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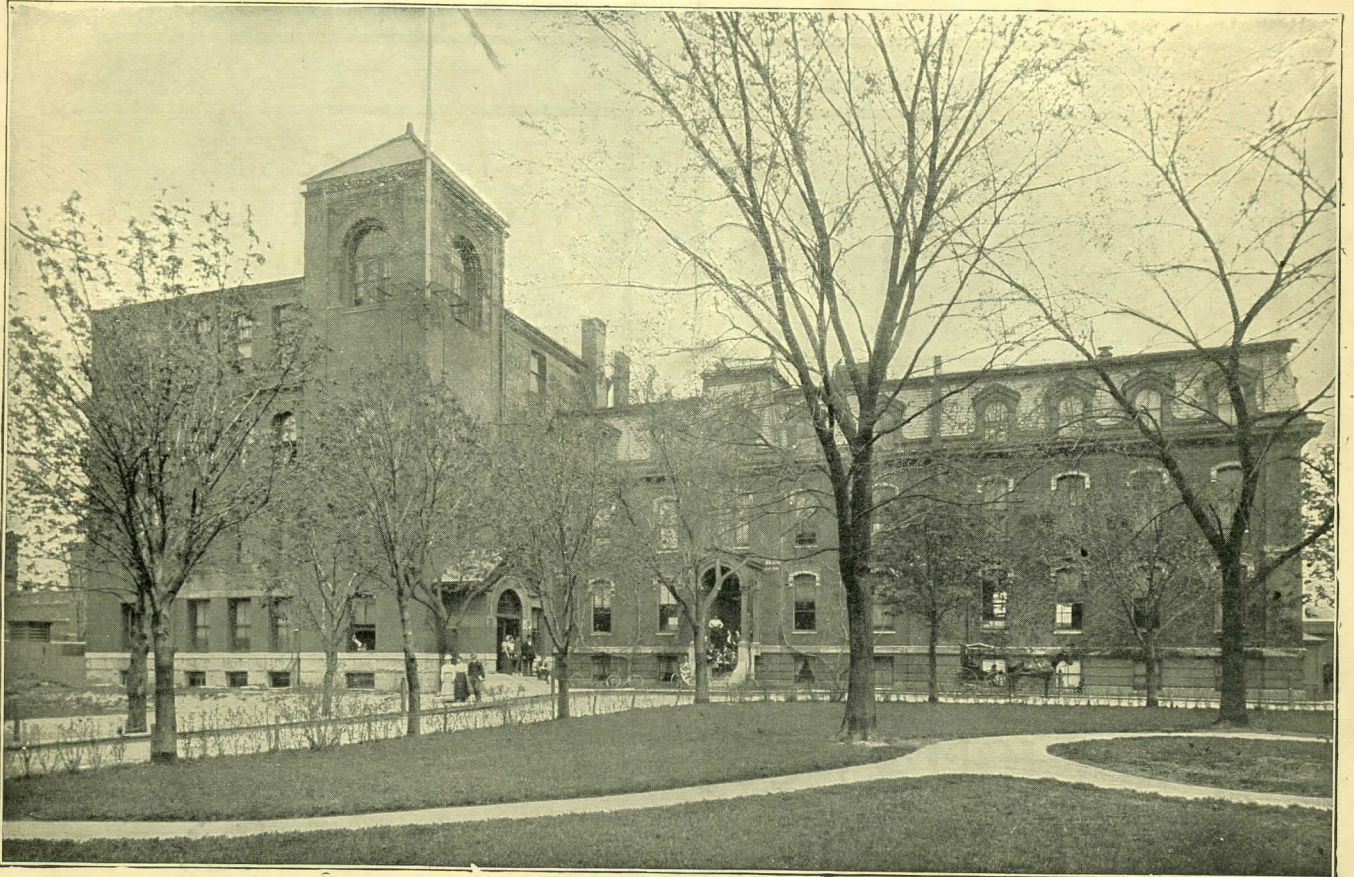
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DECEMBER, 1904.

No. 2.

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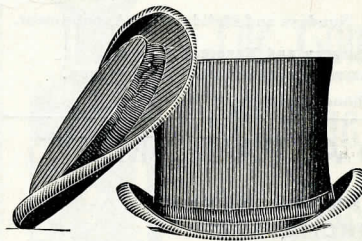
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Published Monthly, from November to June, inclusive, by the Students of the Boston University School of Medicine.

