At length, however, he hit upon one which was successful. He went into the wood-yard of the establishment, placed one hand upon the block, and with an axe in the other, struck it off at a single blow. With the stump raised and streaming, he ran into the house and cried, 'Get some rum! get some rum! my hand is off.' In the confusion and bustle of the occasion a bowl of rum was brought, into which he plunged the bleeding member of his body; then raising the bowl to his mouth, drank freely, and exultingly exclaimed, 'Now I am satisfied!'" Dr. J. E. Turner relates a case of a gentleman, who while under treatment for inebriety during four weeks secretly drank the alcohol from six jars containing morbid specimens. On asking him why he had committed this loathsome act, he replied, "Sir, it is as impossible for me to control this diseased appetite as it is for me to control the pulsations of my heart."

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*PINCUS ON THE TREATMENT OF TAPEWORM.*

At a meeting of the Berlin Medical Society (*Berliner Klinische Wochenschrift*), Herr Pincus remarked that many medical men consider a preparatory treatment necessary before administering anthelmintics. This preparation consists of oils and low diet for some days beforehand, or two or three days physicking, which irritates the worms. The consequence, he states, is that when the anthelmintic is given, portions only of the body, and not the head, are expelled. The remedies may be divided into two classes, namely, those which paralyse the movements of the proglottides, kouso, panna [the rhizome of *Lastrea* (*Aspidium*) *athamanticum*, much esteemed by the Zulu Caffres, and somewhat resembling our male fern], kameela; and those which act upon the organs of adhesion, as the bark of pomegranate-root and male fern. Whichever be employed, the best result is

obtained by giving a full dose without any preparatory medication. Again, it has been advised, when the worm is found to protrude from the anus, to do nothing except let the patient sit over warm water; this may be done for hours, and the only consequence is, that after from eight to ten feet of worm have come away, there is no further progress; probably because the head is not paralyzed, and remains adherent, whilst the proglottides come away. In such cases Dr. Pincus gives a narcotic clyster, if the movements of the worm be lively; and then, in less than an hour, even when the tapeworm is broken, he has found the head to come away. The older remedies, such as pomegranate-root bark, are preferable, because they do not much derange the patient's health. Professor Hensch remarked that narcotic clysters, even with chloroform, had been recommended some time since. He asked if Dr. Pincus had himself experimented upon the worms. Dr. Pincus said he meant substances which narcotised the worms themselves, particularly pomegranate-root bark. He had made experiments upon the proglottides passed by patients; the movements of these ceased immediately when subjected to kouso, panna or kameela. He had made no direct experiments on the action of the other remedies in paralysing the adhesive organs. Professor Liebreich drew attention to the koussine or koussin prepared by Bedal, of Munich, which was not an alkaloid, but contained the resin of kouso. Two grammes of this preparation have the same effect as twenty grammes of kouso [3ss koussine is equal to 3v of kouso]. Herr Paasch had also used pomegranate-root bark, but considered no cure as complete unless the worm came away *sua sponte*. Professor Hensch denied that the passing of proglottides denoted the worm; being themselves out of health; the proglottides severed themselves when sexually ripe, in order to pursue their farther transmigrations. Herr Fürstenheim mentioned the thick lozenges prescribed by Rosenthal as very convenient in practice. They contained kouso. Herr Pincus believed that the proglottides become separated when the fibres which connect them are so softened and worn that the alkaline mucus of the bowel dissolves them.

*ADMINISTRATION OF PURGATIVES BY THE HYPODERMIC METHOD.*

Prof. Luton, of Rheims, for the purpose of relieving himself of an attack of hemicrania, resorted to the hypodermic use of muriate of morphine, of which he had previously neutralized an acid solution with calcined magnesia, to prevent subcutaneous irritation; of this he injected a syringeful. Having before had a costive tendency, he was now attacked by a mild diarrhoea. He then instituted further experiments on himself with sulphate of magnesia (1:10), which also resulted in diarrhoea. In another man with constipation, in whom aloes and rhubarb were inert, he injected 0.1 gramme of sulphate of magnesia with 1 gramme of water, after which the patient had two stools. Injections were also made with the aqueous extract of aloes (1:10), and this seems to be borne better by the subcutaneous tissue than the former remedy. The experiments of Vulpian and Corville on dogs showed that the animals, after this treatment, were attacked with intestinal catarrh. In four patients suffering from vomiting and constipation, injections of sulphate of magnesia caused looseness of the bowels and cessation of vomiting. From this Prof. Luton concludes that these injections paralyze the antiperistaltic and stimulate the peristaltic movements, and he suggests their use in the vomiting of pregnancy, seasickness, etc.—(*Med. Chir. Cent.*—*N. Y. Med. Jour.*)

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*THERAPEUTIC VALUE OF BALSAM OF COPAIBA.*

Surgeon A. R. Hall, Army Medical Department, claims (*Practitioner*) for the balsam of copaiba marvellous curative powers in various diseases. He has given it with great benefit in cases of iritis and scleritis. "The horrible pains of scleritis," he says, "the eye being described as feeling like a 'red hot ball,' I have found often to subside after four or five large doses of the balsam, and the inflammation disappear. At Seetapore, during the year 1872, I had at one time more than thirty children suffering from purulent ophthalmia under my care. I treated them all by simply painting the lower eyelids,

upper part of the cheeks and temples with the pure balsam of copaiba, and they all got well quickly without any damage to the eyes."

He relates a case which he saw in consultation, a patient whose right eye was highly inflamed, the whole anterior chamber filled with pus and the sight, of course, entirely lost. "I said that I had seen such good results following the exhibition of the balsam that it might be tried as a last resort. Two drachms were therefore ordered, in mucilage, three times a day. Two days after the pain he had been suffering from subsided; daily the pus could be seen to be gradually disappearing. At the end of ten days he could see the length of the ward, and after twenty-two days the eye was quite well."

He thinks that in threatened mammary abscess it may often be employed with advantage. "Chronic rheumatism," he says, "both of the muscles and joints, particularly in old people, who confess that they feel much better after a glass (or two) of hot gin and water when going to bed, frequently disappears after a few drachm doses of the balsam, combined with some astringent to prevent purging. I have heard several say that 'it appears to warm the joints.'" He also claims that it is useful in skin diseases.

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ON THE COMPARATIVE ANTISEPTIC EFFECT OF BENZOIC AND SALICYLIC ACIDS.

Prof. E. Salkowski, of Berlin (*Klin. Wochenschrift*, No. 22, 1875), has been making a series of researches with different disinfectants, and particularly with the two above mentioned. The result was markedly in favor of benzoic acid, whose antiseptic properties were shown to be decidedly greater than those of salicylic acid. This result is quite opposed to that obtained by Kolbe in his recent but very well known researches. Prof. S. thinks the reason of this lies in the different qualities of the benzoic acid used. Benzoic acid obtained from balsam has a quite different odor from that obtained from urine, and may, it is likely, have a different effect.

Whether or not this may be the reason, the fact of the superiority of benzoic to salicylic acid, as well as the superiority in cheapness of the former, renders its thorough trial very desirable.—*Phila. Medical Times*.

[These views accord with those expressed in an able article on the subject by Mr. R. Rother in the June No. of the PENINSULAR JOURNAL.—EDS.]

*ARE THERE ANY MEANS BY WHICH THE SEXES MAY BE PRODUCED AT WILL.*

A series of observations made by M. Thury, a French Veterinary surgeon, with a view to determine, if possible, whether and in what manner the sexes could be produced at will in animals. The result arrived at was : that when the male had connection with the female in the beginning of heat in the female, the offspring were females, and when had toward the termination of heat the result was a male. These results were published, and others who were engaged in raising animals pursued the course of observations and verified, by the results obtained, the theory advanced by M. Thury from his observations. From observations made by medical men with regard to the development of the sexes in the human subject, the result arrived at was that in a conception taking place at an early period after the menstrual flow had ceased, the product will be a female; and the farther removed from that period (always omitting four or five days anterior to the following monthly sickness) the more likely is it that the child will be a male. We generally find that where there is a difference of fifteen years, more or less, between the ages of the parents, with the father the elder of the two, the children are usually males; and this is accounted for on the ground that the father has not the same amount of desire as a younger man; some time usually elapses after the flow before copulation takes place.—*N. O. Medical and Surgical Journal.*

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*Ars, ante omnia veritas.*

## Editorial,

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*SHALL PHYSICIANS WRITE FOR THE NEWSPAPERS?*

A short time ago several prominent eastern physicians, some of them occupying important chairs in some of the leading medical schools of the country, and all of them familiar, through their writings, to students of medicine everywhere, either caused or merely allowed to be published in the secular press articles written by them on medical topics. Although from the nature of the subjects discussed these articles were necessarily somewhat technical in their phraseology, they were nevertheless not beyond the comprehension of intelligent laymen, and were writ-

n at a time when the diseases they treated of were more than usually prevalent and fatal. Following the example set them by their illustrious compeers, some of the lesser and flickering lights of the profession in other sections of the country sought to enlighten the respective communities in which they dwelt on the nature, causation and prevention of diseases attended by severe loss of life in those communities. The publication of these articles has initiated a discussion which has become quite general among both the profession and the medical press of the question whether such publications necessarily compromise the professional status of their writers. As might be expected, there is a diversity of opinion on the question, and a considerable portion of those who have participated in the discussion would apparently ostracize from the ranks of honorable medicine all whose names, with their consent, appear in the public print, whether in connection with reports of accidents, or with articles seeking to enlighten the public on questions intimately related to their health, happiness and life. Gentlemen whose professional standing has heretofore been unimpeachable have been placed under a ban, warned of the delicate position their absurd notions of philanthropy have placed them in, and admonished that a Damocletian sword hangs threateningly over them to descend to the severing of their devoted professional heads, should they persist in their peccant ways.

The objection to these newspaper articles, which their most ardent opponents do not deny are to the public edification, and must be instrumental in preventing much of the misery incident to ignorance on the vital topics discussed, is that, although written with an ostensibly philanthropic motive, there may be detected through the attenuated altruistic gauze the cloven foot of the great "I;" that the assumed philanthropy is a sham, that those who pretend to it are arrant hypocrites, and that their professed interest in the welfare of the community is but a subterfuge under which they seek to gain a cheap notoriety. "Alas for the rarity of Christian charity, under the sun." Is the medical profession so destitute of true manhood that in its ranks there are none who may do a disinterested act of charity? Heaven forbid. Are our medical societies mere conclaves, herein, under the cover of sworn secrecy, physicians meet to discuss only how they may prey on suffering humanity? We know not, although should our patrons take those who would substitute the proverbial pound of cure for the ounce of prevention as their criteria, we could not be surprised at their opinion of us.

We do not wish to be understood as advocating professional advertising, but we maintain, as we have heretofore maintained, that he who utters a word or pens a line to enlighten ignorance and dispel delusion is a public benefactor, and most emphatically so in this the case when the ignorance and delusion are fraught with

disaster to human health and life. The physician who, in times of danger, when the deadly epidemic sweeps the community, cutting down its pride and hope, volunteers the knowledge he may possess in virtue of his calling, to such instruction as shall be the means of saving precious lives, only discharges his duty, and, secure in the consciousness of having performed a sacred trust, he can afford to treat with an ineffable and silent contempt the vituperation begotten of narrow minded jealousy. In thus seeking to enlighten the public he has, moreover, the authority of the national code of ethics to justify his conduct—at least, such would be our inference from the following quotation from that instrument: "They (physicians) should also be ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene, &c., in regard to measures for the prevention of epidemic or contagious diseases. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these questions, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and impostors." How, we would ask, is this counsel to be given, the public to be enlightened, and the injuries to be exposed? If the people may not be reached through the only practicable medium, then are the injunctions of the code a meaningless mass of verbiage, and to assume this would be a libel on its framers. The newspaper is the grand medium for the dissemination of truth, and it would be well for physicians, in common with the members of the other professions, to recognize this fact. The mistaken notions of professional dignity which have come down to us from times in which the vocation of the medicine man was something profoundly mysterious, are out of place in a progressive age. Lawyers do not seem to grow indignant to any extent at seeing their names reported in connection with cases at law, clergymen take to the reporter on Saturday an announcement of the subject they are to discourse on on the following morning, and do not become very bellicose on seeing a report of the sermon in the Monday morning papers, provided said report is a good one. Then why should the remaining branch of the "sacred three" have such an apparent aversion to publicity?

The fact that the columns of the newspaper contain questionable advertisements, so far from constituting a reason why they should not be resorted to by medical men is to us but an additional reason why they should be made use of to counteract the baneful influences at work. The place to beard the lion is in his den. In lieu of more healthful pabulum the deleterious advertisements of empirics and impostors are eagerly devoured by the "unwary," and it behooves the profession to so enlighten the people that they may be able to discriminate between the

true and the false. We stand aloof and decry the credulity which furnishes such rich prey for quackery and empiricism, and see with chagrin the hard earned money of ignorant people flowing into the coffers of the mountebank, but seem never to reflect that we are ourselves to blame for the very state of things we so much deplore. We opine, however, that the time is not far distant when the mistaken and illiberal conceptions of dignity which have hampered some well meaning minds will have been corrected, and when only those will object to enlightening the public mind through the most efficient medium who are conscious of the sorry figure they would cut should they attempt the *role* of instructors. Such individuals will always find it very convenient to console themselves and mollify their chagrin by ill-naturedly impugning the motives of those whose efforts to instruct are received with popular favor; a retiring modesty is the most appropriate garment such can wear.

But a noticeable feature in the discussion now going on, is the enthusiasm with which the emissaries of the concerns called by courtesy medical colleges have prosecuted the tirade against those who have appeared in the public print. When it is known, however, that the only necessity which exists for such concerns lies in the need of their "faculties" to be themselves advertised, the weight of their denunciations will be appreciably lessened. These little hole and corner affairs are an acknowledged curse to the profession, and yet, forsooth, their "professors" prate in virtuous indignation of "certain unworthy members of the profession who seek for notoriety at the expense of their brethren, and to the injury of the public." They apparently forget that in some communities, at least, they are most notorious for the frequency their own names appear in the secular press, both collectively in connection with their college, and as individuals. "Prof." A. is announced to lecture before some Young Men's Christian Association, and the next morning the Professor's remarks on the *iter a tertio ad quartum ventriculum* are duly reported. "Prof." B. lectures profoundly before some amateur association for the promotion of æsthetic culture, and "Prof." C. unfolds the mysteries of science before some gathering of aspiring Tyndals. These lectures are so "masterly" that the "Profs." are requested to repeat them, and the public are kept duly posted through their morning papers, so that none of the erudition may be wasted. "Profs." A., B., C., D., &c., are about to open their college, "the fame of which is so wide-spread," for its regular course, and after the regular course has been given, the supernumeraries are announced to carry on the summer course. "Prof." O. has performed most skillfully some dangerous operation in Blank Hospital, and a card appears in the daily papers from the grateful patient thanking the professor for his great ability as displayed in this particular case. We do not by any means draw on our imagination for these illustrations and of the



devices adopted by these gentlemen to secure publicity these are but a few.

Their college is but a cloak under which the faculty is sought to be made appear gifted above their fellows, an advertising dodge which is not strictly forbidden by the letter of the code, and the opportunities which they allow to pass unimproved in which the professors may receive a puff through the college are ridiculously few. But the evil entailed on the profession by these "colleges." does not end here. In order to interest the students who have been lured into the toils it is necessary to have clinical material, and hence the establishment of free dispensaries. The interests of the profession suffer so severely from no other cause than these free dispensaries. The instances in which competent and plodding young men have actually had the bread taken out of their mouths by such institutions are numerous. A case in point transpired a short time since. A young man just starting in practice was consulted by a patient who desired an operation which the physician agreed to perform for \$50. The patient was fully competent to pay this, and even a greater sum, but while under preparatory treatment he was waited upon by an emissary of one of these colleges who informed him that Prof. Blank would gladly perform the operation for nothing, and that as he was an experienced surgeon, he would do it much more skillfully. Of course the patient went to the college, and the impecunious young doctor, who was sorely in need of \$50, lost his fee; and these are the honorable (?) men, whose indignation becomes so much aroused at "certain unworthy members of the regular profession who seek for notoriety at the expense of their brethren!" It seems to us that were they to remove the beams from their own eyes they could more consistently direct attention to the motes in their brothers' eyes.

Referring to one of these free dispensaries in a neighboring city, the *Philadelphia Medical Times* has the following:

"We have to thank an unknown correspondent for a marked copy of the *Buffalo Courier*, giving an account of the "Buffalo Free Medical and Surgical Dispensing Association." The account is preceded by a large sensation heading, and in it the names of the various specialists, along with their particular callings, are displayed in a manner worthy of Helmbold. Perhaps there never was a more palpable instance of the method in which the profession is, as it were, devouring itself, or, to speak more correctly, of the injury being wrought by the craze of individuals to get experience and make reputation as specialists. We are told with great satisfaction, by the writer of the account, that the free labor of the Association has enabled the city authorities to reduce the aggregate salaries of district physicians from \$13,000 to \$3,000. Is it less a violation of the spirit of the code of ethics, to steal from a brother practitioner a patient by underhanded means, than to rob him of his salary by doing the same or equiv-

ent work for nothing? If this thing be allowed, it seems to us at the profession will fall below the level of an honest business, and even in commercial circles it is hardly thought honorable to destroy a weaker competitor by selling goods for nothing."

The most amusing side of the discussion, however, is the exercise which these great moguls of the profession offer in extenuation of the tricks they resort to: "It is a pity that men of recognized eminence do not oftener come in direct relations with the public." Yea, verily, it is a pity. Modesty like this should mean no means go unrewarded.

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*THE DEPARTMENT OF MEDICINE AND SURGERY IN THE UNIVERSITY OF MICHIGAN.*

The attention of the profession has lately been particularly directed to this department of our State University by the peculiar position it occupies, and we fancy our readers will not be disinclined to listen to some statements given by us, who though interested in the subject of medical teaching, and in the success of all our state institutions, as citizens of the commonwealth, have no special personal interest either to sustain or disparage this school.

The subject of the establishment of a homœopathic college in connection with the University, it is perhaps unnecessary rather to discuss at the present time. The full and truthful statement of the medical faculty in our September number has been placed before our readers, and we have nothing to add to its facts or arguments. We are informed that the faculty are receiving letters from leading members of the profession in different parts of the country, approving their course, and encouraging them to go steadily on, standing by their principles, and allowing the doctrines of rational medicine to be compared with the weary speculations and groundless assumptions of the Hahnemannian system. In view of the dissatisfaction and dissensions among homœopaths themselves respecting the organization in which their long continued efforts have culminated, the faculty and the profession can well afford to give them the "rope" and see what they will do with it.

We wish now to call attention particularly to the efforts the medical department are making for raising the standard of the profession by enforcing a system of preliminary examinations, refusing admission into the department of those who are markedly deficient, (as we are sorry to acknowledge so many who seek admission to our medical schools are) in elementary education.

We have been shown specimens of examination papers, which our present space does not allow us to publish, showing that while no impracticably high standard is attempted, a decided advance has been made. A dozen or more have already been

refused admission, and advised to return to their preliminary studies; but whether they will do so, or enter medical schools where no preliminary examinations are required, remains to be seen.

Notwithstanding the numbers have been thus cut down by the actual rejections, and much more by the declining of others to present themselves who shrank from the examination, the number in attendance in the Department of Medicine and Surgery is up already to nearly three hundred, and will probably reach within thirty or forty of the large class of last year.

We are happy to state that following the example of the Medical Department of our University, the Medical School of Maine, at Bowdoin College, and the Medical Department of Dartmouth College, N. H., have announced similar examinations preliminary to their next course of lectures, and Harvard University announces that in 1877 a preliminary examination will be required of the matriculants to her medical school.

We have, then, a beginning, and the time we trust cannot be distant when other medical schools will do likewise. Should all the medical schools of the country enter at once upon such examinations, none would materially suffer in numbers, while the profession would be elevated. We are proud that the medical department of the University of Michigan has taken the lead in so important a reform.

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## Reviews and Bibliographical Notes.

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### ON PARALYSIS FROM BRAIN DISEASE IN ITS COMMON FORMS.

By H. Charlton Bastian, M. D., F. R. S., etc., with illustrations. New York: D. Appleton & Co. 1875. Detroit: E. B. Smith & Co. 8-vo; pp. 335. Price, \$1.75.

This little volume of Dr. Bastian's will, we think, meet with a warm reception at the hands of the medical profession on this side the Atlantic. Anything from the author's classical pen always receives an eager and attentive perusal, and the opinions advanced carry a weight worthy the source from which they emanate. Hence, when we are told that it is clinically of much greater importance to determine the locality of the lesion of the brain resulting in hemiplegia, than its nature, although the old order of things is reversed, an observance of this rule will lead to a more exact diagnosis of the different forms of paralysis. The anatomy and physiology of the brain, as far as recent researches have developed them, are carefully set forth, as well as its pathology. Throughout the volume the influence of these

researches and new facts is everywhere apparent in arriving at the diagnosis of the disease under consideration.

In the treatment of apoplexy our author does not use drugs very freely. Moderate doses of bromide of potassium and tincture of aconite, if the pulse is full and rapid, but if it be rapid without force drugs had better be withheld. If softening is threatened as the result of embolism or thrombosis, and this diagnosis is surely made, nitrite may be employed with the hope that its physiological action might assist in establishing collateral circulation. On the other hand, ergot and bromide of potassium should be used, if hemorrhage has taken place, to contract the cerebral arteriales. Bleeding is never resorted to except in uræmic convulsions, and then only to the extent of a few ounces. In the treatment of the hemiplegic condition, caution is enjoined against the too early use of electricity.

The most that can be hoped for from any plan of treatment is to favor the reparative processes of nature, which are always put forth after any injury to the cerebral centres.

**THE MUCOUS MEMBRANE OF THE UTERUS**, with special reference to the Structure and Development of the Decidua.

By G. J. Engelman, A. M., M. D., with fourteen illustrations. New York: Wm. Wood & Co. Detroit: E. B. Smith & Co. 8-vo. pp. 65.

This little monograph is a reprint from the *American Journal of Obstetrics* for May, 1875, and is gotten up in excellent typographical style by the publishers. It embodies the results of the personal investigations of the author, pursued through a large number of post-mortem examinations made in the pathological laboratory of the Vienna Hospital. It is a valuable contribution to the literature of this subject, and its original researches throw much light on many disputed points.

**CAPILLARY BRONCHITIS IN ADULTS** is the title of the seventh of the series of American Clinical Lectures published by G. P. Putnam's Sons, of New York. It is by Prof. Ellis, of Harvard University, and is a very able and original production, well worthy a careful perusal. For sale in Detroit at E. B. Smith & Co.'s. Price 40 cents.

**THE POPULAR SCIENCE MONTHLY** for October contains the following: I, Bats and their Young. II, Instinct and Intelligence. III, Monkeys from a Cold Climate. IV, Physical Features of the Colorado. V, A New Antiseptic. VI, The Mechanical Action of Light. VII, The Cause of Light of Flames. VIII, Mental Discipline in Education. IX, The Colorado Potato Beetle. X, Pasteur Du Fermentation. XI, Croll on Climate and Lime. XII, The Artificial Preparation of Organic Bachis. XIII, Earthquakes and their Causes, XIV, Animal

Life in Madagascar. XV, Sketch of Prof. Stokes. XVI, Correspondence. XVII, Editor's Table, Literary Notices, Miscellany.

CANTHO-PLASTY. By C. R. Agnew, M. D., Clinical Professor of Diseases of the Eye and Ear, College of Physicians and Surgeons, New York. 1875.

In this brochure the author describes briefly but explicitly the method of performing this operation, and speaks highly of its therapeutic value in the treatment of various affections of the conjunctiva and cornea. The object to be obtained is the liberation of the eyeball from the pressure exerted upon it by the upper lid either in consequence of a swollen state of the lid, or from a preternaturally active condition of the orbicular muscle. An extensive hospital experience with this operation, together with a considerable number of cases in private practice, enables us to fully endorse the views of Prof. Agnew regarding its usefulness.

HARPER'S MAGAZINE for October contains an illustrated article on "The Land of Lakes," descriptive of Minnesota; graphic pictures of leading Parisian journalists, with portraits of De Girardin, DeCassagnac, About and Veuillot, by Junius Henri Browne; a valuable paper by President Woolsey, entitled "The Experiment of the Preparations;" "The Mission of Music," by Ellis Gray—a practical discussion of the prospects of popular musical education in America, and other excellent papers. The Editorial Departments admirably cover their respective fields.

THE ATLANTIC for October contains the following attractive papers: Arthur High Clough, by T. S. Perry; The Oleander Tree—a Story of the British Press-Gang, by Emily E. Ford; The Sanitary Drainage of Houses and Towns, by George E. Waring, Jr.; Old Woman's Gossip, by Frances Anne Kemble; The Curious Republic of Gondour; Southern Home Politics, by Albert F. Webster; Old Time Oriental Trade, by W. L. Fawcette; General John DeKalb, by George Washington Greene. In addition to the foregoing are several poems, and twenty pages on Recent Literature, Art, Music, and Education.

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NOVEMBER, 1875.

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Original Communications.

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*DYSENTERY*—A Paper read before the WAYNE COUNTY MEDICAL SOCIETY by A. S. HEATON, M. D., Detroit.

Dysentery, or the bloody flux, is a disease with which, in its ordinary form, we are all familiar, and every practitioner is likely to have his own peculiar ideas in relation to its nature and cause, as well as to its pathology and treatment.

Various modes of management have been suggested, some of which claim our consideration.

Some of the more ancient writers have described it as a rheumatic affection of the bowels, Sydenham called it a "fever turned in upon the bowels." Cullen classed it among fevers and added contagiousness as an essential characteristic. Linnæus attributed it to the irritation of specific animalculæ, the *acarus dysentericæ*. Others claim that it is a simple inflammation of the colon, and some have regarded it as a gastric affection, or produced by gastric disturbance, or owing to cutaneous or hepatic derangement. It is important to distinguish it from diarrhoea.

I need not enter into a formal history of the subject. It varies as much in form as in the localities in which it prevails. It is more common in tropical regions, where it is also more malignant than in colder climates. It decimates and paralyzes the largest armies. It has been called the disease of the famished garrisons of besieged towns, and barren encampments, and of fleets navigating tropical seas, where fruits and vegetables can not be procured.

Reports published by Woodward give 32,237 cases for the first year of the civil war with a mortality of a little over one per cent. Tables showing death-rates from dysentery in the British army in various localities give 14.02 per cent. as the greatest, and 3.08 per cent. as the minimum for garrisons in various countries under control of the government.

Prof. George B. Wood classifies acute dysentery into various types, as bilious, adynamic, intermittent and remittent, typhus and epidemic. It is an infectious disease, but it is difficult to establish its contagiousness.

Malaria is universally regarded as a predisposing and complicating cause. Aitken remarks as a general proposition, "there is no country where paludal fever exists in which it is not an endemic prevailing disease." It may prevail when malarial disease does not, and it may also occur where malarial influence does exist.

It has been remarked that it is essentially a pyretic disorder. A predisposition to it is generated by continual fatigue and long use of bad and innutritious food and by confinement in bad air. There is reason to believe that the exuvia of dysenteric patients, passed by stool, propagate the disease like that of typhoid fever or that putrid effluvia may give rise to it.

Dysentery implies inflammation with its consequences, ulceration, hæmorrhage and morbid secretion with spasmodic action, and interrupted peristaltic movement with spasmodic constriction.

The ordinary mixture of blood and serum with mucus in the evacuations, seems to be the result of a yielding of the vessels

on the surface of the intestine to the intense inflammatory congestion, transudation or rupture of minute blood-vessels.

Dickson says "the presence of scybala is not as common as we are led to suppose from the books;" Grover, "that some are inclined to attribute all bad symptoms to the lodgement of scybala in the sacculi; others assert that this can not be the case and that where it does occur it has no influence." He does not believe that in the epidemic form scybala have anything to do with it.

Pure rectal dysentery is said not to extend to the sigmoid flexure and never to the arch of the colon.

Aitken defines it as a specific febrile disease, accompanied by tormina, followed by straining or scanty mucus or bloody stools which contain little or no fecal matter.

The minute lenticulæ and tubular glands of the mucous membrane of the large intestines, with the intertubular connective tissue are the chief seats of the local lesion, which sometimes extends into the small intestine, as where scorbutus is a predisposing cause.

The structure of the colon in the healthy state differs in many important particulars from that of the small intestine. It is remarkable for the absence of folds and villi and for the presence of more or less dilated sacculi, which give form and shape to the excrement. The minute tubular glands are thicker in proportion to their length compared with those of the small intestine, and the intertubular connective tissue, a structure which takes an important shape in dysentery, is considerable.

The views of Niemeyer as to the cause of dysentery are interesting: Dysentery poison can not be directly observed as an organic living substance any more than the poisons inducing other infectious diseases. He refers it to a low vegetable organism. The dysenteric germ grows, flourishes and increases outside of the body, and persons staying near its locality are in danger of being attacked. It appears to reproduce itself always in the body of infected persons and it would seem that the dejections of the patient contain the contagion thus formed. It has not been proved, but he thinks it more than probable that



the disease may be communicated to healthy persons through the dejections of the sick. According to the same authority, the anatomical appearances found in the intestines of dysenteric patients are a type of diphtheritic inflammation. The diseased portions of the mucous membrane are infiltrated with a fibrinous exudation. As a result of their compression by exudation they are increased and changed into a slough. If the slough be cast off a loss of substance in the mucous membrane remains.

In the milder grade of dysentery, we find the mucous membrane of the large intestine deeply reddened by ecchymosis and injected, and to some extent infiltrated by a greyish white, soft exudation, covering the epithelial coating. The sub-mucous connective tissue is swollen and infiltrated by serum. The serous coat is cloudy and dull from œdema; this change occurs chiefly in the large intestine.

When dysentery is of high grade, the serous coats usually participates in the inflammation and is covered with a thin layer of fibrin. In the highest grades, large portions of mucous membrane are changed into a black, rotten, friable, charred mass, which subsequently is not infrequently thrown off and passed in tubular pieces. The glands of the mesocolon are more or less vascular, swollen and relaxed. The liver is hyperæmic in malignant cases of tropical origin and the seat of abscesses.

There are some points referred to by Watson which I wish to mention. "Previous to the middle of the 17th century dysentery had frequently been a scourge to the larger cities in Great Britain and on the continent, but for some reason, for the last 200 years there has been a gradual decline in the frequency and fatality of these epidemics. The mortality at one time amounted to 4,000 for one year in London. For the successive twenty-five years from 1667 to 1692 the deaths every year amounted to over 2,000, and in the last century declined to twenty deaths per year."

In our own country Goshard speaks of an epidemic in Philadelphia in the years 1837-38, of unusual fatality. Dickson in 1855 says "of late years it has been the most frequent and extensive of all the epidemics that have prevailed in the United

States. Extending summer after summer, from Maine to the Gulf and from the Lakes to the Atlantic."

It is always present on the Mississippi throughout the summer and fall months. Of late years it has been most common in the epidemic form in the country than in the cities. In Michigan throughout all parts of the State it prevailed in the epidemic form more than in the City of Detroit. For the last six years I have not seen it except in sporadic cases, and I have heard it asserted that it is not as difficult to manage in this form as in the epidemic. Cases are neither as numerous nor as fatal as in former times.

This exemption may, to a great extent, be attributed to a better system of drainage and the measures of hygienic improvement. I have been informed that not more than 25 or 30 years since, a large share of the present limits of the city and adjoining country were not infrequently submerged for many months at a time, thus constituting a fruitful source of ague, remittent fever, and dysentery. At a comparatively recent period the principal avenues and streets were often in a similar condition. The particular variety called rectal dysentery I have generally met with most frequently, during the winter months, when changes from extreme cold to milder weather had occurred and lasting for a week or two. I have treated these cases with best results by injections of warm water and laudanum.

There is not much constitutional disturbance as a general thing, and where there is derangement of the secretions, they may be corrected by appropriate medicines. The use of the lancet in the treatment of acute dysentery has been well nigh abandoned. I can not call to mind in a practice of 25 years where I have used it in a single instance, but in a disease which is essentially hæmorrhagic in its character, in acute cases, and where also it is sthenic and the subject a plethoric one, I am prepared to say it may be advisable. It may act by directly putting a stop to the general congestion and by rendering the system and the disease more impressible to the influence of other remedies, checking the discharge of blood and destroying more quickly the natural secretions.

I think it is quite a common mode of practice with a great many physicians whom I have met, when first called to a case of acute sporadic dysentery to administer a full dose of castor oil or other cathartic or a combination of castor oil and oil of turpentine, considering it more efficacious than any other prescription in promoting the discharge of all unnatural accumulations in the alimentary tract. My own experience has been, that when a case manifests any gravity, the stomach is found so irritable and sensitive that it is difficult to retain such a form of treatment. One that I have found more acceptable and more certain to act, in cleaning out any scybalous masses in the sacculi or other foul concretions in the colon or elsewhere, is a combination of opium, ipecac and calomel. It arrests nausea, relieves pain, produces sleep and rests the patient. It renders more certain the specific influence of the ipecac on the mucous membrane.

The calomel restores secretion and functional activity and causes the return of bile in the stools, a result not only affording the most grateful relief but often followed by immediate convalescence. The plan of giving larger doses of ipecac in dysentery first called this remedy into general notoriety more than two hundred years ago. I have tried most of the methods that have been spoken of for administering it in large doses. I have found in many instances that I cannot give it with any feeling of security that it will be retained by the stomach. On this account I prefer to give it in combination with opium. When the effect of calomel or blue mass is not indicated, I prefer ipecac with opium to the Dover's powder—a great favorite with many, but which often causes pain when the other does not.

In the epidemic and more malignant varieties, the motions are frequently hæmorrhagic at the outset and continue so often till the end. These cases call for the early use of astringents, opium, tannin and the acetate of lead, are our chief reliance.

Turpentine in all hæmorrhagic varieties will do good service, but it is generally in the declining stages that it renders the best service. We should bear in mind the type of the prevailing form. Supporting the system with nutritious alimentation, averting the tendency to death, and varying remedies according to the indications as they may become apparent.

*THE ANTIPYRETIC TREATMENT OF TYPHOID FEVER.*

By D. A. McLEAN, M. D., *Stanton, Mich.*

It is a matter of considerable doubt in the minds of some of the ablest physicians, whether the disease known and described by the books as typhoid fever has any existence among us as an endemic disease.

In a series of articles that recently appeared in the *Medical and Surgical Reporter*, such an opinion was advanced and ably defended. For my own part, I must confess to never yet having seen a perfectly typical case of typhoid fever, although a great many of those usually called such. Whether this be due to the action of the specific poison as typhoid being changed by admixture with the poison producing malarial fevers, or whether the specific poison be entirely absent, and they be purely malarial, I am unable to say. The features that are most frequently absent are the diarrhoea and eruption, two quite prominent points in the diagnosis.

In a large proportion of the cases that have come under my observation, there has been more or less tenderness of the bowels, but rarely diarrhoea, and I have never seen a case with a well defined eruption.

But whether true typhoid fever be a common endemic disease with us, or one that is very rarely seen, it is certain that we do have a fever to treat, which in many respects resembles typhoid in character, course and termination, and it is with reference to the treatment of this fever that this article is devoted.

Since the translation and publication in this country of the German Cyclopædia of Medicine and its general wide-spread acceptance by the profession, the treatment of fevers, especially typhoid, has no doubt undergone a great change, at least in many places.

But from the fact that the plan advocated makes a bold dash away from the old landmarks as we are accustomed to look upon them, and in lieu of the cautious conservative plan of expectancy which for so long has been orthodox, swings away to the opposite extreme and adopts a line of treatment, not only active, but to some extent heroic, with a great mass of practi-

tioners in my opinion the plan of treatment will remain untried. Not only do physicians fall into a kind of routine in the treatment of diseases from which it is difficult to move them, but there is an unwillingness to drop a line of treatment which with them has proven ordinarily successful, and as it were experiment a little upon their patients, hence they pass along and the new plan of treatment remains untried, and its merits unverified, until it gradually fades from the mind and is forgotten. For this reason I have thought it worth while to record and present to you the results of a few cases I have seen and treated during the present season on the plan, adopted and in practice in Germany as described by Liebermeister.

You who have the work and have read the article on typhoid fever need not be told in what that treatment consists. It is called the antipyretic treatment.

Since it is an undoubted fact that the source of great danger in fever is the long continued high temperature present, producing destructive changes in the parenchyma of the various organs, the plan of combatting that heat and keeping it at a minimum of intensity until the fever shall have run its course, would certainly be a rational and scientific one.

It is proposed to do this first, by acting upon the nervous centres, controlling the production of heat, and second, by the artificial abstraction of heat.

The first is accomplished by the administration of large doses of quinine with a view of getting its full sedative effect, the second is done by the use of cold water baths; these in connection with some minor articles as digitalis and veratrum, constitute the remedies on which the reliance is placed.

In the first case that came into my hands for treatment, I must confess that I opened my quinine bottle with some misgivings, but relying upon the assurance of the German author I proceeded to prepare a draught to be taken at bedtime, consisting of forty grains of quinine in two ounces of water. I prepared it in this manner in order that the nature of the medicine might not be known, for had they seen the quantity as taken from the bottle and known what it was, they would probably have

I gave it to the patient, and relieved me of the case. But ought was taken at bedtime as ordered, and the patient had a good night's rest, sweating profusely in about two hours after taking it, and had a decided remission the next morning. The heat commenced to rise again, as it did about nine or ten o'clock in the forenoon, the cold baths were commenced and continued throughout the disease whenever the temperature rose two or four degrees above the normal.

The dose of quinine was not repeated for forty-eight hours, sometimes not until the third day, according to the degree of fever. The baths were repeated from two to six times in the twenty-four hours, being given mostly in the latter part of the day and fore part of the night.

During the interval between the quinine doses, the medicines administered consisted of Dover's powder as an anodyne and cathartic, and veratrum or digitalis if necessary to assist in controlling heat.

The case progressed favorably with a complete intermission practically the end of the fever the twelfth day.

The foregoing is substantially the treatment of all the cases I have seen of what is usually called typhoid fever, this season, seven or eight in number. This plan of treatment was continued until the fever had assumed a continued form and refused to yield to the ordinary doses of quinine, as we are accustomed to administer in ordinary bilious fever.

One of the marked advantages of this treatment is the relief and absence of brain symptoms. In three or four of the cases delirium was present more or less when the treatment was commenced, but in every case as soon as I could get the patient bathed and treated properly the delirium disappeared immediately and did not return. In not a single case where the baths have been given as directed has there been that peculiar apathy or stupor, called coma vigil, so common, and in fact almost always present during the disease. I have seen the difference well illustrated in a case under treatment at the present time, in which, on account of the strong objections of the patient, and those of the friends, they thinking it once caused her to have

a chill and cramp, I have been unable to get the baths administered with the frequency and regularity demanded in the case; as a consequence, I believe, she is frequently delirious during the height of the fever, with the peculiar half-conscious stupor well marked. The case has also entered its third week.

One of the main difficulties is to overcome the prejudices of the friends and impress them with the importance of frequent repetition of the baths. They apparently think that after one bath the patient is clean and will remain cool a long time, and go according to their own inclination in regard to it instead of following directions; besides it is considerable trouble and labor. I have found it necessary to repeat the injunction over and over again to be sure and bathe the patient four or five times during the twenty-four hours before my directions would be literally obeyed. But as a general thing the patient will second your orders by desiring the bath and asking for it, but not always; sometimes it is objected to very decidedly, and then a good deal of moral force is necessary to accomplish your purpose.

The heroic doses of quinine are more readily administered, for by a very little tact it is so disguised that it is not known what is being taken. It is well to leave directions in case too profound an effect is produced by the quinine, to give a little alcoholic stimulant which will relieve any unpleasant effect which its action on the nervous system might produce. If given in sufficient doses it will always be followed by a very much lengthened remission, frequently profuse perspiration, a reduction of the temperature from two to six degrees, and a general amelioration of the symptoms.

In the treatment of this fever there is one thing that constitutes almost the sole guide in its management, and that is the fever heat. There are some physicians who, to my surprise, have expressed the opinion that the value of the thermometer in the treatment of disease is trifling or none at all. My own opinion is that no physician can treat a patient with typhoid fever intelligently without the use of one, because no one can act intelligently whilst in ignorance of the most important factor in the problem, viz: the heat of the body. Some may perhaps

think that the pulse and the sensation of heat communicated to the hand placed upon the body is a sufficient guide, but it certainly is not. Time after time have I seated myself at the bedside of my patient, counted the pulse, finding it not to exceed 80 per minute, with but little perceptible heat of the surface above the normal, and congratulated myself that my patient was free from fever and about to convalesce, when upon placing the bulb of my thermometer under the tongue or in the axilla, have been astonished to see the delicate thread of mercury bound to  $105^{\circ}$  or  $106^{\circ}$ , thus showing me at once, without the possibility of error, that my patient was very far from being out of danger. So frequently has this occurred to me that I have come to place but very little reliance upon the frequency of the pulse, in determining the degree of fever, and never think of answering the question as to whether the patient has fever or not, or of making my prescription, until I have consulted my oracle.

The testimony of Liebermeister is that the physician who fails to ascertain the exact heat of his patient with the thermometer twice in every twenty four hours, is neglecting his duty. It should most certainly be done at every visit. In hospital practice the heat is taken every two or three hours and the baths directed accordingly.

The advantages claimed to be obtained by this treatment, over the old plan of expectancy are, a lessening of the percentage of mortality, very much less suffering of the patient from the intense heat, and consequent brain and nervous symptoms, and apparently a decided shortening of the duration of the disease. In only one of the cases I have treated this season, where the plan described has been carried out, has the disease exceeded nine days in duration, some of them were quite severe, such as heretofore I have scarcely expected to see terminate in less than twenty-one days. Another very important object is gained by the antipyretic treatment. The convalescence from an attack of typhoid fever is always a slow process, for the reason that the long continued high temperature has produced very serious organic changes in the various organs, especially



the brain, liver, kidneys, and muscles, and extensive processes of repair have to be accomplished before their original vigor is restored. Now, if the cause upon which these destructive changes depend, viz: the abnormal heat, be to a large extent removed, the return to health will be much hastened.

The extent of my experience is altogether too limited to warrant much stress being laid upon the results, but so far I can say I am highly gratified, and it is with a view of inducing some of my fellow practitioners to try the plan, if they have not already done so, and to induce every one to a thorough and careful study of the article upon typhoid fever in the *Cyclopædia*, which is a most admirable one that I have given this imperfect record of my observations in its treatment.

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*NOTES OF CASES OCCURRING AT THE SURGICAL CLINIQUE OF THE UNIVERSITY OF MICHIGAN, Under the care of DONALD MACLEAN, M. D., Prof. of Surgery. From the graduation thesis of WILL J. HERDMAN, M. D., now Demonstrator of Anatomy, Michigan University.*

LYMPHOMA.—P. W. (colored), South Haven, aet 39, came to the clinic January 20, 1875.

This patient is a strong, able bodied man, apparently in perfect health. He reports his general health excellent, but states that about a year ago he first noticed a small swelling in the left submaxillary region, which has gradually increased in size ever since. It now fills the submaxillary and superior carotid regions, and feels to the touch hard, lobulated and moveable, this latter symptom constituting a most important indication for treatment, since almost any tumor occurring in this region may be removed with safety, no matter how large it may be or how important its anatomical relations, so long as it is not immovably attached to the deep structures, or infiltrated into the surrounding tissues.

The lobules of which the growth was composed varied in size, the largest being about the size of a hen's egg and involving the submaxillary gland. Prof. Maclean expressed the opini-

on that the tumour belonged to that class well described by Billroth as lymphoma, and that the only satisfactory treatment is extirpation by a careful dissection.

Chloroform having been administered, Prof. Maclean proceeded to perform the operation at once.

A T shaped incision having been made over the most prominent part of the tumor, the integument and superficial structures were reflected and the large nodulated mass completely dissected out.

During the performance of the operation Prof. Maclean called the attention of the class to the importance of going at once right down through the fibrous covering of the tumor and using that as a guide in the dissection; he further pointed out the danger of confounding this capsule with the processes of the deep cervical fascia.