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BOSTON, DECEMBER, 1904.

No. 2.

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STUDENTS, Alumni, (especially recent graduates), and members of the Faculty are cordially invited to contribute to this journal.

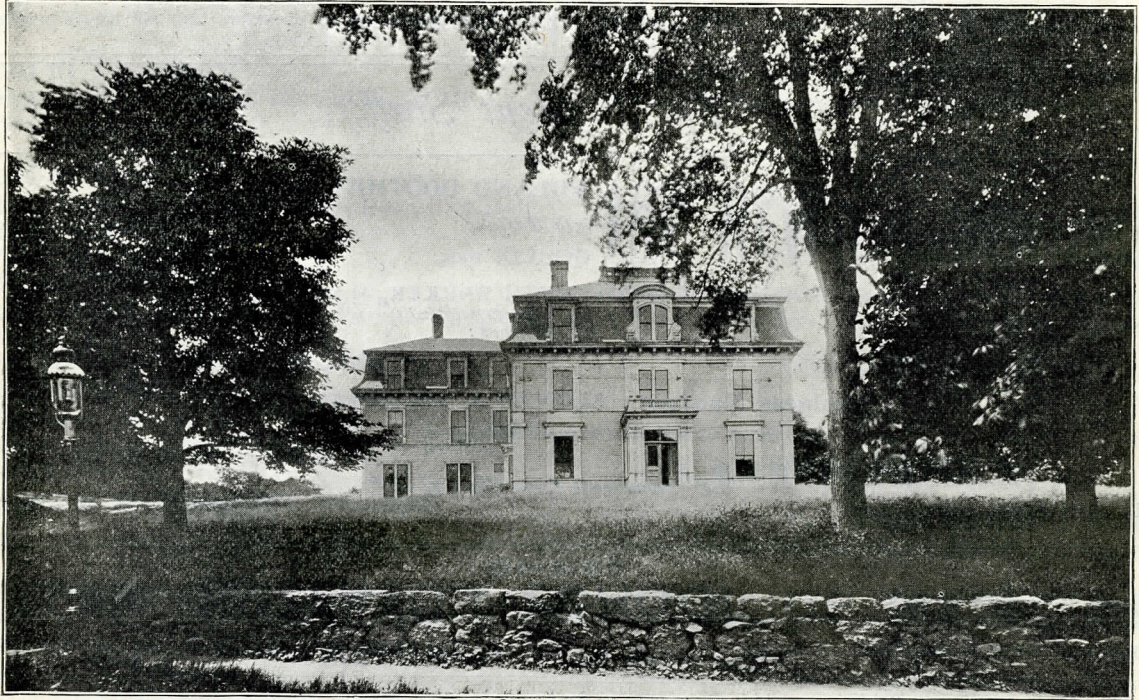
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THE STUDENT will be sent until ordered to be discontinued.

CONTENTS.

	PAGE		PAGE
EDITORIALS - - - - -	21	OHIO EXAMINATION QUESTIONS, CONCLUDED - - -	33
GENERAL CONTRIBUTIONS		ALUMNI NOTES - - - - -	35
The X-ray a Successful Adjutant in the Treat- ment of Enlarged Cervical Lymphatic Glands	22	OUR SOCIETIES - - - - -	35
Arnica and Kindred Remedies - - - - -	26	LIBRARY NOTES - - - - -	35
Rheumatism - - - - -	31	FOOTBALL - - - - -	36
Some Points of Interest about Koumiss - - -	32		



EMERSON HOSPITAL,

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FOREST HILLS, - MASS.

Editorials.

ON Wednesday, the fifth of October, the second president of Boston University was inaugurated. Forty universities and divinity schools were represented at the installation of President William Edwards Huntington, and graduates of the University returned from all parts of America to be present at the impressive ceremonies. Our own medical school was represented by twenty-three of its Faculty.

As the procession, consisting of the speakers, trustees, representatives of other universities, and the Faculties of the University, with the invited guests, passed up the aisles of Tremont Temple, Mr. John Patton Marshall of the College of Liberal Arts played an organ prelude composed by him for the occasion.

The Rev. Dr. Edward Everett Hale opened the service with responsive reading of the 19th Psalm and prayer was offered by Rev. Dr. Bradford Paul Raymond, president of Wesleyan University.

His Excellency the Governor, John Lewis Bates, opened the preliminary addresses. His audience did not fail to appreciate his eloquence and his reference to his own double indebtedness to Boston University as his alma mater.

In the absence of Hon. Patrick Collins a letter of hearty good will and cordial greeting was read by the presiding officer.

President Eliot of Harvard brought the greetings of sister educational institutions, and the sincerity and cordiality of his salutations to President Huntington stood out clear and strong.

Bishop Daniel Ayres Goodsell delivered the address in behalf of the clergy.

Prof. Borden Parker Browne was the speaker in behalf of the University Faculty. Prof. Browne is dean of the graduate department, and by his long experience and contact with Faculty and

students was a most happy choice. No one could have been better fitted to express the loyalty and affection of the Faculty for their new president.

Ex-president William Fairfield Warren was called next to give the charge, and as he rose the whole audience instinctively rose with him, impressed by the significance of the scene. The sweetness and beauty of his words but reflected the man himself as he stood there among his spiritual sons and daughters. His address was tender, strong, and inspiring.

The audience joined in the hymn, "O God our Help in Ages past," and then President Huntington delivered his inaugural address. This address was universally honored with the highest appreciation of all who listened as showing a masterly grasp of educational conditions and is worthy to be read by those who did not hear it. The appreciation of his audience found expression in applause, repeated again and again.

Rev. Dr. Poindexter Smith Henderson, pastor of Tremont Temple Church, pronounced the benediction on the vast audience, and the ceremonies of this event in university history were over.

Numerous receptions occupied the afternoon and many visitors and alumni visited the laboratories and class-rooms of the various departments of the University.

Throngs of alumni met at the afternoon reception given by the alumni association, and there was evident on every hand honest pride in the University and joy in the auspicious inauguration of President Huntington.

TO SENIORS.

OUR surgical advantages seem to be greater this year than ever before, and it remains for us to show our appreciation of the fact by constant attendance at the many clinics offered us.

To be sure, comparatively few of us may intend to perform major operations in our future practice, but the necessity will ever be laid upon us to make an accurate diagnosis of diseases that should be treated surgically as well as those that should be treated medically. Moreover, we must be well acquainted with the causes and the course of surgical disease, its after-treatments, and the results, to say nothing of a clear understanding of operative measures.

We may have faith in our remedies and feel that a knowledge of *materia medica* is of paramount importance; but it is not all, and the test of our surgical education will come when it is for us to decide whether a patient is to be kept on medical treatment or is to pass into the hands of the surgeon.

This is merely a little food for thought when some apparently good reason arises for not climbing four long flights of steps four times a week.

THE card of John K. Lawton on page 1 of this issue should be noticed by physicians in need of a man who will collect their slow accounts and not do more harm than good to the business. We understand that Mr. Lawton is the only man in Boston who does collecting exclusively for physicians. A postal card will bring him to your office.

ON Saturday afternoon Dr. Sutherland expressed the desire to have a fresh placenta for demonstration the Monday following. When he arrived Monday he found three fresh placentes awaiting him and another on the way. This shows not only how quick the students are to respond to a desire of Dr. Sutherland but also some idea as to the amount of work the Senior class is doing in obstetrics.

ALONG with other pieces of good fortune that are falling to the lot of the Senior class are the surgical opportunities given them by Dr. Emerson at his hospital in Forest Hills. Dr. Emerson has transformed his Saturday morning lecture into a clinic at his hospital on Saturday afternoon, and making four students his assistants at each clinic, and the remainder of the class his audience, gives a great deal of his instruction at short range. As the assistants are invited to luncheon at the hospital the clinic can begin at a reasonably early hour and without "that tired feeling".

General Contributions.

THE X-RAY A SUCCESSFUL ADJUTANT IN THE TREATMENT OF ENLARGED CERVICAL LYMPHATIC GLANDS.

BENJ. T. LORING, M.D.

IT is well known that enlargement of the lymphatic glands is nearly always caused primarily by infection with one of two germs, viz., those of tuberculosis and syphilis. Secondary infection with some other organism may occur, but not infrequently the discharge from a newly opened suppurating gland is entirely sterile.