The tumor was found very intimately related to the surrounding tissues, so that great caution was necessary in the dissection. It was also very vascular, necessitating the use of more than a dozen ligatures.

After removal of the tumor and the cessation of all hæmorrhage, the wound was accurately closed with points of suture and dressed with dry lint.

The patient rallied well from the 'shock of the operation and made an uninterrupted recovery, so that he was dismissed cured one week from the date of operation.

**HYDROCELE**—A. B. B., Monroe, Mich., aet 54, operated at clinic, March' 13, 1875.

**History.**—Patient states that his health is and always has been good. Has been occasionally troubled with symptoms of varicocele on the left side of the scrotum. He states that about six years ago the scrotum began to enlarge and at times he has felt sharp, shooting pains along the course of the spermatic cord. Has had no treatment.

On examination hydrocele of the left tunica vaginalis was instantly recognized by its pear shape, its fluctuating feel, its semi-transparency, and by the distinctness with which the structures

at the external abdominal ring could be felt and isolated. Prof. Maclean observed in relation to this case that hydrocele is one of the comparatively rare affections in which the practitioner is able to assure the patient of speedy, safe, painless and permanent relief from his ailment.

The treatment consists in tapping the hydrocele by a medium sized trocar and canula and then injecting at least two drachms of the strongest tincture of iodine, taking care to withdraw the canula immediately after the injection, in order to prevent the escape of the iodine, and finally taking care that the iodine is brought into immediate contact with every portion of the lining membrane of the sac, which is best secured by seizing the punctured spot and giving the whole scrotum a very brisk shaking. This process was at once executed, and at its conclusion the professor called the attention of the class to the peculiarly comical expression of the patient's countenance, which taken in connection with his unequivocal statements, was sufficient corroboration of the professor's remark that the operation is a comparatively painless one.

Prof. Maclean enumerated several other methods of treatment which he said were only mentioned that they might be once for all dismissed from consideration as being in all essential points inferior to the simple one here employed.

This patient suffered very little pain or inconvenience from the operation and was dismissed cured within a week.

ENCHONDROMA.—A. O., Pontiac, Mich., aet 39, presented himself at the clinic, March 6, 1875.

Patient is a fair complexioned man of slender figure and strumous diathesis.

He came here for advice about a large growth situated over the left ilium.

On examination, this growth was found to extend from the crest of the ilium downwards, so as to overlap the hip joint, and from the anterior superior spinous process backward nearly to the posterior superior spine, and its size was quite equal to that of a full sized cocoa-nut. It appeared to grow outwards from

the bone by a broad base. Its surface was irregular and its consistence hard and unyielding. Patient states that it first appeared as a small protuberance *seven months* ago, since which time it has grown steadily until its present dimensions have been reached, and he believes that it is still growing.

Prof. Maclean diagnosed this to be an enchondroma or cartilaginous tumor, and he called particular attention to the rapidity of its growth and to the unhealthy appearance of the patient. The prognosis he regarded as extremely unfavorable, partly from the nature and structure of the tumor and partly from the patient's general condition.

The size of the tumor he did not regard as in itself any contra-indication to its removal ; moreover, being situated at a safe distance from all important blood vessels, the operation of its removal would be a comparatively simple matter.

But besides the patent fact that this patient is not a good subject for any operation, there is the very strong additional objection that it would be impossible to remove the bone from which the tumor grows, to a sufficient extent to prevent a return of the disease, which no doubt would very soon take place. Had this tumor been connected with a bone which could have been completely removed, it would in all probability have been advisable to give the patient the only chance which an operation would afford.

The patient was advised to abandon the idea of having any operation performed and to pay full attention to his general health. He was also informed that there was a possibility that his tumor might cease growing, and while there was no chance of its disappearing or diminishing, it *might* in time cease to trouble him or to interfere with his usefulness.

P.S. This patient was subjected to an operation by Dr. Wickson, of Pontiac, and unfortunately, Prof. Maclean's prediction of a fatal result was realized, as the patient gradually sank and died in a few weeks after the operation.

## Proceedings of Societies.

WAYNE COUNTY MEDICAL SOCIETY.

THURSDAY EVENING, Sept. 19, 1875.

The society met this evening at Dr. Klein's, 261 Jefferson avenue. The subject of the evening's discussion, "The Diagnosis of Incipient Phthisis," was introduced by Dr. Shurly. He regarded phthisis as the local manifestation of a general disease and quoted from several authors to sustain his position. Niemeyer says it cannot be propagated unless one of the parents be actually diseased at the time of conception. One of the earliest diagnostic points is the presence of fibrinous tissue found microscopically in the sputa. In France they make a diagnostic point of the symptoms following the inoculation of suspected sputa in guinea pigs. He, however, believed this test to be easily fallacious. Physical signs vary so much that much reliance cannot be placed on any one of them. It is the combination of them all, after the exclusion of other complaints that must be relied on in diagnosis. The respiratory percussion lately introduced by DaCosta he regarded as of great importance.

Dr. Mulheron had tried DaCosta's plan of respiratory percussion in a case then under treatment, but with negative results.

Dr. Yemans had found it satisfactory in a single instance.

Dr. Leonard relied more upon the permanent increase of temperature, other diseases being excluded, than upon any other single prodrome of phthisis. A continued elevation of from 99° to 101° F. was a pretty certain precursor of tubercular infiltration.

Dr. Kerr related a case in which adventitious sounds at the apex of the right lung marked the disease quite clearly. The temperature but once varied from 100°, when it fell to 99°.

Dr. Mulheron has noticed a congestion of the soft palate as a

constant symptom in cases which had come under his notice and regarded it as a prominent diagnostic symptom.

Dr. Gustin thought that this congested condition arose from the cough, and should expect to find it in bronchitis as well as in phthisis. He had seen it even in hysteria.

Dr. Harlow regarded the sinking of the sputa as a valuable diagnostic sign.

Dr. Klein remarked that sputa mixed with pus from any part would sink and thus the sign was not reliable.

Dr. Leonard spoke of the fallacy of regarding hæmorrhage as an invariable symptom of incipient phthisis. In females vicarious hæmorrhage from the mouth is of quite common occurrence; when the uterine disorder under which the female labors is cured, the apparent lung difficulty vanishes. Cough, especially on rising in the morning, is one of the common accompaniments of uterine irritation; there is a very intimate sympathetic relation between the lungs and the uterus. He has seen vicarious hæmorrhage from the nose, an old tooth socket, the tongue and the lungs. It is a very common error to regard the uterine lung irritations as disease of the lungs *per se*.

Dr. Heaton could not agree with Dr. Leonard in regarding the mistake to which he referred as common. He had very little faith in the occurrence of vicarious menstruation. In a practice of over twenty-five years he had yet to meet with such a case. Speaking of the curability of phthisis he believes that in some select cases cure was possible. He related a case which had presented grave symptoms but was now gradually recovering. The custom which prevailed a few years ago of sending consumptives to the Lake Superior country he regarded as objectionable.

Dr. Mulheron reported a case of excessive dysmenorrhœa. The patient, to use her own words, at each menstrual flux experienced the pangs of hell. She had undergone a variety of constitutional treatment before consulting him, with no relief. During the first few days of her "period" she had a very slight "show" which would then entirely cease to be followed by the most excruciating expulsive pains. These pains culmin-

ated in a sudden burst as if something had given way, followed by a profuse hæmorrhage. She attributed her trouble to abortions induced by the stilet of a gum catheter. An examination discovered complete occlusion of the os with cicatricial scars radiating from the center of the vaginal presentation of the uterus. There were also three or four scars which indicated a forcible entrance of the stilet into the uterine tissue. The examination was made immediately before the menstrual period and the only indication of an os was a point through which a drop of blood was seen to ooze. There was evidently a laceration of tissue at each period which was completely healed before the subsequent flow. The Dr. proposed to operate and would report the result.

Dr. Heaton was selected to introduce the discussion of "Dysentery" at the next meeting.

C. HENRI LEONARD, M. D.,  
*Secretary.*

J. J. MULHERON, M. D.,  
*President.*

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OCTOBER 5, 1875.

The society met at Dr. Gustin's, Henry Street.

Dr. Leonard reported a case of retroverted uterus, the pain of which caused it to be at first diagnosed as a case of common intestinal colic. He was led, however, to make a vaginal examination from the fact that the patient had had bloody stools. He found the uterus retroverted. Its replacement was followed by immediate relief without the administration of any medicine.

Dr. Heaton introduced the question for the evening's discussion—Dysentery. On motion, the thanks of the society were tendered and a copy requested for publication. (Dr. H's paper appears in the present number of the JOURNAL.)

Dr. Gustin administered ipecac in very small doses as a cholagogue and thinks it as efficient as mercury. He spoke of the marked diminution of the occurrence of dysentery among the inmates of the Home of the Friendless since the removal to their new building. He attributed the improvement to the improved sewerage in the new building.

Dr. Harlow gives leptandrin in preference to calomel and afterwards gives opium and camphor. A favorite combination of his is:

R.  
 Tr. Camph.  
 " Catechu.  
 " Rhei.....aa ʒss  
 " Opii.....ʒi

M.  
 Sig.—A tea-spoonful.

Prof. Armor spoke of the great variety of treatment. He considered it very important to distinguish between the types, the epidemic and the sporadic cases, as the treatment must vary in each. He looks upon the epidemic variety as a constitutional rather than as a local disease. Here the flux resembling meat-washings, is seen, and the patient speedily falls into a collapse. In these cases opium, quinine, and support are needed. He prefers beef essence as nourishment. In this class of cases you may generalize the disease, but must individualize the patient. Regards opium and the acetate of lead as the best remedy for the bloody serous discharges.

In sporadic cases the lower bowel is chiefly diseased and hence more ado is made by the patient as he suffers from more tormina and tenesmus. The line of treatment in these cases is to give saline cathartics, say drachm doses of sulphate of magnesia in a wine-glass of water with a little arom. sulph. acid, each hour until a free watery catharsis is established, after which he gives large doses of opium, two grains of the solid article, to "splint," as it were, the bowels. Should tenesmus, etc. return, he would again give the salts to be followed as at first by the opium.

He regarded the combination of calomel, opium and ipecac as a most excellent one in certain cases. In tropical climates ipecac is the remedy. The secret of its effectual administration is to have the patient rigorously abstain from drinks for four or five hours preceding and following the dose, which must be given as dry as possible. In this method nausea is less apt to



follow. He believes with Dr. Gustin that ipecac has a cholagogue action and it is so regarded by the physicians in whose countries it is the plan in vogue. He thinks it depletes by exosmosis the congested capillaries of the stomach, etc., and so increases the capillary circulation of the congested liver. He is exceedingly partial to this agent in all muco-intestinal inflammations. It quickens the secretions and hastens epithelial desquamation. Budd explained the theory of its action in relieving nausea by this exosmotic power. For the same reason he has found it useful in atonic dyspepsia. The speaker then referred to the rapidity of recovery from an attack of cholera morbus as compared with the tardy convalescence from an attack of dysentery, and attributed it to the copious watery discharges accompanying the former.

He has also combined ipecac with quinine and found it to increase the effect of the latter, or rather the susceptibility of the patient to its action. Blue mass is sometimes given for the same purpose. He finds use for ipecac in almost all bowel disorders.

Dr. Harlow referred to the excellent results he had observed to follow a combination of ipecac and bismuth.

Dr. Gustin spoke of several marked cases of chronic or camp dysentery which he had cured on the exosmotic plan when every other means had failed. The C. C. pill was the combination usually employed.

A vote of thanks was tendered Dr. Armor for his instructive remarks on the subject.

Dr. Leonard detailed a case of an almost complete cessation of the secretion of milk after the administration of ergot in a woman but ten days confined. Before giving the remedy (which was prescribed for uterine hæmorrhage) the milk had to be drawn artificially, there being more than the babe could dispose of. After three or four days' administration of the drug the secretion materially diminished, and on the withdrawal of the remedy it was normally resumed. This was the first clinical proof of the galactifuge properties of the drug which had come under his notice.

Dr. Kerr was selected to open the discussion of "Vesico-vaginal istula" at the next meeting.

Adjourned.

C. HENRI LEONARD, M. D.,  
*Secretary.*

J. MULHERON, M. D.,  
*President.*

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*MEETING OF THE MICHIGAN STATE BOARD OF HEALTH.*

The Michigan State Board of Health held its regular meeting at Lansing, Oct. 12, 1875.

The members present were Drs. H. O. Hitchcock, R. C. Kedzie, and A. Hazlewood, Rev. C. H. Brigham, Rev. J. S. Goodman, and Dr. Henry B. Baker.

Dr. A. Hazlewood, as Committee on Epidemic, Endemic, and Contagious Diseases, read an article on *Trichinæ*. The paper gave a historical review of the subject, mentioning the names of Zenker, Virchow, and Leukart as the prominent investigators whose researches have developed most of our knowledge concerning this parasite. Their combined researches are thus epitomized by Prof. Heller: Man becomes infected with trichinæ by the use of trichinous pork. The muscle trichinæ in the stomach become freed from their capsules, and develop in the intestines of cats and dogs, and also in that of man, to mature sexual worms, which attain their full growth at the end of about seven days and give birth to living young. These young trichinæ migrate from the intestines in which they are situated, to the muscles of the same person or animal. During their migrations they are found in the mesenteric glands, abdominal cavity and pericardium. They penetrate into the interior of the muscular fibres and cause the destruction of the contractile tissue. Within the muscles they grow to perfect muscle trichinæ. These migratory processes bring about in man a severe febrile disease—trichinosis—which may result in death. The speaker recounted cases of trichinosis, which occurred in New York, as detailed by Prof. Dalton, and read a long report from M. Northrop, M. D., of cases of trichinosis at Port

Huron, and also read an article from the pen of Herman Kiefer, of Detroit.

Dr. Kedzie read an article on "The Use of Poisons in Agriculture." After giving a general description of the different poisons used for destroying injurious insects, he gave a specific description of Paris Green, the aceto-arsenite of copper, which has been so largely used for the destruction of doryphora decemlineata, or potato bug. The paper was based on numerous analysis of soil, and of straw and wheat raised on soil dressed with Paris Green. The analysis proved the absence of any arsenic in the straw or grain; the analysis of soils proved that the arsenic does not remain as Paris Green, but unites with the hydrated oxide of iron, a substance present in all fertile soils, forming a compound insoluble in the usual solvents of the soil, such as carbonate acid and ammonia. There is therefore no danger of contamination of well water by the washing of the poison from the soil. In the discussion which followed Dr. Kedzie suggested that the ill effects which have been observed from the use of potatoes, might be due to the destruction of the vines by bugs, and not to any injury done by the Paris green.

Dr. Kedzie made some remarks concerning the danger from the ill construction of public halls, hotels, etc., in their means of exit. On motion he was requested to prepare a paper on that subject. Dr. Hitchcock was also requested to prepare an article on the subject of "Regulations to be observed by druggists concerning poisons."

Dr. Kedzie reported that he had prepared 90 sheets of ozone paper, and he left them with the Secretary for distribution to meteorological observers.

The President said he had been requested to have a paper prepared by some member of this Board, to be read at the next meeting of the State Teachers' Association, at Grand Rapids in December next.

On motion Rev. Mr. Goodman was requested to prepare and read a paper at that time and place.

The Secretary read a communication from A. A. Day, State Inspector of Illuminating oils, giving a history of the organiza-

tion and present status of the system of oil inspection in this State. It is to appear in the annual report of the Board.

The Secretary read a communication from Dr. Elisha Harris, Secretary of the American Public Health Association, inviting members of this Board to attend the next meeting of that body.

The Secretary also read a communication from Dr. Geo. E. Ranney, relative to cases of sickness, treated by him, supposed to be caused by drinking the bad water of Saginaw.

It was referred to the Board of Health of Saginaw City.

A resolution of thanks was adopted for the prompt manner in which the Board of Health of Saginaw City had responded to a previous resolution of this Board, expressing the hope that it would continue its efforts until the Common Council should afford the people of that city an abundance of pure and healthful water.

Communications from J. P. Stoddard, M. D., of Albion, and J. H. Beech, M. D., of Coldwater, relative to criminal abortion, were read and referred to the Committee on Legislation.

Dr. Stoddard's proposition is that every death of an unborn child be considered a "sudden death," and as such, a proper subject of inquiry for a coroner's jury.

A communication from A. Nash, M. D., of Lapeer, giving cases of sickness from drinking impure water, was referred to the Committee on Water Supply.

Circulars are to be issued to School Inspectors and teachers, transmitting documents on "Treatment of the Drowned," for distribution to the (500,000) school population of the State; also a circular to editors in Michigan, asking their co-operation.

Rev. J. S. Goodman was authorized and requested to make investigation into the sanitary condition of the common county schools of the State.

The Secretary was directed to procure books, periodicals, etc., for the library of the Board.

Rev. Mr. Brigham read a paper on the influence of occupation upon the health, referring to the dust and impure air of factories and offices, and to the need of more recreation and

out-door exercise. The paper was ordered printed in the next annual report.

Dr. Baker read a brief paper on "Reproduction of Diseased Germs," and also one entitled a "Sad case of failure to prevent deaths believed to be preventable," both of which were ordered printed in the annual report.

Dr. Hazlewood was requested to prepare a paper on the "Influence of Vaccination, giving statistics of mortality before and after its practice.

The Secretary's quarterly report mentions that 2,500 "Rules and Regulations recommended for adoption by Local Boards of Health," have been published and distributed to all township, village and city boards of health in the State, all publications of the State, sanitary journals, and individuals interested in the subject. A package of pamphlets and placards on "Treatment of the Drowned," has been sent to the Chief of Police in each city of the State for distribution, and a circular soliciting correspondents has been sent to seventy physicians and sanitarians, forty-eight of whom have accepted the duty. Many in addition to accepting, expressed their appreciation of the work of the Board. Blanks for annual reports of clerks of local boards of health have been prepared and printed, and are now being sent out. An improved meteorological blank register has been published and its distribution commenced to meteorological observers throughout the State. It is hoped that more specific knowledge may be gained respecting the influence of meteorological conditions upon certain diseases.

An order book and classified expense account book have been prepared, in which the accounts of the Board are kept with much system.

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## Correspondence.

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### *A FEW REMARKS ON PRONUNCIATION.*

MESSRS. EDITORS—"Ignorance lives under the cloak of wisdom," they say; and the professors of medical literature are as open to the charge of "pretension" as any other set of men;

and if I were to use my individual judgment, more open to the charge than members of any other of the professions.

This is not so strange when we consider the wholesale way that "full fledged" M. D.'s are vomited forth at each bilious attack of our medical colleges.

The selection to "professorship" is of equal haphazardness—as to merit—in many of our smaller colleges.

I ask the question with all due charity: How many of our professorship-holding "Doctors" are really worthy men? Worthy of the position they assume before the eyes of the great public? Isn't it proverbial that *much* (may I say *most*?) of the best medical talent is outside of the "charmed circle" of the professors' chairs?

The one element most likely to prove of preferment (as regards acceptance by the constituted Faculty of a so-called medical college) in a would-be aspirant for a professorship's advertising honors, is that the candidate has no *prominent* characteristic of *self*-independence in anything pertaining thereto; but that he will acquiesce in, and further, the designs of his patron or patrons; not daring, in fact, to do otherwise, after the coveted position has been gained. Is it any wonder, then, that such men will be found writing prescriptions that shall look like Latin struck by lightning, besides being otherwise orthographically much worse for coming through *their* hands? that they will be forced to call upon assistants from the class in order to translate a simple *misce et signa pilula una ter in die*? (Factum.)

But it is hardly so much to this as to the fact of wretched pronunciation of medical and anatomical terms that assails one's ears when listening to a "ponied" lecture (!) from their lips, that I wish to refer. A student is not supposed to see much of a professor's writing (and it is well that he does not); but he does hear him, occasionally; and following the tongue-slippings of his master, soon gets into the habit of murdering the names of things with the same alacrity as does his "professional" professor. The evil seed has been sown, and finding such fertile ground, can you wonder that it brings forth an hundred fold?

I propose now to notice the names of a few drugs that are

continually mis-pronounced by these, our would-be instructors. It is a shame to the worthy professorial profession that these things are so! What would we think of a carpenter that could not give us the names of his tools properly? What of a brick-mason that would persist in calling his trowel a *trooel*, or a hod-carrier that would insist he had a *hood* upon his shoulder?

We will take the list somewhat alphabetically. The first one that stabs our ears is ac'idum which these Knights of Æsculapius will persist in "putting a *side* (oh, for a tin ear!) on," thus, a-*side*'um. Next comes, the root of aconite, in its genitive, or perscription dress, called *rad*'i-cis, which is radically very wrong. The merest tyro in Latin could have told them that all nouns in *i-x* take the genitive in *i-cis*, having the *i* long; thus, *rad*'cis. Al'etris the same great lights will persist in pronouncing as if spelled a-lee'tris; whilst al-o-es, a word of three syllables, is pronounced minus one in all the pomposity of a *magister*. A-lu'men is another sufferer, being dubbed by them a'lumen, and am-mo-ni'a-cum is known (to them) as am-mo'-ni-a"-cum. A-ni'sum is another sufferer by being called an'i-sum. Bis-mu'thum, or bis-mu'thi, they will persist in accenting on the bis, just as if it was none of anybody's "biz" whether the pronunciation was right or wrong. Calen'dula, they tell you is calendu'la, and can'tharis cantha'ris, whilst cary-ophyl'lus is, in the genitive, caryoph'y-li (they lie). Catechu (shoo) is another of their stumbling blocks, for with them, as with the Chinaman's pig-tail, the *keru* (chu) hangs always on behind. But not to take up further space, I will simply give the pronuciation and accentuation of a few more of the commonly mis-pronounced terms, as these professors *should* (but *do not*) give them. Co-ni'um; col'ula; car bo'nas; chlor'idum; cy-an'idum; gal-banum; gelse'mium; gua'iacum (*gua'ya-cum*); helleb'orus; hyoscy'amus; hyssop'us; iod'idum; jala'pa; mas'ti-che; ma-ti'co (tee-co); oleum cajupu'ti; o. oli'væ; o. orig'ani; o. ric'i-ni; o. suc'cini; quin'ia; sina'pis; syru'pus; vir'ide; ace'tas, etc.

Among anatomical terms we have the following habitually mis-pronounced: abdo'men; attol'lens aurem; cervi'cis pro-

funda ; accelerator uri'næ ; coccyge'us ; venæ cardi'acæ ; sub-crure'us ; ancone'us ; oppo'nens (pollicis, etc.) ; coccyge'us ; glute'us (max., med., et min.) ; sole'us ; poplite'us ; duode'num, etc., etc., for the list is by no means exhausted.

Now, how is this evil to be remedied? In only one way, by appointing or selecting educated men for the professor's chair. A certain amount of "practical experience" is a good thing ; but it should, by no means be the only recommendation to a professor's prerogatives. There is a certain amount of "culture" supposed to be connected with this position, and the great interests of the profession demand that this "culture"—and not "cheek"—shall be the ruling principle in matters of choice of medical college professors. The examples I have given of the lack of this culture (limited, even) are not fictitious ; visit a series of a half a-dozen lectures from our professors at many of our colleges and see how lamentably true is the fact of a want of a thorough knowledge of the very subjects upon which they are lecturing to their medical classes, and you need not go more than a thousand miles from your own city to do this, either.

I may trouble you with a continuation of this subject on some future occasion, in the meantime I shall remain,

Truly yours,

A. VERDANT, M.D.

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## §*Selections and Translations.*

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*EXTRACT FROM PROF. CLELAND'S ADDRESS BEFORE  
THE BRITISH MEDICAL ASSOCIATION, Aug. 25.*

There can be no doubt that a great and curious influence has been exercised on morphology by the rise of the doctrine of the origin of species by natural selection. Attention has been thereby directed strongly for a number of years to varieties ; and probably it is to this doctrine that we owe the large number of observations made on variations of muscles, nerves, and other



structures. Particularly elaborate have been the records of muscular variations, very praiseworthy, interesting to the recorders, very dry to most other people, and hitherto, so far as I know, barren enough of any general conclusions. So much the more credit is due to those who have worked steadily in faith that beauty will emerge to gild their results some day.

But the doctrine of Natural Selection has had a further effect on anatomical study, in aiding the reaction against the search for eternal laws or plans regulating the evolution of structures, and directing attention to the modifying influences of external agencies. This effect has happened naturally enough, but it has been far from just; rather is it a pendulum-like swing to another extreme from what had previously been indulged in. The doctrine of natural selection starts with the recognition of an eternal formative force which is hereditary; and in the development of the doctrine, the limits of hereditary resemblance have been greatly studied; and further, it will be observed that one of the fundamentals of the doctrine is, that the formative force alters its character gradually and permanently when traced from generation to generation in great tracts of time. Now I am not going to enter on a threadbare discussion of the origin of species in this company; suffice it to say that, while the existence and extensive operation of such a thing as natural selection seems to have been convincingly proved, it is a very different thing to allege that it has been the sole, or even the principal agent in producing the evolutions of living forms on the face of the earth. So far as Anatomy is concerned, it is a secondary matter whether the link between the members of the evolving hosts of life have been genetic or not. But I wish to point out that, even pushing the Darwinian theory to the utmost possible extreme, the action of external agents infers the existence of something acted on; and the less directly they act, the more importance must be given to the hereditary or internal element. We are therefore presented with a formative force, which exhibited itself in very simple trains of phenomena in the first beginning of life, and now is manifested in governing the complex growth of the highest forms. We are set face to face with

that formative force, and are obliged to admit its adherent capability of changing its action ; and that being the case, is it more of an assumption to declare that the changes are all accidental and made permanent by accident of external circumstances, or to consider that it has been the law proper to this force to have been adequate to raise forms, however liable to modification by external circumstances—to raise them, I say, from the simple to the complex, acting through generations on the face of the earth, precisely as it acts in the evolution of a single egg into an adult individual ? This is the formative force which has been elaborately shown by Mr. Darwin, in launching his theory of “ pangenesis,” not only to be conveyed through whole organisms and their seed, but to pervade at all times the minutest particles of each ; and I merely direct attention to the fact that its extension over the whole history of life on the globe must be granted, and ask if, in the range of forms which furnish at the present day an imperfect key to the ages which are past, there is not exhibited a development comparable, in its progression to definite goals, with what is shown in the life of a single plant or animal. For my own part, I am fully convinced of a unity of plan running through animal forms, and reaching, so far as the main line is concerned, its completion of the human body. I confess that I think that there is evidence that animal life has reached its pre-ordained climax in humanity ; and I cannot think it likely that, as myriads of years roll on, descendants differing *in toto* from man will be developed. To argue this subject would be to enter on the largest subjects of morphological anatomy, and on speculations on which agreement could not be expected. Even, however, in the nature of the variations in the human race there seems to be some evidence that the progress of evolution is to be traced from man, not to other animal forms yet to appear, but, through his psychical nature, into the land of the unseen. Those variations, keeping out of view differences of bulk and stature, which appear to have some relation to geographical position, are principally to be found in the head, the part of the body most closely connected with the development and expression of the mental character, and I may mention that when,

some years ago, my attention was directed to the variations of the skull, the only part whose variations in different races I have had opportunity of studying with any degree of minuteness, I became satisfied that in uncivilized races there might be distinguished skulls which had undergone hereditary degeneration, others which had reached the most advanced development possible for them, and a third set, notably the Kaffirs, with large capabilities for improvement in the future. Indeed it is beyond doubt that there is a limit for each type of humanity beyond which it cannot pass in the improvement of the physical organization necessary for mental action.\*

There are also some curious indications in human structure of the formative force nearing the end of its journey. In the details of the skeletons of other animals one sees the greatest precision of form; but there are various exceptions to this neatness of finish in the skeleton of man, and they are found in part specially modified in connection with the peculiarities of his development, and not requiring exactness of shape for physiological purposes; while on the other hand, physiognomical mould and nicety of various physiological adaptations are found in perfection. Look at the variations of the breast-bone, especially at its lower extremity, which is never shapely, as it is in the lower animals. Look at the coccygeal vertebræ; they are the most irregular structures imaginable. Even in the sacrum and in the rest of the column the amount of variation finds no parallel in other animals. In the skull, except in some of the lowest forms of humanity, the *dorsum sellæ* is a ragged, warty, deformed, and irregular structure, and it never exhibits the elegance and finish seen in other animals. The curvature of

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\* I allude to the circumstances—that under the influence of civilization the length of the base of the skull does not increase, but positively decreases; that the proportion of the extent of the arch to the base has strict limits; that the curvature of the base in some uncivilized races falls slightly short of the normal; that in others it transcends the normal by a peculiar process of degeneration between the sphenoid and ethmoid; and that increased capacity of the cranial cavity in the progress of civilization is obtained almost entirely by increase of breadth and by the rounding out of those flat surfaces above and below the temporal ridges which give savage skulls a roof-like appearance. (See "Inquiry into Variations of Skull," Phil. Trans. 1870

the skull and shortening of its base, which have gradually increased in the ascending series of forms, have reached a degree which cannot be exceeded ; and the nasal cavity is so elongated vertically, that in the higher races nature seem scarcely able to bridge the gap from the cribriform plate to the palate, and produces such a set of unsymmetrical and rugged performances as is peculiar to man ; and to the human anatomist many other examples of similar phenomena will occur.

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*QUININE IN THE TREATMENT OF CHILDREN'S DISEASES, ESPECIALLY IN FEVERS AND WHOOPING COUGH.*

Dr. Rapmund, from large experience in country practice, gives to quinine a decided preference over the use of cold water as an antipyretic, for the reason that the use of the latter can not so well be controlled, and because internal remedies are less objected to by the laity than others. The author's experience with quinine as an antipyretic and tonic corroborates fully the favorable statements of Dr. Hagenbach upon this subject. It has been employed by him in cases of scarlatina, measles, varioloid, erysipelas migrans, lobular pneumonia, and follicular enteritis. In the first three classes of disease the treatment was resorted to only in severe cases ; for in light cases in country practice medical assistance is not called in. In the above cases quinine worked too as a hypnotic (Jurgensen), and convalescence was rapid.

In erysipelas migrans, Vogel has already recommended quinine as the only remedy acting favorably in the few cases of recovery seen by him.

The result in lobular pneumonia was a particularly favorable one, in nine cases between four months and eighteen months of age, only two dying. This is explained by the author as due to the fact that in fatal cases the cause of death is an insufficient action of the heart, occasioned by the high fever. The remedy must be used without intermission ; but when cyanosis has set in, it is too late. Dyspnoea is also relieved by this remedy. At

the same time as much nourishment as possible must be given—milk, meat broths, or wine. In enteritis folliculosa, where there was high fever this remedy did good service, acting also as a tonic. In whooping-cough, quinine produces a decided diminution in the number of attacks and in their severity.

In the author's cases thus treated there were no complications nor sequelæ, except where these had already made their appearance before the administration of the remedy; and they moreover were shortened in their duration or removed by the remedy.

The author always gives quinîæ muriat. in solution, 0.05-0.1 gramme once or twice daily in glycerin and water, equal parts. The medicine is given in black coffee. When not tolerated by the stomach, it was given in double the dose by the rectum. The syringe in such a case should not hold more than an ounce or an ounce and a half of fluid.—*Boston Med. and Surg. Jour.*

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#### *LINIMENT FOR INTERTRIGO.*

Prof. Lang recommends (*L'Union Medicale*, No. 52, 1875) the following prescription: R. Bismuth, subnit., glycerin,  $\bar{aa}$  grammes viij. Mix, and add to the mixture tinct. cochineal gtt. xxv-xxx, if you wish to give it a skin color. Cover the part affected with a layer of the liniment every eight days. If the disease is of long duration, then apply vesicants and give purgatives, while you fight the intertrigo with the subnitrate of bismuth.

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#### *DRY EARTH FOR ULCERS OF THE FOOT.*

For the healing of gangrenous ulcers of the foot, the following procedure is recommended: Take dry earth (like gypsum) and use in such a manner that a layer comes to lie upon the ulcer itself. This should be secured by means of a cloth moistened with pure water. The dressing remains twelve hours. In the Indian hospitals very good results have been obtained by this application.—*Allge. Med. Zeitung*, June 29, 1875.

*A NEW METHOD OF INTRODUCING MEDICAMENTS INTO  
THE UTERUS—GELATINE CAPSULES.*

Dr. Sale, of Vienna, mentions that as his porte-caustic was for some time missing, he supplied the want by filling small gelatine capsules with the necessary medicaments. These he then introduced into the uterus by means of a pincette.

He, as well as some of his colleges, have treated successfully several patients in this manner, which is, to say the least, not exactly new, but an advance beyond medicated intra-uterine pessaries.

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*EXTERNAL USE OF THE TINCTURE OF IRON IN ERYSIPELAS.*

In the *Londor Medical Times and Gazette*, Dr. Clarence Foster recommends the following treatment: I wish to direct the attention of my medical brethern to the immense utility of the tincture of iron, locally applied, in arresting erysipelas and many other external diseases when unattended by breach of surface. In simple cutaneous erysipelas, and also in the milder phlegmonous variety, it possesses the decidedly specific effect of subduing, almost at once, the morbid action. I have applied it in numerous instances, and always with the most satisfactory results. So far as my experience goes, it is in these cases incomparably the best external remedy ever used. It seldom happens that more than one painting of the same spot is required; and, having applied it, no other external agent whatever is needed. In scrofulous swellings of the neck its discutient properties are far superior to those of iodine: and where a puerperal breast or inguinal gland in the male has threatened to end in suppuration, the early use of the tincture, every other day or so, with a camel's hair brush, has been sufficient to effect a resolution, while in similar cases we find frequently that leeches, poultices, and evaporating lotions fail to prevent the formation of matter. Again, the remedy may be applied most advantageously in acute rheumatism, where and particular joint is especially swollen and painful, and also to the inflamed surface surrounding an un-

healthy ulcer, or along the course of the absorbents when irritated by a recent, ill-conditioned wound. The well known remedy, ink, as a domestic application in ringworm, has long enjoyed a not altogether undeserved popularity, its curative effect being undoubtedly due to its ferruginous ingredient. Although the external use of the tincture of iron—first introduced by my father, I believe, some five-and-twenty ago—is now pretty common in the West Riding, yet its great therapeutic advantages, I have reason to think, are far from being sufficiently appreciated by the profession generally, and I am fully convinced that any surgeon giving the preparation a trial will be amply satisfied with the result.

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*DILATATION OF THE NECK OF THE BLADDER FOR  
CYSTITIS.*

Dr. J. W. Howe (*Med. Record*, Aug. 14) reports the case of a woman who had suffered greatly from cystitis for a year. The disease had probably a syphilitic origin. It interfered with her sleeping and resisted all ordinary treatment. The doctor determined to try the effect of dilating the neck of the bladder, in order to give the organ a rest, and if possible, to examine the inflamed lining membrane. "She was placed under ether, and the urethra gradually dilated with Molesworth's dilator until the canal was large enough to admit my little finger. Then the index finger was introduced, and, lastly, a small glass speculum measuring nearly three quarters of an inch in diameter. Through this the interior of the bladder was readily seen, and the healthy and diseased portions clearly defined. Around the neck and extending backwards about an inch and a half there was well marked congestion. The membrane was studded with minute red points, which in some places seemed to be raised considerably above the surface, giving rise to an appearance resembling that of granular lids. There was no appearance of mucus. A piece of red litmus paper, introduced on the end of a sponge holder, and applied to the membrane, showed a strong

alkaline reaction. The bladder was then thoroughly washed with warm water, and the litmus paper again applied to the upper portion of the viscus, but the reaction was still alkaline. The cleansing produced little or no change in the appearance of the inflamed membrane. The patient was then placed in bed, and a hypodermic injection of ten minims of Magendie administered. Next day (Monday) quinine in tonic doses was ordered. She then complained of slight soreness about the urethra; the urine dribbled from the bladder until the fifth day after the operation, when the sphincter muscle again resumed control. On Sunday night, March 3d, she made water but twice. The water was retained in the interval without discomfort. From that time on micturition was performed in a natural manner, without pain or uneasiness, and when I last saw her, two months from the time of the operation, there was no return of the disease. She had perfect control over the sphincter, and, so far as could be ascertained, a rapid and complete cure of the cystitis had resulted from the dilatation."

Another new method of treating the same very troublesome disease is described by Prof. Richardson, of New Orleans, in the *N. O. Med. and Surg. Journal* for May. After washing out the bladder with tepid water, he injects two ounces of a solution of nitrate of silver, twenty grains to the ounce. In a case of three years' standing, the injection was allowed to pass out through the catheter, after remaining a minute. A severe burning pain ensued, which lasted several hours, but next morning the patient felt remarkably well. The process was repeated twice, after intervals of eight days, after which all the symptoms disappeared.

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#### *INFLUENCE OF CHLOROFORM ON FERMENTS.*

Some important observations have recently been made by M. Muntz, on the effect on various ferments of the addition to them of chloroform. He finds that its effect is very different on two classes of ferments which have been distinguished by the Dumas as chemical and physiological ferments. On the former,



which consists of a nitrogenized but unorganized material, it has no effect ; on the latter, those in which the fermentation is the concomitant, if not the result of a process of growth in vital organisms, chloroform has the effect of arresting the fermentation at once. Milk, to which a small quantity of chloroform has been added, remained for four months without becoming curdled, and no organism appeared in it ; fresh urine, under the same conditions, remained for two months, at a temperature of 25° to 30° C., without undergoing ammoniacal fermentation or yielding organisms ; the result was the same with flesh, gelatine, and starch. The alcoholic fermentations of sugar in contact with yeast was completely arrested by the presence of chloroform.—*Ibid.*

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#### *THE PATHOLOGY OF DIPHTHERIA.*

Professor Henoch, of Berlin, says, in a recent lecture, that “the diphtheritic process has been anatomically distinguished from croup by the peculiarity that the mucous membrane becomes infiltrated with the secreted matters, while in croup there is a deposition of a free membrane on the surface of the mucous membrane. There is, in fact a primary fibrinous croup, which has nothing in common with diphtheria as an infectious disease. Towards establishing a proof that a primary croup may exist, and which not uncommonly follows and is the sequence of a catarrh of the larynx, becoming, in fact, plastic croup, take the following case of measles:—A boy suffering from measles, was admitted to the Charité, with laryngeal catarrh strongly developed, and yet there was nothing to be seen in the throat beyond simple angina. The hoarseness, however, continued for some days, even after the diminution of the fever. After four days’ duration the temperature rose, and in a few hours croup was developed, for which tracheotomy was performed. From the aperture in the trachea a long plastic tube of membrane was drawn out. The canula was retained for ten days, and the child recovered. Such cases prove that true croup,

may be developed from a catarrh; but it must be confessed that at the present time cases of true croup, compared with those of infectious diphtheria, are of rare occurrence."—*Med. and Surg. Reporter.*

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#### ANÆMIA.

Dr. Julius Pollock calls attention to that form of anæmia which is met with in young unmarried women and is usually associated with some disorder of the catamenial function. He relies chiefly on steel to effect a cure; but if the tongue is coated and the digestion much impaired, the more stringent forms of iron, such as the sulphate or the perchloride, are often not tolerated at first; and the ammonio-citrate, the *mistura ferri comp.*, or the *ferrum redactum*, will be the best to begin with. In a large number of cases he has found nothing so successful as a combination of the ammonio-citrate of iron and rhubarb in suitable doses, with equal parts of some bitter infusion and peppermint water. Sometimes the addition of two or three grains of the carbonate of ammonium seems to be useful. He makes rather a point of the rhubarb, although it is so disagreeable to take, believing it to assist the action of the steel, especially when the stomach is out of order. If the patient is very nervous, ten grains of the bromide of potassium may be added with advantage to each dose of the mixture. If the rhubarb in the mixture does not act enough upon the bowels, it will be necessary to prescribe some aperient pill to be taken at bedtime. Preparations containing aloes are of service, and may be combined with steel. Pepsine is often useful with meals. The diet should be light and simple; beer had better be avoided in most cases, and a glass or two of light claret may take its place with advantage. Claret is certainly better than port, although that wine is so often recommended. A moderate amount of exercise out of doors, when the weather permits, should be insisted upon, but anything like fatigue must be avoided. A tepid bath in the morning and a rub down afterwards with a rough towel is a good

thing. In a few weeks, more or less, the steel and rhubarb mixture may be left off, and fifteen drops of the solution of perchloride of iron given after each meal in a wineglass of water.—*Lancet.*

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*Ars, ante omnia veritas.*

## Editorial,

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### *PRESIDENT ANGELL ON THE HOMŒOPATHY QUESTION.*

We present below an extract from the annual report of the President of the University of Michigan to the Board of Regents relating to the establishment and organization of the College of Homœopathy in the State institution; and it will be seen that so far as it goes it fully accords with the "statement" of the Faculty of Medicine and Surgery published in our September number.

It is to be hoped that the bitterness of feeling apparently engendered by some cause not yet given to the medical public, will not further manifest itself by denying the correctness of this official, and certainly important statement of President Angell:

"The establishment of the Homœopathy Medical College, it is hoped, puts an end to a controversy which has been prolonged, unpleasant, and in some respects harmful to the University. It is not necessary to recite the history of the controversy. The Regents in the exercise of authority vested in them by the State, have consistently and wisely declined to obey every law which asked them to appoint professors to teach the Homœopathic system of medicine in the Department of Medicine and Surgery, since, from its establishment, that department had been under the charge of a Faculty, who believed that system to be false. But the law enacted last winter, providing for a Homœopathic College with a distinct and separate organization, and furnishing funds for its support, has met with a prompt recognition from the Board. Professors approved by the Michigan Homœopathic Medical Society and by the American Institute of Homœopathy, a National Association, were appointed to the chairs of "Theory and Practice of Medicine," and "Materia

Medica and Therapeutics," a commodious lecture room was provided, and all other needful arrangements were made for the accommodation of the school.

It may not be inappropriate briefly to indicate the plan of organization of this college, since misapprehensions prevail in some quarters. It is a college or school as independent or distinct in its organization from other schools or colleges in the University, as the Law School is distinct from the Department of Literature, Science and the Arts. Its affairs are controlled exclusively by its own Faculty. Persons desiring to obtain a degree in this college are registered and matriculated by themselves. If they graduate they received the diploma of the Homœopathic Medical College. It is a general rule of the University that students in one school or department may attend lectures in any other, under such regulations as may be deemed wise.

"It is entirely in accordance with this usage that matriculants in the Homœopathic Medical College study "Theory and Practice" and "Materia Medica" in that college, and attend lectures on Anatomy, Surgery, Physiology and Obstetrics in the Department of Medicine and Surgery. In fact, students who were professed believers in the Homœopathic system of medicine have always been found in our medical classes as in the classes of most medical schools of reputation. The professors in the "old school" at the end of their term examine all students who offer themselves for examination and certify to the Regents the result. The professors in the Homœopathic College pursue the same course with their students. The Regents award the degrees. Matriculants in the Department of Medicine and Surgery will receive the diploma of that school, if they have passed their examinations with sufficient credit; matriculants of the Homœopathic School will on the same conditions receive the diploma of that school.

"It is believed that reasonable men of both schools of medicine will agree that this is a judicious method of carrying the law of the State into effect. So much feeling has been awakened by the discussions and collisions of the two schools in all parts of the country and especially in Michigan, that no possible plan for setting up a Homœopathic College here could escape criticism. But leading men of both schools have expressed their acquiescence in the plan adopted. It is hoped that our organization of work will by its actual operation commend itself to approbation of the public. I feel that praise is justly due to the professors in the Department of Medicine and Surgery, who under the fire of criticism, sometimes harsh and ungracious, from certain of their professional brethren, have stood steadily at their posts at the risk of being misrepresented and even calumniated.

“If no unexpected embarrassments arise from this interesting experiment in medical education—for such we must consider the attempt to have two different systems of medicine taught, even in separate colleges, in the same university—an obstacle to securing needed aid from the Legislature for the Institution is removed. Whenever help was asked many friends of the Homœopathy declined to favor any grants unless Professors of the Homœopathic system of medicine were appointed. To others, who, really cared nothing for Homœopathy, a convenient excuse was offered for opposing appropriations for the University. This argument and this excuse for refusing us assistance are now removed.”