An injury may rarely cause acute enlargement of a single gland, but it does not suppurate and resolution is speedy and complete.

Rarely, also, is a lymph gland the seat of a primary malignant growth, while secondary extension of such growths along the lymph channel to the nearest lymph node is the rule rather than the exception. Though the great majority of cases are in children, adults are often also affected. The sexes seem to be equally susceptible, and cases are not uncommon in individuals who seem to be

well nourished and to all appearances in good health. The tonsils are the avenues through which tubercular infection chiefly occurs, and the cervical or sub-maxillary glands are naturally the usual site of the trouble. Several glands in direct continuity are generally enlarged together, and occasionally both sides are affected at the same time. When seen early the administration of iodine, plain or in combination, will frequently be sufficient to prevent suppuration and cause disappearance in a few weeks or months. When suppuration is present operation is necessary unless the case is of syphilitic origin. Anæsthesia is necessary for thorough curetment or for excision, and will be many times repaid by the more rapid healing and the smaller scar. The after treatment of a suppurative case consists of daily dressings, with drainage of iodiform or plain gauze. When it is possible to enucleate the glands without rupture healing by first intention is the rule, with very slight disfigurement. Besides plain iodine, the iodides of lime, arsenic, and mercury in the 2x or 3x tab. trit. have been most serviceable to me. Occasionally the protoiodid of mercury has been given in 1x tablets after meals, as has iodid of potash in 5 to 10 drop doses, in cases of suspected syphilitic origin. The general condition of the patient requires careful attention, and errors of diet and habit often need correction. With such treatment most cases will make satisfactory progress. Not infrequently, however, cases, even when seen early, resist all medical measures and steadily become worse. Or after the most radical operation possible healing is delayed or recurrence soon occurs. These are the cases which are specially suitable for treatment with the X-rays, and it is a series of such cases so treated with satisfactory results that are here reported. These are not selected successful cases from among many failures, but are consecutive. They are all private

cases. One, No. 8, was compelled to have an operation even after some treatment, but under the circumstances could not be called a failure, as the trouble for which she was sent was entirely relieved. The other eight cases, several recurrent after operations, and several where healing was delayed, were all relieved without the necessity for further surgical intervention. In several which had been periodically recurrent for several years, a period longer than usual between attacks has already passed without sign of any return of the trouble, this period being at least a year from the time of the last treatment. While it is too soon to say that there will be no recurrence, it has been demonstrated that the results are already better than where surgical means were used in the same cases.

In no case did a gland of large size entirely disappear, but decreased slowly or rapidly till very minute. The change in some was apparent after the first or second treatment; in others no change was noticed for several weeks. In only one case was it necessary to give exposure sufficient to cause the hair over the growth to fall, and in that case the return was immediate and abundant. I have not included my cases of secondary involvement of the lymphatics from malignant disease, but have had several in which the local effect was just as marked, the patient finally succumbing to the general disease. Others have reported instances of Hodgkin's disease and splenic leukemia very successfully treated with the X-rays, but as yet none of these unusual conditions have come under my care. In one case the number of treatments was large, but in the average case they have numbered from nine to twenty, distributed over a period of several months. Hygienic, dietetic, and medicinal measures have also been carefully prescribed, and to them the good results are undoubtedly largely due, but the application of the X-rays

seems to have provided the stimulus necessary to make these measures successful where formerly they failed. In no case was it necessary to prolong exposure to the point of producing dermatitis or even hyperemia.

Case 1. Miss T., age 21, health good. When 14 years old had an abscess in the left cervical region. Since then has had similar trouble every year but one; once being located on the right side, all other times on the left. Three years ago had thorough dissection of the left side of the neck, many enlarged glands being removed. This was the time when the next abscess came on the right side. Now has several large glands beneath and in front of the left ear about the size of small marbles. They are growing slowly in spite of treatment, are painful, and occasionally throb; was given six treatments with marked improvement. After a five-weeks' interval was given eleven more exposures in nine weeks, at which time the largest gland had decreased till no larger than a small pea. Thirteen months afterward had had no further trouble.