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It has been currently stated that the diplomas of the graduates of the Department of Medicine and Surgery in the University were not to be signed by the Faculty of that college. We are assured, however, by responsible authority, that there is no objection to the members of the regular Faculty attaching their names to the diplomas of those who graduate in that college, and it is understood that all the graduates in regular medicine will have the signatures of the professors in the regular school attached to their parchments as heretofore. They will thus be designated, not only by the title of the diploma, but also by the names attached, from any other diplomas granted by the University.

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#### *HOMŒOPATHY IN THE UNIVERSITY.*

In recent numbers of the *Philadelphia Medical Times* and the *N. Y. Medical Record*, editorial articles have appeared under the head of “Homœopathy in the University of Michigan.” These articles are so fair and so much to the point, that we feel called upon to give our readers the benefit of them. We do so in the hope that assistance may be afforded to some who are still troubled with doubts and misgivings as to the policy pursued by the Faculty in this matter. The *Philadelphia Medical Times* says:

“Such being the programme arranged by the Regents of the University, the medical Faculty had the choice of resigning or

of accepting it. They chose the latter. Were they right? On first hearing of the connection of homœopathy with the University, we felt, as did probably nine out of ten of the profession, that the Faculty were bound to resign. But now, knowing all the facts, and having thought over the matter carefully, we are willing to record the opinion that they have taken the proper course.

“Certainly the Regents of a University have a right to make any lectures free to any one who behaves himself in the lecture-room; and therefore we are at a loss to perceive upon what logical grounds could complaint be made because certain of the medical lectures were thrown open to homœopathic students. In regard to the question of examination the point is not so clear: it certainly would have been better to have appointed a separate set of examiners, and the Regents probably would have done this if they had been asked. Certainly, however, being required to give certificates of proficiency to students not graduating in his own department would not be a sufficient reason for a professor to give for resigning his professorship. If the Faculty had so acted, they would probably at first have received warm commendation from their professional brethren, but they would have rendered themselves ridiculous in the eyes of the laity, and, probably, even those who at first praised most loudly would in the end have acknowledged the mistake. One of two things would almost inevitably have happened: either a new regular Faculty would have been appointed, or else the whole University would have been put into the hands of the homœopaths.

“It is hardly possible that any respectable set of doctors could have been found to occupy chairs which had been vacated by the resignation of the whole Faculty upon such grounds, and the school, therefore, must have fallen into the hands of homœopaths, eclectics, or others of like ilk.”

The *N. Y. Medical Record* has the following :

“The subject of homœopathy in the Michigan University still attracts considerable attention. As might have been expected, the discussion of the merits of the question has been animated from the start, and many of the disputants have been strongly imbued with a radicalism for one side or the other. At one time the Faculty of the medical department of that institution was in such imminent danger of being sacrificed on the altar of an expediency, that any hope of their being able to explain their position appeared to a majority of the profession utterly futile. With this majority, as one of our contemporaries has said, “the very mention of the word (homœopathy) was almost like touching a spark to gunpowder.”

"As every one knows who has been acquainted with the history of the Michigan University, the homœopathic question has quite a history, dating back almost from the time the institution itself was founded. After being repeatedly defeated, the homœopaths have at last triumphed in getting a foothold in the medical department. It is safe to say, that if this could have been prevented, the Faculty of Medicine would have spared no pains, nor shrunk from any required work which conscientious opposition could force upon them. We are satisfied, from what we know of the history of the whole affair, that this assertion can be supported by facts.

"To read, however, some of the criticisms which have appeared from the correspondents in some of the journals, it would seem that the said Faculty are not only to blame for everything that has occurred, but are so wanting in ordinary orthodoxy as to bring upon their school the discipline of the American Medical Association, in the way of ceasing to recognize their pupils.

"Accepting the fact of a homœopathic graft upon the college, the question at once arose whether or not it was best for the Faculty to resign. To those who followed the impulse of prejudice rather than the voice of reason, the answer seemed obvious. There appeared to be no other way of getting rid of the graft than by cutting down the tree. After calmly viewing the situation, very many discovered that they had an affection for the University, and were determined not to sacrifice it. Then reason began to prevail, and the preparation was made for a calm hearing of the statement of the Faculty. The principal object of this statement is to show that the best interests of the institution demand that the present Faculty should remain where it is. Impartially judging all circumstances of the case, it is our opinion, as before intimated, that they have the best side of the argument. As we understand it, there is no attempt to justify the action of the Regents; only a judicious acknowledgment of the fact that the governing power of the University had a right to do as they pleased. The Faculty, then, do not endorse the measure, but are willing to make the most of the association that is forced upon them.

"It might have been much better to have had an entirely separate department for the homœopaths, and this suggestion we made at the very commencement of the trouble; but for the time being this is out of the question. And after all, although it is not easy to admit it from the present standpoint of general professional opinion, it is perhaps best that it is so. The regular profession has to meet the issue one time or another, and all other things being equal, the sooner the better. We are heartily wearied of the cry of martyrdom on the part of the Hahnemannites, and the more liberal we are towards them the sooner will

the question of their superiority of intelligence, their honesty of purpose, and their extraordinary skill in the treatment of disease be for ever settled. Their present position in regard to the University gives them all the opportunities which they may reasonably ask for working out their salvation. They have, if not in fact, at least in name, the association with a well established and reputable school of medicine, with all the privileges of instruction which they may desire, and the extra opportunity of special teaching in the peculiar doctrines of their own faith. If the special beliefs of homœopathy can be best combatted by truth and light, the "Department of Medicine and Surgery" have every advantage of not only maintaining their ground, but of vanquishing the intruders. The more we concede to them in the beginning, the more triumphant will our victory be in the end. In this view it is hardly fair to assume that the University is giving comfort to the enemy.

"We think that the Faculty, far from being condemned for the course taken, should be upheld by every liberal-minded professional man, and should be encouraged by every impartial searcher after truth. They are not placed in any position which will compromise their honor, and although disagreeable associations may be forced upon them, it is their duty to make the most of the situation, and calmly await results. They can assume no responsibility in granting homœopathic diplomas, as their names do not appear thereon, nor do they pretend to recommend any candidate for such distinctions. It is true each one of the regular professors examines these candidates in his respective branch, and certifies thereto; but this is all. Although it may be assumed, and with considerable truth, that the homœopathic college may prosper by borrowed light, yet the homœopathic graduate from that school, practically speaking, receives no credit for having passed the examination of any but the two homœopathic professors.

That the Medical Faculty of the University is now and will continue to be, fully sustained by the public sentiment of the profession, in the course which they have pursued with regard to the Homœopathic College, must, we think be apparent to every one who has watched, intelligently and without prejudice, the drift of recent events.

The members of the Faculty have unanimously entertained the belief that when the mature and impartial verdict of the profession as a whole shall come to be rendered in this matter, it cannot fail to be unequivocally in favor of their conduct and motives. To this belief they have steadily and fearlessly held



from the time, when after the most careful and conscientious reflection, they came to see with one accord, that the course which they have taken was the *only one* which they could in justice to the profession and themselves adopt and defend. Faith in the propriety and wisdom of their policy, and in the judgment of the profession as a whole, has sustained them under the first explosive effects which arose from the announcement of "Homœopathy in the University" and the association in even the most remote degree of the "old faculty" with the *abominable thing*. Having once for all determined as to its duty in the emergency, the Faculty has pursued the even tenor of its way to the present time, and in spite of misrepresentation and contumely (to say nothing of honest disapproval), has displayed a degree of serenity and confidence, which could hardly have been possible in the absence of the *mens conscia recti*.

That there *was* room for honest difference of opinion as to the duty of the Faculty in the strange dilemma in which they found themselves and *into which they were forced in spite of their utmost endeavors to avoid it* no one can deny. Nor can we wonder that some cases of disaffection in the ranks of the former allies of the school should have occurred, although the extraordinary conduct of some of these malcontents has astonished and disappointed not only the members of the faculty, but many other people who had certainly expected better things of them. This is the most painful feature of the whole matter, and perhaps the less said about it the better. And still we cannot forbear recording our own private feeling that a certain correspondent of the *N. Y. Medical Record* might have been restrained by good taste and common gratitude from making a stepping stone to notoriety of the faculty, to whom but a short time ago he had occasion to return his heartfelt thanks for personal services. The irrepressible fidgetiness of youth may account for, and to some extent even palliate his offense against good taste and his ingratitude, but nothing can excuse the grossly erroneous assertions with which the young ex-professor of Physiology in the University of Michigan affects to enlighten the professional public. At the same

time, we are not greatly surprised, that a certain hungry and unscrupulous clique, having interests diametrically opposed to those of the University; disregarding all considerations of generosity and professional decency, should have made frantic efforts to utilize this *infinitesimal* wedge, for the purpose of effecting and extending a chasm between the University and the profession, in the vain hope of thereby securing a little much needed pabulum for their own *cachectic and mitheriven* bantling. From that quarter nothing better was expected.

That genuine, honest, disapproval of the policy of the faculty should have been felt and expressed in various quarters, that mis-conceptions should have arisen, hard words have been spoken, and censorious paragraphs penned, all these the faculty fully anticipated and were ready to face. Of course they might have escaped these disagreeables by resigning, and in doing so they would, no doubt, have secured for themselves a large amount of a certain kind of applause. But their sense of duty compelled them to repudiate this alternative as a vain and cowardly piece of claptrap. Their twenty years record, of unflinching opposition to homœopathy, seemed to them to obviate the necessity of their making any such melodramatic and quixotic display of loyalty, to the cause of true science. Moreover, they were utterly at a loss to conceive, how anything but disgrace, and injury could result to the profession, by their deserting their posts, and so conniving at what would, long ere this have been heralded from one end of the land to the other, as the greatest victory ever achieved by this *pestilent organization*, over the regular profession.

They saw, with perfect clearness that the inevitable result of their desertion would have been, practically the lapse of the old school into the hands of the homœopaths and their unscrupulous allies. And for them to have permitted such a catastrophe, would have been inconsistent with all their past history, and would have been an indelible blot upon the professional character of every individual member of the Faculty. Having strenuously resisted homœopathy from the first, and having kept it out of the University as long as it was possible to do

so, when at last it had to be admitted, the Faculty have taken every precaution, to prevent its admission having an injurious effect upon the interests of the profession at large. The "old school" stands to-day, where it has always stood, so far as this question is concerned, and it is as able and as willing as ever to fight the battle of true science against all comers.

The Faculty and the friends of the institution have every reason to feel gratified and encouraged by the present aspect of affairs. The tide of public professional opinion has undoubtedly taken, as the Faculty always hoped and believed it would, a decidedly favorable turn. From all quarters they are continually receiving the most unequivocal assurances of sympathy and approval, and in not a few instances, an entire change of opinion on the homœopathic question is frankly avowed. Moreover, it must be remembered that the policy of the Faculty has been fully endorsed by the State Medical Society and by almost every local society in the State.

The class in point of numbers, as well as *material* is quite up to the average of former years. Monetary depression has no doubt had the effect of slightly reducing the numbers here as elsewhere, and the preliminary examination undoubtedly frightened some away to schools where no such barrier exists, not to mention the dozen or more who were actually rejected at that examination. And still the class numbers at present almost three hundred regular students. On the other hand the homœopathic students, contrary to the confident predictions of blatant false prophets, are in a contemptible minority. In fact they are just about sufficiently numerous to demonstrate to the people of the State that the long talked of necessity for a Homœopathic Medical College has no real existence, and to justify the Legislature in repealing the act which provides for its maintenance.

The "old" Faculty hope before long to demonstrate to the world at large that, instead of being a *martyr* and deserving of sympathy, the homœopath is really a "humbug" and deserving of contempt and something worse.

For this purpose the assistance of the quacks themselves is required, and so is the support and sympathy of the regular profession as a whole; both these appear to be assured now, and we will watch for the denouement with all confidence.

*Sm. L.*

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## Reviews and Bibliographical Notes.

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POISONS, IN RELATION TO MEDICAL JURISPRUDENCE AND MEDICINE. By Alfred Swaine Taylor, M. D., F. R. S., Fellow of the Royal College of Physicians and Lecturer on Medical Jurisprudence in Guy's Hospital. Third American from the third and thoroughly revised English edition, with 104 illustrations. Pp. 788. Philadelphia: Henry C. Lea; Detroit: E. B. Smith & Co.

Dr. Taylor's writings on this and kindred subjects have become classic and are so universally recognized as standard that it is merely necessary to notice that the present edition of this work has been issued, that it has been thoroughly revised and that it is gotten up in the publisher's best style.

VISION; ITS OPTICAL DEFECTS, AND THE ADAPTATION OF SPECTACLES. By C. S. Fenner, M. D., seventy-four illustrations. Pp. 300. Philadelphia: Lindsay & Blakiston. Detroit: E. B. Smith & Co.

This work which has just been given to the profession, treats in an easy and popular manner subjects with which, however dry, it becomes the general practitioner to be more or less conversant. It is, moreover, written in a style which commends it particularly to those who are not specialists. The circumstances attending the preparation of the work vest it also with peculiar interest, and show the author to be possessed of more than ordinary industry and perseverance. It is remarkable that specialists more frequently perhaps than other members of the profession fall

victims to the diseases to which they devote their attention. In the present instance the author had an attack of retinal hæmorrhage soon after commencing the preparation of the manuscript, which compelled the completion of the work by an amanuensis, a fact which accounts for certain imperfections which would doubtless have been avoided under more favorable circumstances. These imperfections do not, however, materially mar the character of the book, which will prove a useful work to those whose time or inclination forbids the study of more elaborate treatises.

TRANSACTIONS OF THE COLLEGE OF PHYSICIANS, OF PHILADELPHIA.

This volume is presented in a style which reflects credit on the College—the oldest Medical Association on the Continent. The report on the autopsy of the Siamese twins and “A new operation for cleft palate” are particularly interesting.

The Philadelphia *Medical Times* has been changed from a weekly to a bi-weekly. The new volume starts out with a fine appearance and with the name of Horatio C. Wood, M. D., on the cover, as editor.

The *Medical Examiner* and the *Chicago Medical Journal* have coalesced, the combination taking the name of the *Chicago Medical Journal and Examiner*, with W. H. Byford, M. D., as editor, and Drs. Etheridge, Bridge, Hyde and Hotz, as associates.

The *Sanitarian* has been incorporated with the *Medico-Legal Journal* and its objects, and appears under new auspices. Dr. Bell is still the editor, which is a guarantee that the excellence of the part devoted to Sanitary Science will be maintained, while the addition which has been made will add to the journal fresh attractions.

The *Medical Student* is the name of a new monthly, published at Wheeling, West Virginia. It is an octavo of 36 pages, and its very creditable appearance gives it a claim to the support of the profession of its State.

THE  
PENINSULAR JOURNAL  
OF MEDICINE.

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DECEMBER, 1875.

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Original Communications.

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*NOTES OF CASES OCCURRING AT PROF. MACLEAN'S CLINIQUE, University of Michigan. Reported by WILL J. HERDMAN, M. D., Demonstrator of Anatomy, University of Michigan.*

**HYDROCELE OF THE NECK.**—D. S., Hastings, Mich., æt. 16., presented himself at the clinic, Feb. 27, 1875.

The patient is a clerk in good health and of robust frame.

Five years ago he received a sprain in the neck which caused a small swelling to appear at the angle of the jaw on the right side. This swelling has gradually but painlessly increased in size, until now it has become a large oval shaped protuberance, extending from the ear almost to the clavicle.

Having diagnosed hydrocele of the neck, Prof. Maclean at once proceeded to carry out the following treatment with the view of relieving the patient from his annoying and unsightly affection. The contents of the sac (a glairy serous fluid), having been drawn off with a trocar and canula, zij. of the strongest tincture of iodine was at once injected and the canula having

been withdrawn, the sac was freely manipulated with the view of bringing the iodine into immediate contact with every portion of the interior of the sac.

March 13. To-day the patient was presented to the class and the tumour had refilled to about half its former dimensions. The operation was repeated and as on the former occasion without eliciting any expression of pain from the patient. The case was then dismissed with a very confident assurance from the Professor that the best result would be ultimately obtained without further treatment.

P. S. On the 19th of October, in reply to a letter of inquiry, the following satisfactory statement was received from this patient:

“In reply to yours of the 14th inst, I hope that the same success may attend all your operations as has attended that you performed on the tumor on my neck. For five years I carried it on my neck and shoulder, and in addition to the shame I felt at the sight of the unseemly growth, it caused me great inconvenience. On my return to this city after the operation I resumed my occupation as grocer. My general health has improved very much and no one who had not seen me with the growth could believe I had ever been afflicted with such a deformity—not the slightest trace of it remaining. Please accept my repeated thanks for the service you have done me.”

This statement is fully corroborated in a note received from Mr. S.'s employer.

On the same day that the case of Mr. S. was operated on at Ann Arbor, the following case appeared in the London *Lancet*. The contrast between the two methods of treatment is no less striking and interesting than the essential points of resemblance between the two cases and the coincidence of their occurrence in time:

“ON HYDROCELE OF THE NECK.—A clinical note by Sampson Gamgee, F. R. S. E., Surgeon to the Queen's Hospital, Birmingham.

“In March last year, Mrs. D—, from Wolverhampton, called on me with her youngest child, a healthy-looking boy two years old, who had a tumor on the left side of the neck. The growth was noticed very soon after birth, and had steadily increased to its present size. When the clothes were removed, I found a round smooth mass occupying the whole left side of the neck, and projecting over the clavicle on to the upper part of the pectoral region. Fluctuation and translucency being very distinct, I introduced a trocar at the most dependent part in front, and drew off nearly a pint of pale, straw-colored, and richly albuminous liquid. After closing the aperture with styptic colloid, and applying a cotton-wool compress, I requested to be informed of the progress of the case. I heard nothing of it for eight months. When the child was again brought to me last December, the tumor was larger than when first seen, and the contents, though still liquid, had undergone a bloody change. The mass was no longer translucent, and the skin was uniformly bluish. I introduced two ordinary sized drainage tubes from back to front, at a distance of a couple of inches, and applied a tenax compress. A considerable quantity of reddish fluid oozed through the tubes, but as days elapsed the mass did not perceptibly lessen, and it became evident that something must be done to effect a radical cure. Dissection has proved that these congenital cystic growths in the neck are under the fascia; and in the particular case the entire removal would only have been possible after a dissection attended with risk. With a view to effect a cure with the utmost safety, I removed the two small drainage tubes, and while my friend and colleague, Dr. Mackey, administered chloroform, I made an incision on the anterior aspect, a little below the middle line of the tumour, and pushed into its centre an india-rubber drainage tube, two inches long and a quarter of an inch in diameter; the anterior extremity of the tube projected slightly from the wound, and was kept in position by a loop of thread on each side secured by adhesive plaster. At the end of a week a great deal of irritation had been set up; the mass was hot and semi-solid; the child was feverish, and the discharge semi-purulent. The tube was now



removed, and a linseed poultice applied. Within a week three separate collections of matter were evacuated by the aid of the lancet; fever subsided, a dry pad was applied with daily increasing pressure and the rapid decrease of the enlargement. No trace of it is now perceptible, and the child is perfectly well."

TRAUMATIC STRICTURE OF THE URETHRA WITH FISTULA IN PERINEO—Cured by dilatation.

F. C., Hamilton, Mich., æt. 48, appeared at the clinique Feb. 6th, 1875, and gave the following history of his case: On the 31st of March, 1874, in getting out of a wagon he fell across the box, striking upon the perineum immediately behind the scrotum causing excruciating pain. In a few minutes after the accident, he attempted to evacuate his bladder, but found it impossible to do so, the current appearing to be suddenly arrested near the commencement of the urethra, and causing sharp and extreme pain. A surgeon was at once called who made an attempt to pass the catheter with no better result than drawing off a quantity of blood from the urethra. Extravasation of urine soon showed itself in the cellular tissue of the scrotum and perineum and for this the Dr. made a slight puncture at the most dependent point and a large quantity of bloody fluid drained away.

An abscess soon formed in the tissues of the scrotum, and on being opened gave vent to urine as well as pus.

On admission to the clinique it was found that the urine escaped almost entirely by the fistula, although there was a continuous per saltum escape from the urethra as well. The tissues of the scrotum were greatly swelled and thickened, and the skin of the perineum and thighs was much excoriated by the continual irritation of the urine, over which the patient had no control whatever.

At the first examination before the class Prof. Maclean failed to get even the smallest instrument through the stricture, but he expressed the hope that future attempts would be successful since when urine is able to find its way *out* the surgeon can by the exercise of skill and *patience*, in almost every case, sooner or later find his way *in*, with a suitable instrument.

On the 8th of February the attempt was repeated, and this time with success. A small probe-sized catheter was introduced after a prolonged (though painless and bloodless) effort, and was tied in with the view of effecting persistent dilatation. On the 13th the patient was again before the class and the Professor with perfect ease passed instruments up to No. 5 (metallic).

The urine gradually ceased to flow through the fistula and the latter healed completely. The tissues of the scrotum rapidly returned to their natural condition, the patient regained the control of his urine, and his general health became quite re-established so that he left the hospital in perfect health on the 15th of March, provided with a large sized metallic bougie and with instructions to pass it carefully at intervals of three to four weeks.

From this case Professor Maclean deduced many important lessons as to the diagnosis, pathology and treatment of stricture, especially the vital importance of the earlier steps in the management of such cases; those steps which the practitioner is frequently required to take on his own responsibility and without either time or opportunity for reflection or consultation. In this case the first step taken by the Dr. was the proper one, viz: *to pass the catheter if possible*. If this is accomplished with much difficulty it had better be retained for twenty-four hours. If the catheter cannot be passed, the next step is to *lay open the perineum*. This case served to illustrate the consequences of neglecting this rule, and frequently these will be even more serious than they were in this case, in fact will often end in death.

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## Correspondence.

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### HOMŒOPATHY IN THE UNIVERSITY.

Just at this time many persons seem to be interested in, and exhibit a solicitude for, the honor and dignity of the Medical Department of the University, who were strangely silent and indifferent during the long years of warfare preceding the action of the Legislature, through which a Homœopathic Department was established in connection with the University.

Many of these afflicted persons who are so exceedingly grieved in regard to the appointment of Homœopathic Professors may be treated with calm indifference. Their love for the Medical Department is neither more nor less than it was when the Faculty found it necessary to publish a defense of "The Policy of the University of Michigan respecting the Advancement in Medical Education," prior to the action of 1875 on the homœopathic question.