Case 2. Mrs. O., age 27. History, negative, health, good. In the last two years has had a series of four abscesses in the left side of the neck. These have been opened and have healed, leaving depressed scars. Now has an enlarged gland in front of and just beneath the lobe of the left ear. They are hard, but are sensitive and painful, and have increased in size in the past week, now being about the size of a small marble. Rx. merc. biniod. 2x after meals. Was given two treatments weekly for six weeks, and eight more in the next three months. The decrease in size and in pain was immediate, and when last seen they were barely perceptible. Over fourteen months afterward had no return of the trouble.

Case 3. A. W., male, age, 14; health, fair. Has many enlarged glands in the right side of the

neck under the jaw, under and behind the ear, and as far back as the centre line in the occipital region. Also has an enlargement with reddening of the skin just in front of the ear. This has been so ever since infancy, when he had an abscess lanced there which did not heal for two years. This is at times larger than usual, but never breaks and never goes away. Lately is larger than ever before and pains considerably at times. There is no fluctuation and no line of distinct ending, as is usual with a tubercular gland. The exact nature of this enlargement has remained a matter of doubt, but it seemed probable that it was glandular in character. Has taken many different kinds of medicine without effect. Rx. ars., iod., 2x every three hours. Was given treatments twice weekly for three months, then after an interval of six weeks was treated every two weeks for three months more. In all thirty-three treatments were given. At the first improvement was marked, while later on it was slower but quite noticeable. When last seen only the two largest glands could be felt, and they were very small. The growth in front of the ear also slowly decreased until it was imperceptible.

Case 4. Mrs. S., age, 33; health, fair. Has a slight hacking cough without expectoration. Normal pulse and temperature. For two years, or since the birth of a child, has had a gradually increasing enlargement in the supra-clavicular region on the right side. This consists of a mass of glands, the largest the size of a horse chestnut, which were sensitive, attracted attention and comment, and made the dressing of the neck difficult. At menstrual periods there was marked increase in the size and tenderness. There was constant ache in the right shoulder and arm. This at times became almost unbearable, especially at night. Operation was advised and refused. After two treatments the cough and pain were absent and the

glands were markedly decreased in size. After ten treatments the largest gland had decreased fully seven-eighths. After fifteen treatments only the largest gland could be felt at all. Has no sensitiveness or pain, and no change in the glands takes place at menstrual periods. Has gained over ten pounds in weight, and the general health is now better than for several years. Treatments were given weekly except for two interruptions of two and three weeks respectively. No medicine was taken during the whole time.

Case 5. Mrs. N., age, 52. In October, 1901, a nodule appeared behind the left ear. It enlarged, grew red and soft, and was lanced in March, 1902. This has not healed, and several other glands have also enlarged until the neck is about twice the normal size. There is much pain, and a foul discharge from an ulcerating surface the size of a silver dollar. Has lost forty pounds in weight. Has heavy sweat every night and feels very weak. Temperature in the afternoon 100 to 102, pulse 96 to 108. Was treated twice weekly for over six months. After the first few treatments the night sweats disappeared and she felt much stronger. Regained weight at the rate of about two pounds weekly. Size of neck decreased rapidly till normal, and healing gradually took place. Other glands enlarged from time to time in the sub-axillary region, on the right side of the neck, in the occipital region, and later on in the left breast and axilla. These, when exposed to the X-rays, invariably decreased at once. The temperature and pulse declined steadily, and when twenty-three treatments had been given was normal. General health became much better and she was able to do her housework. In the fall of 1902 was shown at a meeting of the Boston Homœopathic Medical Society, and since then has remained in fair health with the exception of an attack of pleurisy this summer, from which she

made a good recovery. The condition of this patient when first seen was such that operation was refused by the surgeon on duty at the hospital, and a probable diagnosis of sarcoma made. That this was not correct was shown by a blood count and by the subsequent recovery. Besides the application of the X-rays the bowels were not allowed to become constipated. She spent a large part of the time in the fresh air and sunshine, and was given ars. iod. 3x every three hours.