This cannot, however, be said of the venerable Dr. Sager, who seems compelled to renounce all intercourse with an institution of medical learning which has been, for many years, the object of his deepest solicitude, and for the interests of which he has labored with sincere and ardent devotion. With due regard to the eminent services and pure character of this worthy man, for whom I entertain the warmest personal regard, I beg to submit a few facts bearing on this unhappy controversy.

In 1855 a law was enacted by the State, "that there shall always be at least one Professor of Homœopathy in the University of Michigan." The Regents finding serious obstacles in the way, refused to make such appointment. Nor were they, in the infancy of the University, when Professors were few and salaries low, pressed, as now, for funds to meet pressing obligations. In 1867 the Legislature was solicited for help which was granted on condition that the law of 1855 be executed. The Regents then determined to appoint a Professor of Homœopathy to be located at some town in the State other than Ann Arbor. This was decided by the Supreme Court as not in compliance with the law. And so the war continued and progressed in the Legislature, at the University, and in the courts, until the last session of the Legislature.

The Regents refused to carry out the act of 1873, because no money had been appropriated for that purpose, and on the ground, also, that through the constitution *they* had been entrusted with the "general supervision of the University"—a point not generally conceded by many members of the Legislature.

During the last session of the Legislature a bill passed the Senate but failed to pass the House, making an appropriation

for the teaching of homœopathy at some point other than Ann Arbor. Soon after, in direct antagonism to the "prominent homœopathic doctor" who drafted the original bill, and also against the wishes of a number of his professional brethren, a bill passed both House and Senate making an appropriation of \$6,000 per annum for the teaching of homœopathy at Ann Arbor. The Regents were not in any way related to this bill.

Some members of the Board, however—the writer being one of the number—in view of the damaging strife which had so long existed; out of regard for all interests in every Department of the University, the proper and efficient maintenance of which demanded aid, in excess of students' fees and the University Interest Fund, to the amount of \$50,000 per annum; and with an earnest and honest desire to establish that harmony and co-operation with the Legislature, which appeared not only imperatively necessary, but highly proper, expressed a desire, of which the following quotation is a fair illustration:

"To use every honorable and proper effort to bring the Regents into harmony with the Legislature in the management of University affairs."

At this point it may be stated that the writer and Dr. Douglass did go to Lansing at considerable personal sacrifice "to procure the passage of appropriation bills for the hospital, College of Dentistry, and School of Mines." In the "Review of Prof. Palmer's Statement," it is said that public announcement was made by a Regent that the Board would accept the appropriation and carry out the law." If this refers to the "Regent" who went to Lansing "to procure the passage of some appropriation bills," the distinguished and venerable author is in error. The "Regent" did not then, or at any time prior to the 11th of May, 1875, make any public announcement as to the probable action of the Board, but distinctly stated that "I speak simply for myself, and not for the Board, and cannot indicate what official action may be taken on this subject." Subsequent appropriations were not secured as the result of a bargain with any member of the Legislature, or any other person in Lansing or elsewhere.

As stated in the "Review" the Faculty were convened by the request of Regent Rynd and his plan of organization was submitted to them," the President, Regents Gilbert and Climie being also present. Drs. Palmer and Ford were, I believe, absent in the last, and greatly to our regret *the Dean also was absent.*

Special inquiry was made by the Regents for Dr. Sager, and no little surprise was manifested at the absence of a gentleman whose long service and great experience might prove of inestimable value in arranging the details of a question so delicate in its nature. His presence and counsel would probably have aided in securing a "plan of organization" unobjectionable in its character—a plan, too, which would have obviated the dangers now, in the opinion of Dr. S., threatening the very existence of Regular Medicine in the University. While the Faculty did not enter into any agreement with the Medical Committee, yet no serious objection was interposed, and they appeared fully satisfied that, notwithstanding the desire of the committee to act in harmony with the Legislature, its members were exceedingly solicitous for the honor, dignity and usefulness of the Medical Department of the University, and were anxious to provide for, and foster its interests in every proper way.

The plan of organization was introduced by the undersigned on the 11th day of May, ratified on the 12th, and was designed to protect the existing department, while at the same time it was intended to carry out the wishes of the Legislature in good faith, touching the founding of two chairs of homœopathy. Up to this time, however, we had not consulted any homœopathic physician or other person in its interest on the subject of a plan or method. During all this time the Dean never interposed any objection to the "plan." The leading objection to the existing arrangement consists in the failure (assumed) of the Regents to establish a full Homœopathic College with six professors. *This we are assured was the intention of the Legislature.* Authorities differ on this point. I quote from a letter written by one of the most influential and scholarly members of that body, dated March 3, 1875, in which he says:

“It seems absolutely necessary—in the interest of the University—that this vexed question should be settled, Do you not think that the best interests of the University require that it should be placed in perfect harmony with all the people of the State? It seems to me that nothing would be lost by giving two chairs to the homœopaths. Give each set of students a different diploma, specifying the course pursued. \* \* \* \* I would favor the establishment of a complete college for the homœopaths were it not for the expense attending it. You know very much of the two courses would be parallel, and would only involve a double expense for the same object. The Legislature will not make appropriations for the support of duplicate chairs on purely fundamental topics. It seems unnecessary and would be unjust to the taxpayers. The great majority of the members, and, I may add, many of the most prominent friends of the existing Medical Department, trust the Regents will consent to establish two homœopathic chairs at Ann Arbor.”

Another member—an old University student—under date March 9th, says :

“I have been hoping that we could dispose of this homœopathic question without troubling the Regents. It appears, however, as though this knotty question will find its solution in an appropriation for the establishment of two homœopathic chairs at Ann Arbor. The Legislature will not vote away money to duplicate chairs on elementary medical studies, as for instance, anatomy, physiology, chemistry, etc. We cannot support two full medical colleges, nor is it necessary. On this ground the Detroit scheme will fail.”

And still another under date March 11th :

“The Normal School and Agricultural College are illustrations of the impropriety—not to say injustice to the people—of multiplying institutions, much of the work of which is parallel with University work. No one here entertains the idea of duplicating chairs. When the question shall be finally settled it will be on the basis of two homœopathic chairs at Ann Arbor.”

Further quotations of a similar character are before us, but are not necessary to the point at issue. I may be permitted to

add, however, that I have this day had a conversation with Col. R. B. Robbins, of this city, who certainly by his position as one of the most industrious and influential members of the Legislature, had ample opportunity for information, and who canvassed the House for, and supported all subsequent University appropriation bills, and am assured that he never heard an intimation that the Regents were expected to found a Homœopathic College with six professors and accompanying outfit. He further assures me that the action taken was to guard against such contingency, and that the Regents have, so far as he understands their action, carried out the intention of the Legislature to the letter.

The new arrangement would certainly seem less objectionable and more in accordance with the fitness of things.

Such members of the Regular Profession as agree with the author of the "Review" are in accord with an old and influential wing of homœopaths, a representative member of which writes, May 7, 1875, in regard to the act establishing homœopathy at Ann Arbor :

"It was a hard dose for us."

Immediately after the passage of the bill a leading homœopathic doctor writes :

"It was a great shame. \* \* \* I think by two years they (the homœopaths) will see the utter impracticability, if not folly, of placing the school at Ann Arbor, and will be willing to adopt another place."

Again, in a communication from a distinguished homœopathic doctor about the 1st of May last, I find the following :

"Harper Hospital trustees contemplate asking the State for means to build a new and large building, which could with propriety be given by the State on condition that suitable lecture rooms be provided for the teaching of both schools of medicine—in this case, a magnificent institution would be the result."

The distinguished author of the "Review" delights in exhibiting evidences not only of great industry, but scintillations now and then of genius, as for instance :

## CORPS OF TEACHERS, OR FACULTY.

Prof. of Anatomy.  
 Prof. of Chemistry.  
 Prof. of Physiology.  
 Prof. of Surgery.  
 Prof. of Obstetrics.  
 Prof. of Ophthalmology.

om. Theory and Practice.		Prof. Reg. Practice of Medicine.
om. Materia Medica.		Prof. Reg. Materia Medica.

OUTCOME.  
*homœopathic Graduates.*

OUTCOME.  
*Regular Graduates.*

owing from his ingenious method and we have the following formula, which exhibits the arrangement heretofore existing Medical Department :

## CORPS OF TEACHERS, OR FACULTY.

Prof. of Anatomy.  
 Prof. of Chemistry.  
 Prof. of Physiology.  
 Prof. of Surgery.  
 Prof. of Obstetrics.  
 Prof. of Ophthalmology.  
 Prof. of Practice of Medicine.  
 Prof. of Materia Medica.

ALL REGULAR.

OUTCOME.  
*homœopathic Graduating.*

OUTCOME.  
*Regulars Graduating.*

In word, the Medical Department of the University has, in the last twenty years, graduated many persons *with a full knowledge of their being homœopathists*; they are now practicing homœopathy, and there is hardly a county in the State which does not contain one or more homœopathic physicians who hold diplomas to which is attached the name of the venerable "Review," and on the strength of which they are sought or are now seeking their introduction to the public

"Further Review of Faculty Statement," I find by perusing :

The terrors of "the bar of professional judgment" set recently before the guilty ones.



2d. The fact that the schools do not mix their Practice and Materia Medica—nor are they permitted to, thus amounting to “recognized and enforced prohibition.”

3d. The weakness of preliminary requirements for admission.

4th. The opinion of Dr. Topping, by letter.

5th. A letter from a homœopath.

I reply very briefly :

1st. If “the bar of professional judgment” proposes to ignore the year in which we live, and makes the attempt to control, direct or abolish the action or bounty of a great State in its relation to a great University for the imparting of human knowledge, so much the worse for “the bar of professional judgment.” While the authorities of the University have the most profound regard for “rational medicine,” and desire to save it at Ann Arbor from the assaults of its professed friends and supporters, yet the bloody shirt of professional inquisition has nothing in its ghastly appearance sufficiently terrible to frighten the Regents from a course of public duty.

2d. The opposition are endeavouring to prove altogether too much. The schools are, forsooth, one and identical, and, in a neighboring paragraph we find “*recognized and enforced prohibition,*” admitted and objected to.

3d. In regard to the weakness of the “Preliminary Examination,” I do not propose to take issue with the distinguished author. I would simply remark that during the quarter of a century preceding there were no requirements at all—of this nature—demanded. The author of the “Review” can correct us if in error, as he was, during the whole period to which reference is made connected with the department. The University has been the first institution in this country to enforce “examination”—feeble though it be—of medical students prior to, or as a condition of matriculation.

Should the American Medical Association establish a rigid system of preliminary examination, and make it obligatory on all colleges enjoying its fellowship, the University of Michigan will guarantee to the profession, early, cheerful and hearty acquiescence. Further, the University will be a party to an

arrangement of this kind established by all the medical colleges of this nation, and to which they shall pledge allegiance, and will agree to occupy the vanguard in the matter of elevating all that is in any manner related to "rational medicine" in the future, as in the past.

A work of this kind would be more worthy of the distinguished gentlemen, whose weakness consists in too frequently airing their orthodoxy, than the ability

"To sever and divide

A hair 'twixt north and north—west side."

on medical 'doxies. It would, in addition, redound to the interests of humanity when the present leaders of medical opinion in this country have passed into the presence of the great Physician, who is no respecter of either associations, societies or persons.

The fact, however, remains in evidence that quite a number of persons were rejected this year, as well as last, on examination, several of whom found ready admittance to institutions which are now engaged in a bigoted, jealous and senseless tirade against the University. Delicacy on the part of the writer forbids further statement; a consciousness of the facts involved should shape the action, at least, of some of our critics.

4th. The letter of Dr. Topping is not new. It is simply the outgrowth of his resolutions presented at the last meeting of the State Society.

The Dr. is undoubtedly a good man and worthy of the respect of his neighbors at DeWitt—at least it costs us nothing to suppose so. It is to be regretted, however, that he has become so disturbed over this subject. I trust he will dismiss his anxieties, and grow more cheerful. He will find many sensible people for whom "under the ban," and "cease to recognize its pupils" have no terrors, and who are not in any closer accord with Professor Gross of Pennsylvania—not of Michigan—on this subject than they were on his address on "the social evil," delivered in Detroit less than two years ago. Be composed, doctor. Time is a wonderful healer.

5th. We fail to see what the article copied from the *Investigator* (Homœopathist) has to do with the subject, but if a "majority" of "homœopathic journals" are "struck" with "allopathic tendencies," it is certainly one of the favorable signs of the times, and another illustration of the fact that

"While the lamp holds out to burn,  
The vilest sinner may return."

Is it in this sense the distinguished copyist produces it ?

Is it expected by this agitation to either coerce the Regents from their high sense of public duty, or to drive the present able and conscientious Faculty from their work ?

If the design be to change or seriously modify the action of the Regents, the effort will, in my humble judgment fail. They have established a Homœopathic College as the best thing which could have been done under the circumstances. They are bound to—and, no doubt, will—honorably sustain it, so long as the appropriation is furnished. Their object is to prove true not only to the old Medical Department, but also that larger and more extended interest, *the University of Michigan*.

If it be expected that this agitation will drive the Faculty from their labor of love, in the interest of legitimate medicine, I have confidence that the malcontents will be doomed to disappointment. They are, to-day, engaged in a work of duty. Conscious of their own integrity they propose to remain at the post of duty, and by self-sacrificing devotion to the interests of our noble profession, in this its chief seat of medical learning in the West, keep those interests, unsullied, uncovenanted, un-circumscribed, and unstipendiary. These paths are the paths of glory. By their devotion to their work the prosperity of their cherished institution, though without a tongue to thank them, yet laden with the blessings of the multitudes whom they are educating, shall bear attestation to their services, and wait on their progress with involuntary praise.

Thus far they have received indirectly the endorsement of the State Medical Society and also of that large and influential body, the Southern Michigan Medical Association. The past is

secure. The future will take care of itself. Its safety is assured in the good sense, intelligence and liberality of the great majority of Michigan physicians. They know the University too well; have too, marked confidence in the Medical Department; in its work; in the magnificent results; in the able and distinguished men who are engaged in the work of sacredly guarding the interests of our beloved profession, to look other than favorably upon the institution. Nor have they any desire to spurn that bounty which has done so much for the profession in this State.

Secure, therefore, in the confidence of the medical men of our own State, who best know all the facts involved, the National Association will hesitate before placing "under the ban" a great University whose graduates are filling posts of honor and usefulness in both public and private practice, in this and other lands. Such an attempt would be worse than a mistake—it would be an irreparable blunder, which would expose the Association to the ridicule of that still more potent influence, which stands behind all associations—the intelligent public of this and other countries.

Taking a broader and more liberal view of this whole controversy an unprejudiced person is forced to exclaim: What is all this fuss about? Suppose that twenty young men and women, calling themselves homœopathists, attend Dr. Ford's lectures on Anatomy, or witness Maclean's brilliant surgical operations or, sit under the eloquent words of Dunster, are these eminent Professors contaminated, or are the students injured thereby? Are they less fitted for the responsible work of caring for the sick? Will they prove, on this account, less useful to humanity? Can we banish by abuse this medical sect from the face of the earth? Have past efforts in this direction been successful? If we are to have homœopathic doctors—and we cannot prevent this, if we would—is it not best, in the interest of the suffering, that they be educated men? The homœopathic doctors whose diplomas exhibit Dr. Sager's autograph are, without question, more useful in the world than the unlettered persons who have simply appropriated the name.

Was the University of Edinburgh less loyal to the interests of "rational medicine" because a distinguished homœopath occupied one of its most prominent and important chairs, and could not be removed till death terminated the relationship?

Is the Science of Medicine so exact that we can afford to unsparingly denounce all who may differ with us. If this be so there is no accounting for the strange circumstance that seldom can two Regular physicians be found who see eye to eye in the application of remedies to the cure of disease.

While the undersigned firmly believes in and adheres to "rational medicine," yet he sincerely hopes for the dawn of a better day; a day when we shall practice more of that "charity which suffereth long, and is kind, envieth not, vaunteth not itself, is not puffed up. Doth not behave itself unseemly, seeketh not her own, is not easily provoked, thinketh no evil; beareth all things, hopeth all things, endureth all things."

In that day we shall tolerate every qualified person—whether orthodox or heterodox—in the enjoyment of all the benefits which they may derive from a study of all branches taught and all knowledge communicated in our great University. And this, too, without any sacrifice of either our convictions or our honor.

C. RYND.

ADRIAN, Mich, Nov. 19, 1875.

*STUDENTS STATEMENT IN REGARD TO HOMŒOPATHY  
IN THE UNIVERSITY.*

MESSRS. EDITORS—Many who are interested in the present discussion in regard to homœopathy in the University, and have read the many things said, both in the interests of the Department of Medicine and Surgery and against, may be desirous of hearing a few words from the students, and learn what we think of the matter. We do not think it inappropriate for us, to whom above all it concerns, to express our views upon the subject; and in doing this we shall endeavor not so much to express our own personal sentiments, but rather those of a majority of the

students. The meeting in which the students unanimously voted to face the storm together with the Faculty, might be of itself sufficient. But this is not all. In the first place, we look upon the whole matter as a conflict of truth and science against the false and a chimera; and we further think that it is as much our duty to combat homœopathy in the University as it is the duty of the Faculty. To both it is merely a question of love for and firm reliance upon scientific truth; and no honest thorough lover of truth and science is unwilling to face a storm which beats upon these, in whatever form, or in whatever department it may appear. Do we then propose to waver and flee the field? Do we propose to forfeit our pretensions as lovers of truth and science? No. For this reason we stake our fortunes with those of the Department of Medicine and Surgery in the University of Michigan, trusting that truth and science will triumph, and that our course will be lauded to the shame of many who have attempted to cast a slur upon us. That the Medical Department took a position in the foremost ranks of our medical schools before homœopathy was introduced no one denies; that its reputation for thoroughness was second to none is equally evident. To be a graduate of the Medical Department of the University of Michigan was an honor every one was proud of, as it was the result of severe study. Each one felt that he had a title only to be earned by passing a series of severe examinations. This thoroughness has been a distinguishing feature of the Medical Department. This is what the Medical Department has been. Is it different now? Is the curriculum affected? Not in the least. Are the lectures of Prof. Maclean inferior to his of former years? Has our Prof. of Anatomy taken a retrograde step in his department? Are any of the other veteran teachers less efficient or less thorough than in former years? Certainly not, according to our experience. Is our clinical instruction likely to be less interesting since a new and commodious hospital has been added to the Department of Medicine and Surgery; or since Dr. Palmer has inaugurated Saturday afternoon clinics? The most superficial observer would say by no means. Now here is the point in

which we wish to be distinctly understood: we students are here for INSTRUCTION and not merely for an empty title, which may be bought of some schools for a generous *pourboire*. What we students want is *thorough instruction*, so that when we go out into the field we shall be prepared to practice medicine honestly. For this reason, again we say we have come to the University of Michigan.

What shall we say of those members of the profession, who have always fought homœopathy in their practice, but now we are brought face to face with the enemy, set up such a cry against us? Who cry "leave the field," "Show the white feather?" We say they are not sufficiently posted in the matter, or, if posted, cry either from selfish motives or from the lack of ordinary intellect. Not one word do we hear from the professors of this humbug, homœopathy. In our lecture rooms, from the paucity of their numbers, we are scarcely aware of the presence of homœopathic students. Indeed we seriously doubt whether there are more homœopathic students in the lecture room this year than in former years. No special accommodation is made for them either in words or deeds. Their presence gives us no more annoyance than the presence of many students from the other departments, who from curiosity or otherwise attend some of our lectures. Nor, judging from their appearance, are they likely to excel us much in mental acumen.

Now what do we think of those who have taken such a kindly (?) interest in our welfare as to cause pamphlets detrimental to the Medical Department to be circulated among us? giving unreliable testimony gathered from this or that source. *That they have attenuated themselves to an infinitesimal quantity.*

In regard to our recognition by other schools, we are willing to await the decision of the American Association, knowing that it will not take a retrograde step. None of us are so deluded as to believe any school will not recognize our certificates when the American Association will do so.

That the American Medical Association will sustain us we have no fears, as we have letters from some of the most prominent and active members, sustaining us.

That there are some croakers among us, as elsewhere, we shall not deny; but they are in such a small minority that no account need be taken of their number. Of those who have been frightened away, we say, as we have every reason to believe, that it was from a secret distrust of their own mental powers, rather than from any dissatisfaction with the Medical Department, save with the examinations and a course in analytical chemistry. Thus have we expressed our views, and we hope that our enemies will feel that they have cast their sweetness upon the desert air.

MEDICAL STUDENTS.

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*RADICAL CURE OF HYDROCELE.*

MESSRS. EDITORS—My object is to present a few remarks on the radical cure of hydrocele, without offering any criticism on the various recognized and established modes advocated by our surgical authorities. The method of cure adopted by myself and many others in preference to tapping by canula and trochar and the injecting tinct. of iodine, as is the ordinary custom, is to employ injections alone by aid of hypodermic syringe. The advantages obtained by this method are two-fold. First, the diminished size of the wound, and, secondly, the prevention of the agglutination of the membranes by the retained fluid. The choice of the material injected remains, of course, at the discretion of the surgeon; although in the majority of cases tinct. iodine will be found preferable, yet in cachectic subjects, and and particularly those suffering from senile debility, milder remedies will suffice, and, in fact, will be found judicious.

Having noticed in the November number of the *PENINSULAR JOURNAL OF MEDICINE* a report of a case of hydrocele presented "at the Surgical Clinique of the University of Michigan," it may not be irrelevant in this connection to place a comment or two on the same. We find it stated that the Prof. of Surgery "observed in relation to this case that hydrocele is one of the comparatively rare affections in which the practitioner is able to assure the patient of speedy, safe, painless and permanent relief from his ailment."



Does this assertion hold true? Can we give any more positive assurance of speedy, safe, painless and permanent relief in hydrocele than in many other surgical affections? It strikes me that the testimony of our best surgeons does not corroborate this statement. Again, the Professor "enumerated several other methods of treatment which he said were only mentioned that they might be once for all dismissed from consideration as being in all essential points inferior to the simple one here employed." After reading this stunning declaration we could only exclaim in the language of Shakespeare:

"Upon what meat does this our Cæsar feed,  
That he has grown so great."

Does the Professor mean to taboo the opinions and extensive experience of Professors Gross, Van Buren, Hamilton, Moore, and hosts of other brilliant stars that cast their lustre upon the medical world?

It is hardly necessary to state that the Professor of Surgery at Ann Arbor advocates the canula, trochar and iodine treatment.

Z. H. EVANS, M. D.

MIDLAND, MICH.

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## Proceedings of Societies.

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### *WASHTENAW COUNTY MEDICAL SOCIETY.*

The 37th regular—10th annual—meeting of the society was held at Ypsilanti, June 25th.

Pres. Rexford in the chair.

Owing to the illness of the Secretary, and subsequent absence from town of the Secretary *pro tem.*, only a partial abstract of the proceedings of this meeting can be given.

Dr. D. Hall reported than in accordance with the recommendation of Dr. Maclean, he had divided the sterno-cleido mastoid muscle on patient with supposed syphilitic ulcer of neck, exhibited at last meeting, and the case made a good recovery.

Dr. Ewing reported a case of "lung disease" followed by rectal tumor opening external to the rectum, and stated that during the continuance of the discharge the cough was better; and asked as to the propriety of closing the opening.

Dr. Maclean thought if the discharge was not connected with disease of the spinal column, or bones of pelvis, he saw no objection to closing the opening.

Dr. Dunster reported case of cicatrix of the vagina, presenting specimen with history of the case.

The President in his address spoke of the preliminary qualifications that should be required of those entering the medical profession. He advocated making the requirements of students entering the Medical Department of the University the same as for the admission of students to the Freshman Class in the Department of Science and Arts.

Dr. Cheever said he feared the position of the Medical Faculty of the University in this matter was misunderstood, and stated that while the requirements at present are far in advance of any other medical school, it was the desire and intention of the Faculty to still increase them as fast as it could be done with safety.

Drs. Ewing, Hall, and others, spoke at some length, saying the object should be to increase the quality rather than the quantity of physicians.

Dr. Dunster, one of the essayists appointed at last meeting read an interesting paper on the "History of Anesthesia." [The paper was published in the August number of the PENINSULAR JOURNAL.]

Dr. Cheever, the other essayist, gave an interesting talk on the history and climatology of Colorado, promising to continue the subject at next meeting.

The essayists received the thanks of the Society.

The following officers were elected for the ensuing year :

*President*—Dr. F. M. Oakley.

*Vice President*—Dr. D. Hall.

*Secretary*—Dr. Wm. Breakey.

*Treasurer*—Dr. J. Kapp.

Censors— { Dr. S. W. Chandler,  
 Dr. H. B. Bessac,  
 Dr. W. E. Choate.

Dr. Ewing invited the Faculty to hold its next meeting in Dexter, but Dr. Hall earnestly urged the prior claim and invitation of Saline, and the Society adjourned to meet there in September on call of the Secretary.

P. B. ROSE, *Secretary pro tem.*

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SEPTEMBER MEETING.

The 38th regular meeting of the society was held at Saline, September 26th, the President, Dr. Oakley, in the chair.

Present—Drs. Ashley, Alvoid, Babbitt, Frothingham, E. Hall, D. Hall, Hoelber, Hilton, Kapp, Maclean, Oakley, Rexford, Stevens, Tuttle, Webb.

The society was cordially welcomed by Dr. E. Hall in an earnest address, a copy of which was requested by vote to be given to the Secretary for publication, but with his accustomed modesty Dr. Hall has failed to furnish the copy.

Drs. A. C. Taylor and Charles Uelters, of Manchester, and Robert J. Peare, of Ann Arbor, were proposed for membership, and being present, the rules were suspended and they were elected at once.

Dr. Post presented pathological specimen, a tumor of the dura mater. The following notes of the post mortem examination have been furnished since :

SEPTEMBER 23d, 1875.

“ Post mortem examination of R. P., aged 31, marble cutter by trade. Parents healthy so far as known. No hereditary disease in the family. The protuberance on the head noticed about ten (10) years since, but had not suffered from it until the last five or six years, since then has not been entirely free from pain at any time, and at times very severe.

“ About three years ago the tumor began to enlarge, and for the last six months it has grown quite rapidly.

“About a year ago began to give evidence of approaching paralysis in right side, spells of “numbness,” “loss of power of motion.” These would occur three or four times a day until, in February last, involuntary motions, of the lower extremities occurred and finally almost entire paralysis of the lower extremities. About one year previous to death, his “eye-sight” began to “grow dim” (as his wife expressed it) and this increased until total blindness supervened, three or four months before death.

The tumor was fibroid in appearance, its growth commenced in the membranes of the brain and increased in size, forming a depression in the surface of the cerebrum some three inches in depth by four in width, it was perfectly adherent to the inner surface of calvarium and had infiltrated the bone tissue, and passing through producing a large elevation externally. No microscopic examination has been held.”

Dr. D. Hall exhibited the patient which he had presented before the society a year ago with the ulceration of the neck—under the treatment then advised—division of the sterno-cleido mastoid muscle and anti-syphilitic constitutional treatment. The ulcer had healed and the general health much improved.

Dr. H. also exhibited a case of cardiac rheumatism with valvular lesion; and a case of abdominal tumor. A committee was appointed to examine these patients, but from lack of time no report was made.

Dr. H. also reported a somewhat rare amputation, viz: the thigh of a child—in the lower third—less than two years old. The operation was necessitated by a cut in the leg which had been improperly treated, the limb being gangrenous at the time of amputation. The little patient bore the operation well and made a good recovery. Also reported an operation for necrosed femur.

In both these latter operations he used Esmarch’s roller, etc., which rendered the operations perfectly bloodless and highly satisfactory. He added his opinion of the great value of the apparatus, to the deservedly high commendations it has so generally received.

Dr. Oakley presented a tumor of the brain removed post mortem from Mr. J. F., aged 52. About two years ago he discovered a small tumor under the scalp near the junction of the lambdoidal and sagittal sutures. Pressure seemed to reveal an opening through the skull about the size of a small goose-quill. The discovery was accidental, no pain or inconvenience having been caused by the pressure of the tumor. The tumor continued to grow until it attained a size of about  $2\frac{1}{2}$  inches across, and the opening in the skull about one-fourth of an inch in diameter. The tumor arose apparently from the floor of the left lateral ventricle. The patient suffered scarcely any pain—little or no headache.

Dr. Bigelow presented pathological specimen of ovarian tumor, removed post mortem, of which the following history was furnished :

“On the 27th day of July, 1875, I was summoned to the bedside of Miss S. Found her in a prostrate condition. Temperature very low ; pulse irregular, varying from 100 to 120, and having slight fever, Had had a great fullness of the abdomen and pus was flowing from the anus, and as the pus passed away, the walls of the abdomen shrunk. Inquiry brought out the following history of the case. The patient was in her 16th year, had from childhood been subject to a strumous condition which had at one time interfered with the nutrition of the left arm and leg, causing them to remain much smaller and weaker than their fellows. The menstrual period had first made its appearance at the age of fourteen years, after which it had never been regular in its time, and at times it was very scant and light colored, while at other times it would be very profuse and dark colored, and always accompanied with a great amount of pain. About the 1st day of March and near to the time her monthly period was due, she was attacked with very severe pain and tenderness in the hypogastrium, accompanied with high fever. The family physician was called and pronounced her case one of acute enteritis, and put her under treatment for the same. Inflammatory action subsided soon, and by the end of three weeks the patient had so far, to all appearances recovered, and

was able to be about, and in time was around out of doors, at the same time experiencing a constant pain, of a dull, heavy nature, in the region of the left ovary, accompanied with a gradual filling up of the hypogastrium. This new phase of her trouble was attributed by her physician to a tympanitic state of the bowels, caused by a weakened condition of the digestive organs which would disappear as soon as the patient gained sufficient strength, while wily gossip always in her way ready to lend suffering humanity a helping hand, had diagnosed the case as one of pregnancy and prognosticated a recovery at about the end of nine months. Physicians, friends and gossip were all ignorant of the real condition of the innocent girl and patient sufferer. An examination discovered a good sized tumor in the left hypogastric region, and taking the history of the case, as related, into consideration I was confirmed in my suspicions that there was an ovarian tumor occupying that position in the abdomen which had taken on inflammation probably in March when she was supposed to have enteritis, and supurated and formed adhesions with and perforated the bowel. As the time for surgical interference had passed, I put the patient upon a mild alterative and tonic treatment, with good hygiene and trusted the rest to nature. A general improvement took place and she was able to be about the house, all discharge of pus had disappeared for several days, and digestion was apparently good, when on the 2d day of September, dysentery came on, which seemed to be independent of the tumor, and she died on the 5th following.

“Autopsy revealed a large multilocular tumor of left ovary in which an abscess had formed and adhered to, and opened into the rectum. All the remaining viscera were in a healthy condition.”

Dr. Dunster being called upon said :

The specimen presented by Dr. Bigelow is one of unusual interest, both as regards its history and the result. It is of the variety known as the multilocular, or as my preceptor Prof. Peaslee prefers to call them, the polycystic ovarium tumor. The first point which attracts our attention is the age of the patient,

16 years only at time of death. The development of such tumors at this age, while by no means unknown, is certainly unusual, as by far the largest proportion of them are met with beyond thirty years of age. They have, however, though only very rarely, been seen and even removed in patients of only six or eight years of age. The rapid progress of the case is the next point of interest and is dependent largely upon the variety of the growth, for the more unfavorable effects upon the general health of the polycystic growths is now very generally conceded. Death almost invariably occurs from tumors of this variety within two years or less from the time when the tumor is first discovered unless the patient is saved by the timely intervention of the operation of ovariectomy. The fluid in tumors of this variety is more irritating in character and the cyst walls are thinner, and possibly are more liable to inflammatory complications, which of necessity must disturb the general health, and may cause adhesions, or the very unusual result seen in this instance, of perforation of the gut or some of the abdominal viscera. Furthermore, when inflammation occurs within the cyst the fluid is changed in character and becomes very much more irritating than previously, a point of practical importance, especially with reference to the operation of removal. It is clear from an examination of the specimen that the patient had suffered more or less from such inflammatory attacks, for here are the evidences in the adhesions, the formations of false membranes which have become organized into living tissue; some of them connecting the tumor to the bowel are better seen as I hold the specimen now and examine it by transmitted light by looking as it were through it. There is also little doubt in my mind that the painful febrile attacks described in the history of the case as enteritis were probably the attacks of local inflammation, which produced the mischief now seen, though, of course, it would be an unpardonable assumption on my part to assert without qualification that the diagnosis given must have been erroneous.

But the most interesting feature presented in this specimen is the perforation into the rectum. Ovarian tumors, both monocystic and polycystic, very rarely end in this way, though whenever

perforation of the cyst wall does take occur, it is usually into some of the viscera and not into the peritoneal cavity. Examples of the different modes of perforation are quoted by Dr. Peaslee in his work on Ovarian tumors, though altogether they are so rare as almost to be considered curiosities whenever met with. If the opening be into the peritoneal cavity death is the almost inevitable and very speedy result. If into the bowel, as in this instance, the patient is worn out by the exhausting purulent discharges, with the very exceptional result of spontaneous cure by the contraction and adhesion of the cyst walls together. Finally, as bearing on the question of the propriety of operative interference, this specimen is suggestive, for it precludes any such resort after the perforation had occurred and this was, as it appears, easily diagnosed during life. Adhesions alone by no means forbid the operation, as was formerly believed, for experience has shown that even when very extensive the result of operative interference is frequently successful. Pelvic adhesions, even when small are more dangerous than any other variety, except perhaps those of the small intestine, and possibly next in point of danger stand those of the liver and omentum. Parietal adhesions, even when very extensive are not now considered in any way a barrier to the operation. In this specimen the adhesions were low down in the pelvis and it is doubtful, in the light of the conditions now disclosed by post mortem examination, whether the operation of ovariectomy would have been successful at any time in the history of the case after the adhesions were formed; after the perforation occurred the operation, in my judgment would have been wholly unwarrantable.

Doctor Maclean exhibited to the society two pathological specimens. One was a solid osseous tumor, the size of an orange, which he removed from the inferior costa of the scapula on the 8th of June last.

The patient, J. D., was a young man *æt.* 23, in good health, who gave the following history of his case: He had suffered some pain and want of power in his right arm for several months, but did not notice the tumor until about the 1st of May. At



that time he consulted Dr. Sager and by him was advised to have his tumor removed and to go to Dr. Maclean for that purpose. The operation was postponed until the 8th of June as the patient had some important farm work to attend to.

Dr. Sager was present at the operation and was struck with the great increase which had taken place in the tumor since his former examination of it about a month before. On putting the bones of the upper extremity through a variety of movements it was shown that the tumor moved with the scapula and not with the humerus, and the operation was undertaken with the understanding that the removal of a large part, and possibly of the whole of the scapula might be necessary.

The operation was commenced by making an incision through the floor of the axilla right down to the smooth bony mass, this incision extended from the thorax nearly to the humerus in the in the direction parallel with the walls of the axilla. A large vein was divided and ligatured at this point. The finger was then introduced and the nature and extent of the attachments of the tumour investigated. It was found that the tumor was attached by a broad, firm base to the inferior margin of the scapula, extending from the lower margin of the glenoid cavity down nearly to the inferior angle. The next step was to divide freely the posterior wall of the axilla, and by so doing the requisite access to the base of the growth was obtained.

The subscapular artery was in immediate relation to the inner and posterior portion of the growth and was divided and tied. It was then discovered that the tumor was attached to the scapula, *not by bone* (it was not a bony outgrowth), but by dense fibrous tissue which yielded easily before the knife. The scapula was left intact. The walls of the large wound were then stitched accurately together and carbolic acid dressing was applied. After the operation all went on well, a large portion of the wound healed by first intention, all the ligatures except one came away, but that one seemed to have a firm hold even after all the rest of the wound was healed. On the 18th of June the patient appeared to be quite well and received permission to return to his home, a distance of ten miles.

The other specimen was a portion of the small intestine. Of this specimen Dr. Maclean gave the following history. It was obtained from the body of J. D., the patient from whom the osseous tumor was removed. Two days after he had been dismissed with permission to return to his home, he was seized with a severe rigor, followed by very high fever. Although one ligature still remained, the wound appeared so sound and healthy that the idea of blood-poisoning was at once set aside and the symptoms were attributed to malaria, and as on the next morning histemperature had come down to  $99^{\circ}$ , this diagnosis seemed to be justified.

On the next day, however, the temperature was again up to  $105\frac{1}{2}^{\circ}$  and continued at that for twenty-four hours, when it descended to  $103\frac{1}{2}^{\circ}$ , but only for a few hours when the thermometer marked  $106^{\circ}$ . Next day  $107^{\circ}$ . Next again  $107\frac{1}{2}^{\circ}$ , with great restlessness, looseness of the bowels, delirium and prostration, and this condition continued until the 29th of June (seven days from the time of the first rigor) when he died exhausted.

At the post mortem examination made the next day, Drs. Sager and Kapp were present. The neighborhood of the wound was first carefully dissected and every part of its track was found in all respects perfectly healthy, so complete was the union that it was almost impossible to see the line of the cicatrization between the once divided textures. The one remaining ligature, which had closed one end of the divided subscapular artery, was found to have been detained by a small tag of tough sphacelated fascia. The shoulder joint was perfectly sound. The thoracic and abdominal cavities were examined, but no abnormal appearance could be detected anywhere except in the small intestine, a portion of which was laid before the society.

Having detailed the history of the case very carefully to the society and the portion of intestine having been closely examined, Dr. Maclean requested a frank expression of opinion as to the nature of the strange fever which had so unfortunately and provokingly stepped in and marred the result of an important operation and induced disaster where success seemed assured.

The question, of course, was between surgical septicæmia and typhoid fever, and the opinion of the society as expressed by Drs. Webb, Oakley, Cheever, Frothingham and coincided in by all the members present was in favor of *typhoid fever*.

On motion, the names of members who lose membership by removal from the county, but desire to retain connection with the society, may be borne on the roll of honorary members.

A resolution was offered by Dr. Babbitt approving the motives and course of Prof. Sager, in resigning the office of Dean of the University.

An amendment was offered by Dr. Maclean that the society censure the other members of the Faculty.

The amendment was withdrawn, and after a somewhat lengthy and spirited discussion the resolution was laid on the table.

The society adjourned to meet in Ann Arbor in December on call of the Secretary; the members expressing themselves highly pleased with their reception and entertainment by their professional brethren of Saline.

N. WEBB, M. D., *Secretary pro tem.*

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## Selections and Translations.

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### LECTURE ON THE TREATMENT OF TYPHOID FEVER.

By WM. H. THOMPSON, M. D.

GENTLEMEN—We will conclude now with the treatment of the complications and accidents which may arise in the course of a typhoid fever, and which may either cut short the case by death, or else prolong the illness to an indefinite period beyond the normal limits of the complaint. The first and commonest of these is a WEAKENING OF THE HEART, due mainly to fatty degeneration of its walls induced by, and ordinarily proportioned in its extent to, the degree of the pyrexia. So debilitated may the heart become, that your patient may die suddenly from syncope, upon rising too quickly in bed, or on his feet, though

then fairly convalescent from the fever. But it is generally from visceral disorders, induced in the latter periods of the fever by this state of the heart, that a watchful attention on your part for the symptoms of cardiac feebleness becomes so necessary, because even in the worst cases timely measures may avert its chief perils. The danger from this source is to be apprehended most in those patients who had weak or damaged hearts, before they contracted the fever. Thus the prognosis of typhoid is much more grave in corpulent, short-winded people than in the lean and muscular, and in those whose long continued or free use of alcohol has produced the fatty heart of drinkers. I saw also, lately, a young lady, who had been suffering for some years from valvular disease, succumb rapidly to dilatation of her hypertrophied heart occurring during a comparatively slight attack of pericarditis, following upon a typhoid fever from which she had apparently so far recovered as to be able to take a long railroad ride, but which was very probable the immediate cause of fatally aggravating her cardiac lesions at a time when the fever had specially disposed the ventricular walls to dilatation. The indications of cardiac weakness are to be watched for, first, by a careful attention to the action of the heart itself; and secondly, to the state of the pulse. The character of the heart-beat is of greater value than the state of the pulse, for the latter varies to a remarkable degree in typhoid, so as to be very puzzling sometimes to inexperienced observers; but you can scarcely fail to obtain trustworthy signs of impending danger if you practice auscultation faithfully. In the first stages of the fever, and in many cases throughout its course, till the beginning of the defervescence, the frequency of the pulse is strangely disproportioned to the height of the thermometric range. I have repeatedly known it to fall short of 90 for days together, while the thermometer stood at 104° or higher, and during the first week the diagnosis of this fever has often been missed because the pulse remained slow and regular. During convalescence, however, you may have the frequency suddenly increase by twenty or even thirty beats, from changes of position, slight errors of diet, etc., while the thermometer may be even

below its normal. A *persistently* rapid pulse, nevertheless, is not a favorable symptom, for it indicates a state of cardiac weakness, which is the more to be apprehended if the pulse be weak and compressible as well, and worse than all, if it be dicrotic. On the other hand, cardiac weakness is certainly diagnosed whenever the apex beat diminishes in force, and the first sound of the heart grows faint or muffled. In some these signs are present before acceleration of the pulse is developed, but whenever noted you should not delay your recourse to cardiac stimulants. It was upon this indication that Graves based his excellent rule for the administration of alcohol in fevers, and it is desirable to emphasize this truth, so as to prevent the abuse of stimulants, which prevailed so extensively of late, chiefly from the extreme advocacy of alcohol by the late Dr. Todd, of London. It should be borne in mind that alcohol stimulates best when first administered, and progressively loses its power the longer, as well as the more, it is taken. If we begin with free doses in the first week, we certainly do *not* forestall by it the prostration of the third week, but instead, reap the evil of not securing the benefit we would have had from it if it had been withheld until actually needed. If we dreaded, for example, the loss of blood from a proposed surgical operation, still we would scarcely think of beginning the stimulation of the patient a week before he was to be operated upon, and yet some such idea must have influenced those authors who spoke in favor of early stimulation in fevers. When cardiac feebleness, however, begins, we should commence with our alcoholic doses, and aim to make them tell upon this one condition, and on no other. I have small faith in either the apyretic or the nutritive value of alcohol in fever, not that I deny these properties to this agent, but because they are of such minor importance in comparison with its undoubted efficacy in stimulating the heart, that our administration of it should be regulated by the best means of obtaining the latter result alone. Hence I do not recommend the employment of wine in any form, but rather the administration of strong spirits like brandy or whiskey. There is no doubt, too, that the spirit should be given only with food—in this case milk

—if we wish to prolong its sustaining effect; not necessarily in the milk, but if so preferred by the patient, in water, just after the milk is taken. The dose also should be one which will surely increase the power of the cardiac systole, which of course will vary either with different individuals, or at different times with the same individual; but what is meant by this recommendation is, that a few free doses are better, as a rule, than a great many small ones. Besides alcohol we have a very potent cardiac stimulant in sulphuric ether, and which, moreover, is such a near relative to alcohol that in this condition it is best administered in alliance with it, so to speak. An ounce of brandy at one time, and then at the next dose half an ounce, with a drachm of Hoffman's anodyne, is far more likely to sustain an enfeebled heart than three ounces of brandy divided up into six doses. Ammonia is another cardiac stimulant, but I would advise your reserving it for the next complication we are going to speak of. Occasionally in the course of this fever, as well as in typhus, scarlatina, or measles, a dangerous collapse may unexpectedly occur from a sudden PARALYSIS OF THE HEART. This organ begins to beat very feebly, and seems able to propel the blood only into the neighboring large viscera, so that the lungs become greatly congested and severe dyspnoea develops, indicated by rapid and very shallow breathing. The liver and kidneys also become engorged, while the whole surface turns cold, white, and shrunken, and the muscles of the extremities, as the calves of the legs and flexors of the forearm, become cramped from the arterial blood not reaching them. The patients also complain of a dreadful sense of vacancy or sinking, referred to the pit of the stomach; and though the skin is very cold, yet they feel as if they were burning inwardly, and beg for ice or cold drinks on account of the intense congestion of the stomach and other parts connected with the portal circulation. Meantime the anæmia of the surface causes the eruption to fade to such a degree as to fill the nurses or friends with the alarming notion that the scarlatina or measles has "struck in." These emergencies require prompt treatment, for your patient may either die in them outright or succumb afterwards to some visceral derangement,

such as pneumonia, or, more commonly, renal suppression. The heart being the seat of the trouble, the first thing to do is to apply saucers or small plates dipped in hot water to the epigastrium. Dr. Wood, Sr., of Philadelphia, mentions applying a live coal to the pit of the stomach in a case of typhus, and after recovery the patient described its sensation as positively agreeable from the relief he experienced from the distressing feeling of vacancy there. The next thing to do is to give one or more hypodermic injections in this neighborhood of about forty minims of pure brandy. This is an exceedingly valuable measure in all conditions of cardiac collapse, and I have never seen any local irritation produced by it. The patient's friends will not wait for advice as to dry heat to the extremities, as well as sinapisms, friction, etc., and they are all useful; but if reaction is protracted you should first wrap the patient in a sheet, upon which a boiling infusion of a drachm of capsicum to the quart of water has been poured, and then over this a blanket; and lastly, if everything else fails, a hot bath not above  $103^{\circ}$ , continuing meantime hypodermics of brandy rather than by the mouth, nothing but pieces of ice being permitted to be swallowed. It is singular to note sometimes how temporary these cardiac prostrations are, for your patient, on coming out of them, may subsequently run quite a favorable course with his malady; but this remark applies much more to the eruptive fevers proper than to typhoid, where they are more prone to recur, owing to the longer continuance of the pyrexia.