Case 6. Miss F., age, 18; health, fair. When ten years old had an abscess in the right side of the neck. Had others in the same locality when eleven and fourteen years old, the latter being opened and curetted. When sixteen years old several glands in the same locality enlarged at the same time. The right cervical region was freely laid open by two long incisions vertically, and many glands of various sizes removed. Healing was by first intention. Two years later the same location is greatly swollen and indurated from the mastoid process to the clavicle. At the lower end of one scar there is a sinus which discharges profusely. The head is held sideways, just as in a case of wry neck. Treatments were given weekly for six weeks, then three more treatments given at slightly longer intervals. The effect was immediate and gratifying. By the sixth exposure all of the stiffness and swelling had gone and the old scar tissue had become more pliable and of a healthier color. At the ninth treatment the condition was so much improved that the patient considered no more exposures necessary. The discharge had ceased and the sinus healed. Has not been heard from since, so that it is impossible to say whether or not the improvement is maintained.

Case 7. Miss L., age, 33; history, negative; health, good. Three weeks ago a swelling appeared under the centre of the right sterno-mas-

toid muscle. A week afterward it was opened at the hospital. For two weeks a profuse purulent discharge persisted, with no tendency to become less. Was given one exposure of five minutes duration the next day, after which the discharge was much less and of a watery character. This persisted till a week later, when a second exposure was given, after which the opening healed in a few days. No more treatments were deemed necessary. Fourteen months afterward there had been no further trouble.

Case 8. Baby, female, bottle fed; age, 8 months. In February had a small polypus removed from the right ear. Recurrence began immediately and in three months the ear was completely obstructed. Also had four enlarged glands the size of marbles in front of, beneath, and behind the same ear. Was given cal. iod. 3x four times a day, and X-ray exposures five minutes weekly for twelve weeks. The obstruction to the auditory canal lessened steadily and disappeared. The glands also became some little smaller. At this time cut several teeth and had an attack of diarrhoea. Shortly after, one of the glands increased greatly in size and threatened suppuration. Operation was then advised and was done at the hospital. This case could not be treated satisfactorily, as the baby cried and screamed violently all the time of the treatment, so that it was not safe to bring the tube near enough to do much good.

Case 9. Miss Y., age, 25; health, fair. In June, 1900, had an abscess in the left supra-clavicular region opened at one of the large hospitals. Healing did not follow and another operation was done, in spite of which a sinus persisted. Since then has had four other abscesses in close proximity, all of which were opened under ether, and from all of which sinuses persisted. After months of dressings by her physician was referred to me

in June, 1903. Besides these sinuses there was a gland in the left occipital region the size of a marble. Had taken much medicine, including iodide of potash, without apparent effect. This remedy was continued in ten-drop doses after meals and X-ray exposures made once or twice weekly. After five treatments the sinuses were all closed, and remain so. Treatments were continued, and the other gland decreased till it was no larger than a pea. The health has become excellent and the weight increased considerably. Is now perfectly well and has taken no medicine for months. There was no doubt in my mind that this case was of specific origin, in spite of the denials of the patient. This she voluntarily admitted later on. How much the X-ray would have done without the iodide of potash is uncertain. The combination of the two certainly produced better results than could be obtained from either alone.

The tube was energized till the anode was red hot by a twenty-inch coil with electrolytic interrupter working from the 110 volt direct current. The times of exposure varied from five to eight minutes, and the distance from the anode to the patient six to twelve inches. Only the areas affected were exposed, and an aluminum shield was interposed between the tube and the patient.

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ARNICA AND KINDRED REMEDIES.

BENJ. C. WOODBURY, '06.

MATERIA medica can be studied in several ways, but perhaps most interestingly by compar-

ative study of groups of remedies or according to characteristic symptoms.

Among the many interesting groups is that class typified by arnica, which either produce the characteristic sore, bruised sensation, or have similar clinical application. Remedies similar to arnica in traumatic affection, in which sphere arnica is especially indicated, are, calend., hyper., ledum., hamam., symph., staph., cal. phos., ruta. Similar to arnica in producing the soreness, as if bruised, are, bapt., china, gels., eup., phyto., rhus. In the consideration of this group of remedies we shall consider the particular bruised pain sensations, some of the characteristic symptoms of the remedies, and their clinical application.

Starting with arnica we find this remedy most often indicated in affections resulting either directly or remotely from traumatism of manifold causes, and especially manifested by ecchymosis, swelling, pain, and its various other attending symptoms.

Now to be accurate, weakness, weariness, sensation as if having been bruised; felt as if bruised over the whole body; everything on which he lies seems too hard; sore, bruised sensation all over, causing constant change of position. This seems to be the most characteristic condition of the true arnica patient wherever found. Other symptoms calling for arnica are, stool and urine passed unconsciously, characteristic saggillations appearing beneath the skin.

Mental Symptoms: Fear of being struck by those coming near; putrid odor from mouth; offensive eructations (H_2S gas). Bruised, sore feeling in uterine region; cannot walk erect. Soreness of parts after labor; prevents hemorrhages of pyæmia; cough; child cries during paroxysms as if sore. Falls asleep while answering (camp., rhus., bapt., gels.). Head hot, rest of body cold (camp., bell.). Many boils, painful, one after another, extremely sore.

Having given a few of the classic symptoms of arnica let us consider more carefully some of its clinical applications. In bad effects of injuries, even received years ago; traumatic affections of muscles, compound or open fractures and their profuse suppurations, concussions and contusions without laceration of soft parts, prevents suppuration and septic conditions and promotes absorption. Meningitis after mechanical or traumatic injury (hyper.); from falls, concussion of brain; when exudation of blood is suspected; to promote absorption. Conjunctival hemorrhage, retinal hemorrhages with extension from injuries, soreness of parts after labor, also retention or incontinence of urine, especially in aged people. These seem to be some of the most characteristic indications and their spheres of clinical action.

We next study calendula, which very much resembles arnica; oftener indicated in extension wounds in which there is much laceration of soft parts. We find calend. indicated in traumatic affections; to secure union by first intention and prevent suppuration in cases of loss of soft parts. External wounds with or without loss of tissue; torn and jagged looking wound. Surgical cases. Traumatic and idiopathic neuroma; neuritis from lacerated wounds (hyper.); exhausted from loss of blood and pain. Rupture of muscles and tendons; lacerations during labor; wounds penetrating joint with loss of synovial fluid. Constitutional tendency to erysipelas; old, neglected ulcers, offensive, threatening gangrene; also if inflamed, irritable, sloughing; varicose, painful, as if beaten; excessive secretion of pus. Calendula is said to be almost specific for clean cut wounds (surgical wounds, to aid aseptis in obtaining union by first intention) or lacerated wounds to prevent excessive suppuration. In relationship, similar to arn. in bruised conditions, even without laceration; to hyp. in injuries to nerves.

Hypericum: Mechanical injuries of spinal

cord; bad effects of spinal concussions; pain after a fall on coccyx.

Punctured, incised, or lacerated wounds, sore, painful, especially of long duration. Injuries from treading on nails, needles, pins, splinters (led), from rat bites; prevents tetanus. Preserves integrity of torn and lacerated members when almost torn or separated from the body (calend.).

Injury to parts rich in sentient nerves, fingers, toes, matrices of nails, palms or soles, where the intolerable pain shows nerves are severely involved; of tissues of animal life, as hands and feet. Nervous depression following wounds or surgical operations; removes bad effect of shock, of fright, of mesmerism. Modifies and sometimes arrests, sloughing (calend.), crushed, mashed finger tips. Tetanus after traumatic injury. Headache after a fall upon occiput, with sensation of being lifted high in the air; great anxiety lest she fall. Spine: after a fall slightest motion of arms or neck extorts cries; spine very sensitive to touch. Bunions: excruciating pain, showing nerve involvement.

Hypericum is sometimes called the arnica of the nerves.

Ledum: Having considered hypericum we come to ledum, which is particularly indicated in punctured wounds from sharp, pointed instruments, as awls, nails (hyper.), rat bites, stings of insects, especially mosquitoes. Long remaining discolorations after injuries; black and blue places become green. Hemorrhage into anterior chamber of eye and lids (black eye), arn., especially if much extravasation of blood. Ecchymosis of lids and conjunctiva.

Characteristic Symptoms: Rheumatism or gout begins in lower limbs and ascends, gouty nosodities, acute and chronic arthritis, affects left shoulder and right hip joint. Pains are sticking, tearing, throbbing, rheumatic < by motion; at

night, warmth of bed and covering (merc.); > only when holding feet in cold water.