PNEUMONIA in typhoid fever is not an uncommon complication. The first signs of its approach are a rise of temperature and increased frequency of the respirations, rarely cough or rusty sputa. Pneumonia, indeed, is generally preceded for some time by hypostatic congestion of the lungs, and this is a direct consequent upon weakness of the right side of the heart, and hence is the more to be expected in patients who have been troubled previously with chronic bronchitis or emphysema. The pneumonia, in the great majority of cases, is lobular, and not of the croupous lobar form, complicated by pulmonary œdema, and very rarely accompanied by much pain. It is now that you

should have recourse to ammonia, and I recommend the carbonate in doses of ten grains every two hours, with the Hoffman's anodyne one drachm, and ten minims of tincture of camphor. The belladonna tincture in doses of ten or fifteen drops every three hours is a valuable cardiac stimulant in this condition. The cold bath should by no means be omitted, for it often clears the lung up remarkably of its congestion, from the relief it affords to the enfeebled heart. It is well also to stimulate the surface of the chest frequently by a liniment of ol. terebinth., aq. ammoniæ, aa ℥i., lin. saponis ℥ij. Owing to the pulmonary derangement which typhoid fever induces, it is always a risk to those who are inclined, either hereditarily or otherwise, to phthisis. It is therefore important in them to be rid early of all signs of congestion of the lungs, and hence you should persistently employ surface irritation to the chest with them as long as any evidence of respiratory feebleness remains during convalescence. Owing to the laws of nervo-vascular connection, which I have had frequent occasion to allude to in my lectures, between the cutaneous and the vaso-motor nerves of the arteries of deep-seated organs, we should not neglect stimulating the thoracic surface by every means in our power, and for this purpose I know of no measure so effective as free faradization, either for causing absorption of pericardial or pleuritic effusions, or for the removal of a pulmonary exudation. The electrodes should be armed with moistened sponges, and held about six inches apart, and moved slowly over the chest anteriorly and posteriorly until the surface becomes well reddened, with a current of not too rapid intermissions.

We have already alluded to the treatment, or rather to the prevention of the commonest complication connected with the alimentary canal, namely, the DIARRHŒA. If the pepsin and bismuth do not, however, check a too great flux, I would recommend a prescription of mine, which I have long relied upon for the treatment of chronic diarrhœa, from whatever cause, viz. : terebinthinæ resin. ℥ij., argenti nitratis grs. v., pulv. opii grs. v. **M. Ft. pilul. lx.** The one objection to these pills is the number of them that have to be taken, namely, three at a time, three



times a day ; but I have scarcely ever failed to check a flux by them, no matter how long its former continuance. Dr. Wood speaks very highly of turpentine as calculated to promote the healing of the intestinal ulcerations, both in this complaint and in the diarrhoea of phthisis, and it is possible that the silver may be adjuvant in that action. When the patient cannot take the pills, I substitute a third of a drachm of the oil of turpentine in mucilage, with ten minims of laudanum to each dose. During convalescence, your patient's temperature and pulse may rise, and all progress for the time be arrested by the formation of scybalous masses in the large intestine, which may even alarm you by occasioning small, loose movements, streaked with blood. There is not much danger of intestinal hemorrhage, however, from them ; but the bowels should be at once relieved by large enemata of linseed oil, molasses, and warm water, helped by a pill of ext. belladonna, gr.  $\frac{1}{4}$ , with five grains of soap. I know of nothing better than the above-mentioned pill of turpentine and silver for the **INTESTINAL HEMORRHAGE** of typhoid, a complication, indeed, not nearly so likely to occur when pepsin and bismuth have been used as recommended, as when the intestinal contents have been allowed to remain for a long time in a fermented condition. Should tenderness on pressure at the cæcum however, persist for a length of time, do not let the fear of debilitating your patient prevent you from applying two or three leeches over the affected part. This will do more towards preventing the worse danger you can fear in this region than anything else that I know of, and I never saw any one the worse for the insignificant loss of blood which it occasions. Of course, should symptoms of **INTESTINAL PERFORATION** surprise you, the course to be pursued then cannot be doubtful. Opium should be given in any dose that will produce semi-narcotism, and not until the patient shows the signs of the action of this, our mainstay in peritonitis, should you cease to ply him with it. You are occasionally annoyed also with a trouble at the entrance of the alimentary canal, namely, with **PAROTITIS**, accompanied frequently with otitis. For the first I would recommend the application of ung. stramonii  $\zeta$ ss., chloral hydrat.  $\zeta$ i., pulv. cam-

phoræ ꝑss., ol. gaultheriæ gtts. xii, several times a day, and poultices ; for the OTITIS, a persevering douche of the ear with warm water, best applied from those convenient contrivances, Potter's hydrostatic bags.

MENINGITIS, fortunately, is a comparatively infrequent result of typhoid, for when it occurs it is of bad augury. It is generally preceded by wakefulness, with fits of screaming, or else a delirium which seems out of proportion with the amount of fever. The diagnosis becomes quite certain when there is rolling of the head and retraction ; the pupils are also commonly very sluggish. The patients are very fond of cold affusions to the back of the head, even if they refuse to have an ice-bag applied. The most efficacious measures against this complication I would enumerate in the following order : First, blisters to the nape of the neck and occipital region ; secondly, ergot ; and lastly, iodide of potassium. The action of a large blister in some cases is followed by the most striking improvement in the cerebral symptoms ever witnessed. I once saw a patient who had been first comatose and then imbecile for six weeks, after an attack of ordinary cerebro-spinal meningitis, so that she passed all her motions in bed, return permanently to complete consciousness as soon as the blister began to act. Ergot, to be of any use in this condition, should be administered in drachm doses of Squibb's fluid extract three times a day. I am not certain how much efficacy can be ascribed to the iodide, but if it does good the doses must not be less than a drachm a day. If there be much headache, the addition of Squibb's fluid ext. conium often relieves this greatly, and I am sure that this drug greatly promotes the action of the iodide in syphilitic cases. If the meningitis assumes an active form with increase of temperature and mania, the application of two or three leeches to the mastoid process relieves the patient, as evidently in this case as it always does in ordinary intercranial inflammations. There is one point, however, upon which much stress ought to be laid, and that is, to prevent at any price WAKEFULNESS during the decline of the fever and during the convalescence. We include under this term also sleep troubled by dreams. The weakened brain must

have rest, or it may be very long before it will recover its former state, and for this indication I will conclude by recommending the following prescription : R. Magendie's sol. ℥i., acid. hydrocyanici, dil. gtt. xii, chloral hyd. ℥ij., elix. simplicis ℥i., aq. camphoræ ad ℥iij. Dose; two or three teaspoonfuls at night.—*Medical Record.*

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*SULPHURIC ACID IN THE TREATMENT OF BOILS.*

Dr. Marsh has used sulphuric acid, which he regards as almost a specific for boils, with constant success for twenty-five years. "As soon as the patient applies for relief, I put an adult on elixir vitriol, 20 drops, three times a day, in a glass of sweetened water, one hour before meals, previously smearing the teeth well with fresh butter, in order to protect them. This is much better than sucking through a quill, and is a perfect protection, if the teeth are subsequently washed with a solution of bicarb. sod., a heaped teaspoonful to a glass of water. In the use of sulphuric acid the boil will soon melt away and disappear, no more to re-appear. The acid should be kept up in ten-drop doses for at least two weeks after the boils have disappeared. To afford relief from pain and soreness, I apply a piece of common adhesive plaster, cut round, sufficiently large to cover the tumor, clipping the edges so that it will set smooth."—*Practitioner.*

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*Ars, ante omnia veritas.*

## Editorial,

*HOMŒOPATHY IN THE UNIVERSITY.*

We insert in another part of the JOURNAL a letter from one of the regents of the State University, presenting an additional contribution to the history of the establishment of the homœopathic college, and expressing the views of the writer in relation to the subject. As to the history, we presume he knows whereof he speaks, and as to the views expressed they are his own, for which neither we or the Faculty of Medicine and Surgery have any responsibility.

It seems from facts already before our readers, but more explicitly stated by our correspondent, that two of the four veteran professors who have stood together for the last twenty years in firmly opposing the introduction of homœopathy into the University, (Drs. Palmer and Ford), were out of the State at the time of these occurrences, and knew nothing of the matter until all these arrangements were fully accomplished, and we happen to know that one of them at least, when he heard of the affair, expressed in a letter to an officer of the Board of Regents his mortification and regret, if not his indignation, that a system so utterly absurd and in opposition to the scientific spirit of the times, should receive such a recognition, and be placed in even the remotest relation to scientific medicine in the University. The other members of the faculty, including Dr. Sager, who was then Dean, were on the ground; but it is presumed regarding the regents as already pledged to establish and take charge of a homœopathic college whenever the legislature should furnish the means, and regarding the essential features as determined by the legislature and the Board as already fixed and inevitable, chose not to commit themselves by any official expression as to details, and reserving a decision as to their course in regard to the matter for the future, remained silent. It must be particularly noticed that Dr. Sager was on the ground, was cognizant of all the facts known to other members of the Faculty, was at the head of that Faculty as Dean, and yet made no protest, offered not a suggestion, said not a word, until long after all was completely accomplished; and certainly he of all others is not the man to complain, as he has done, that no protest was upon the records of the faculty. To all of the Faculty, present and absent, the fact that the people of the State, through their Legislature and Board of Regents, thought it proper to recognize the absurd system of homœopathy, a system they had so long, so unitedly and so strenuously opposed, was a matter of the deepest regret.

They regretted that the State society had expressed a willingness to join with homœopaths and other irregulars in a State board of censors for licensing to practice all the different medi-

THE two subjoined letters relating to the homœopathic controversy will no doubt be read with interest by those of our readers who have either passively watched or actively taken part in the discussion.

The one from Prof. Gross will be recognized as the letter from which Dr. Sager most unwarrantably published extracts without the knowledge or consent of the rightful owner.

The other is from a physician and teacher who is well known as one of the ablest representatives of the profession in the West.

The striking contrast in the advice given in these two letters, together with the well known fact that a third and quite different course was ultimately adopted by the Faculty, just serves to show how hopeless was the expectation of anything approaching to unanimity in the profession on this knotty and anomalous problem.

The policy which Prof. Ochterlony advocates with so much force and eloquence will no doubt strike some of our readers as being both novel and bold, and yet we know that in various quarters such views have been held, and firmly, though as yet, quietly expressed; and it cannot be denied that they are more in keeping with the general spirit of the age than those to which Prof. Gross has given expression.

If the final result of this controversy over our State medical school be, as we earnestly hope it may, the adoption of a more effectual method of counteracting and exposing quackery than the one which has hitherto been relied upon, we are sure the faculty will not regret that it has fallen upon them to bear the brunt of the battle.

PHILADELPHIA, May 25, 1875.

DEAR DR. MACLEAN.—It is always a very difficult matter to give advice, however earnestly solicited. At least one of your colleagues knows my opinion about homœopathy and the disgrace of being connected with a school in which it is taught as a branch of medical education. It does not matter, in my judgment, whether homœopathy is taught in the same or in a separate edifice, or whether there is any social or official intercourse between the faculties of the two institutions. The result must be similar. As a necessary consequence you must examine the

homœopathic student on surgery, your colleague on anatomy, and some one else on chemistry; testifying to his fitness or unfitness in these particular branches, and therefore, if found qualified, endorsing him as a homœopathic physician. In this way you will be compelled in virtue of your offices to mix yourselves up with an organization for which every member of the regular profession has a sovereign and immitigable contempt; an organization with which it is impossible for us ever to associate or fraternize. How the profession at large would regard such a connection it would not be difficult to divine. The American Medical Association and all our colleges would unquestionably place the Medical Department of your University under the ban and cease to recognize your pupils. Such, at all events, is my conviction. If, therefore, I were in your position, I should unhesitatingly resign my chair and shake the dust off my feet.

To preserve your honor and to maintain the good opinion of your professional brethren are two things above all other earthly considerations. A man of your talents and reputation cannot remain long idle or unemployed in a country where such qualities are so much appreciated as they are with us.

I am, with kind wishes, truly yours,

S. D. GROSS.

The following letter is dated Louisville, May 25th, and is addressed to Dr. Maclean :

It appears to me that you and your faculty make altogether too much fuss over these two homœopathic professorships, and though I have tried to think the matter over fully and in all its bearings, I cannot see that the regents have done you any great wrong, nor that you would be in the least justified in resigning. The regents may have made a mistake in yielding to popular clamor; and they may have acted wisely. Don't give the matter *undue prominence* by discussing it in the papers. Treat it lightly; don't even *talk* about it; don't give the quacks the slightest excuse for crying *persecution*.

I feel sorry for the two homœopaths. \* \* \* \* \*  
The odds against them are very great and if they dare take up the gauntlet the regular faculty cannot afford not to go into the fight. The people and the students will have a chance to see the comparative results of the two systems, which ought to redound greatly to your advantage.

Instead of regretting that the infinitesimals must rely on the regular faculty for instruction in anatomy, chemistry, physiology and surgery, it ought to be a source of congratulation to you. If they are taught anatomy and chemistry, as they will be, if they become imbued with sound physiology and pathology, they will soon perceive the fallacy of their own unscientific and irra-

tional doctrines and practice. I have long thought that the best way to dispel the homœopathic delusion is to do just what your University has now done. In such a conflict *science has nothing to fear*. You cannot convince students or the community of the errors of the homœopathic system by abusing or ostracizing its adherents. Homœopathy will melt in the radiance of true physiological and pathological knowledge. Exact science is the Hercules that will destroy the hydra quackery. It is unworthy of science to apply the gag law. Let them be heard whether right or wrong. We must stand upon our *merits*. There has been too much of the priestly element hitherto in our dealings with the people. *Truth must win*, and so will the best man and the best horse.

As for your own share in this work, I envy you. Don't desert your post, but fight and conquer.

Ever yours affectionately,

JOHN A. OCTERLONY.

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#### HYDROCELE.

In another column will be found a communication on the *radical cure of hydrocele*, by Z. H. Evans, M. D., of Midland. The doctor ventures to animadvert upon Professor Maclean's teaching on the subject, and in doing so he indulges in a little unnecessary, though harmless sarcasm.

The mode of treatment recommended by Dr. Evans will no doubt be gratefully received as a new idea by Professor Maclean, although it is hardly to be supposed that he will feel justified in at once adopting it in his practice or recommending it in his teachings.

The views taught at Ann Arbor, as reported by Dr. Herdman, undoubtedly have the endorsement of the most experienced authorities, and it occurs to us that possibly, if these views were uniformly carried out in practice, the results might be found to justify Professor Maclean's prediction of a "speedy, safe, painless, and permanent relief," to which Dr. Evans takes exception.

We happen to know that Professor Maclean's authoritative teachings on this point are the result of large personal experience, and when a teacher can conscientiously speak confidently and decidedly on the subject of *treatment*, it is clearly his privilege and duty to do so.

## THE JOURNAL FOR '76.

We are pleased to announce that with the January number the PENINSULAR JOURNAL OF MEDICINE will be increased to a 72 page journal. The encouragement we have received from the profession in the way of original communications has rendered this enlargement necessary. We have been unable during the past year to accommodate these communications, and at the same time give as much space to the digest of current medical literature and excerpts as we think necessary in a journal which is intended to meet the wants of the busy, general practitioner. With an increase of 24 pages we shall be able to present such a journal as we think will be indispensable to such physicians of this State as are desirous of interchanging experiences with brother practitioners, and at the same time keeping themselves posted on what is transpiring abroad and at the great medical centres. While we would, therefore, advise all such to subscribe to as many journals as they are able, we would assure them that, if they can afford only one, that one should be the PENINSULAR JOURNAL for 1876.

The encouragement which the JOURNAL has received during the past year, justifies the publishers in hoping that their efforts during the coming year will meet with satisfactory recognition.

The increased size will, of course, necessitate an increase in price; this increase, however, will not be out of proportion to the amount of matter added, and the JOURNAL will continue to be as heretofore, the cheapest medical periodical published in the West. Single copies will be furnished at \$3 per annum; societies forming clubs will be supplied at reduced rates, which they may ascertain by addressing this office.

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## Reviews and Bibliographical Notes.

LECTURES ON SYPHILIS AND ON SOME FORMS OF LOCAL DISEASES AFFECTING PRINCIPALLY THE ORGANS OF GENERATION. By Henry Lee, Prof. of Surgery at the Royal College of Surgeons, England, etc., etc. pp. 246. Philadelphia: H. C. Lea. Detroit: J. M. Arnold & Co.

Those who have read the several lectures of the Hunterian series, delivered by Prof. Lee and published in the periodicals, will be pleased to know that the whole series is now presented in a neat volume by the enterprising publisher. These lectures are designed principally "to illustrate some of Hunter's doctrines, which the lapse of time, and dissemination of more recent views, have obscured or caused to be forgotten; some of these doctrines require to be modified by the light of more recent investigations; while others, which have been long neglected, will still serve as land marks for this and for succeeding generations.

The error of some of Ricord's views is shown, and among them the fallacy of the inoculation test which until a comparatively short time ago was almost universally regarded as infallible. Cases are cited in which syphilis was communicated through contact with the secretions of mucous membranes, years after all traces of the primary affection had disappeared, thus clearly disproving Ricord's views that syphilis could only be communicated through contact with the secretion of a primary sore.

In treatment Prof. Lee places mercury ahead of any other remedy or combination of remedies, thus endorsing Pearson, who says that "the superior efficacy of mercury, as the genuine antidote of syphilis, is sanctioned by the experience of 300 years," while no other article "derived from the animal, vegetable or mineral kingdom, has maintained its credit, with men actually employed in extensive practice, during a tenth part of that period." Of the iodide and bromide of potassium he holds that their value consists merely in removing symptoms and not in curing the disease. Great stress is laid on the method in

which the mercurial should be administered and the decided preference given to fumigation. The reason why calomel baths have failed in some hands is to be found in their improper administration. Prof. Lee regards the admixture of mercurial vapor with the vapor of water as essential, and has devised an apparatus and lamp, which he describes, by means of which this may be secured in the proper quantities.

The pathology and treatment of urethral discharges, originating in the prostate gland, Cowper's glands, and the vesiculæ seminales are also given.

On the whole the work is an invaluable acquisition to the literature on this subject.

A MANUAL OF MINOR SURGERY AND BANDAGING. By Christopher Heath, F. R. C. S., Surgeon to Univ. College Hospital and Home Professor of Clinical Surgery in Univ. College, London, etc. Fifth edition. pp. 308. Philadelphia: Lindsay & Blakiston. Detroit: E. B. Smith & Co.

This work, although especially addressed to house surgeons, is still replete with information on subjects which others besides house surgeons will find of much value. The author gives many points which are not given in systematic works on surgery and which can only be picked up in actual practice, or secured from the lips and manipulations of the clinical professor. To the young practitioner, and to some old ones, who have not had the advantage of a large hospital training, this little work will suggest much of real value. It is gotten up in faultless style.

A TREATISE IN HUMAN PHYSIOLOGY. By John C. Dalton, M. D. Professor of Physiology and Hygiene in the College of Physicians and Surgeons of New York, etc. Sixth edition, revised and enlarged, with 316 illustrations. pp. 825. Philadelphia: H. C. Lea. Detroit: J. M. Arnold & Co.

The "Dalton" of our student's days and the work now before us are very different books. The name is familiar to all, but the first edition of the work and the sixth are so different that the student of the former would scarcely recognize the

latter. For clearness and perspicuity, Dalton's physiology commended itself to the student years ago, and was a pleasant relief from the verbose productions which it supplanted. Physiology has, however, made many advances since then—and while the style has been preserved intact, the work in the present edition has been brought up fully abreast of the times. It contains fully fifty per cent. more matter than did the previous edition. The addition is most noticeable in the departments devoted to the consideration of physiological chemistry and the nervous system. The new chemical notation and nomenclature have also been introduced into the present edition.

Notwithstanding the multiplicity of text books on physiology this will lose none of its old time popularity. The mechanical execution of the work in all that could be desired.

VISITING LIST FOR 1876. Twenty-fifth year of publication.

Philadelphia: Lindsay & Blakiston. Detroit: E. B. Smith & Co.

To those who have used this list in former years no words of commendation are necessary; it is declared by such to be an indispensable, and this is a sufficient recommendation for those who have not used it.

The December *Atlantic* is fully up to the usual standard of excellence which marks this journal. Its list of contributors for the coming year contains the names of some of the most attractive writers in the country, including those of Longfellow, Holmes, and Whittier. The inimitable "Mark Twain" is also on the list. Mr. Adams' papers on Railroads will be among the special features for the year.

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