Lack of animal heat in old people; part cold to touch but not cold subjectively; swelling of feet up to knees. Ball of great toe swollen, painful in heels as if bruised. Intense itching of feet and ankles < scratching and warmth of bed (puls., rhus.).

Hamamelis: Sore pain in right femur, muscles of thighs sore as if bruised (Hering). Bruised soreness of affected parts. A remedy adapted to venous hemorrhages from all outlets of the body where there is a condition of venous congestion; passive hemorrhage of the skin, mucous membranes, phlebitis, varicose veins, ulcers, with stinging, pricking pains, also hemorrhoids occurring in patients who take cold easily from every exposure, especially in warm, moist air. Is the aconite of the venous system. Rheumatism, muscular and articular. Useful in traumatic conjunctivitis. Chronic effects of mechanical injuries (con.), sugillations or extravasations into chamber of eye; from severe coughing, intense soreness (arn., calend., led.).

Nose bleed, flow passive, long lasting, non-coagulable blood (crotalus) profuse, > headache med.); also of great use in hemorrhages in typhoid, from lungs, vicarious menstruation, dark, profuse menstrual flow after injuries to ovaries. Uterine hemorrhages and profuse, exhausting flow from hemorrhoids also call attention to this drug.

Staphisagria: Mechanical injuries from sharp, cutting instrument; part surgical operations; stinging, smarting pains like the cutting of a knife. Other general conditions for which this drug is characteristically prescribed are the mental and physical effects of sexual excesses. Patient is indignant over trifles, apathetic, indifferent, low spirited, weak memory, especially from sexual abuse (anac., aur., nat., phos. ac.), affections of

eyelids, especially upper (styes); children desire things, then throw them away (ant. c., cham., apis.).

Symphytum: Mechanical injuries; bad effects from blows, bruises, thrusts on eye, especially from blunt instrument. Non-union of bones in fractures, especially when trouble is of nervous origin. Injury to bones; for example, where a blow on eye injures the orbital plates of frontal bone. Irritable stump after amputation. Peculiar pain in periosteum after wounds have healed. Irritability of bones at point of fractures. Gun-shot wounds, periostitis, osteomyelitis, felon. Sensitiveness of injured part to touch of clothing long after healing. (Similar to *arn.* in blows, *flor. ac. hep.*, *cal.*, *phos.*, and *sil.* in injuries to bones.)

Cal. Phos.: Another remedy similar in some respects to *symph* in non-union of fractures. But with this remedy there seems to be a distinct cause, and that a general malnutrition and consequent lack of development. In its proving we find bruised pains in shoulder and down arms. Bones affected along sutures or at symphyses, non-union of bones, curvature of spine to left, lumbar vertebræ bent forward, rachitis, fontanelles wide open, diarrhœa, emaciation, tendency of bones to curve, caries. Most often indicated in anæmic persons, dark complexion, dark hair and eyes; thin, spare, scrofulus children with diarrhœa, slow in learning to walk, sunken, flabby abdomen; cranial bones thin; fontanelles and sutures remain open too long; delayed teething; subject to curvatures. Curvature of bones in girls at puberty who are tall, grow rapidly, and suffer with anæmic headaches.

Aggravations are, exposure to cold, changeable weather, east winds, melting snow, mental exertion, amelioration in summer, warm, dry atmosphere.

Rhuta: Bruises and other mechanical injuries of bones and periosteum, sprains, periostitis, ery-

sipelas, fractures, and especially dislocations (*symph*). Bruised, lame sensation all over, as after a fall or blow, < limbs and joints (*arn.*), all parts upon which he lies are painful, as if bruised (*bapt.*), restless, changes position frequently when lying. Pain, especially in wrists, < in cold, wet weather, and > motion. Aching and burning in and over eyes, with blur, as from overwork or eye strain. Burns like coals of fire. Constipation with prolapsus of rectum when attempting passage, also pressure in bladder, as if continually full, not retained by micturition.

Having considered these remedies more like *arnica* in traumatic affections, we have left those more especially producing the sore, bruised sensation. First *baptisia*.

In whatever position the patient lies the parts rested upon feel sore and bruised. Indicated most often in typhoid. The patient's mind wanders, he is disturbed, restless, he cannot sleep and thinks he is double or scattered about in bed and must move to get his pieces together again; there is great prostration; the back and limbs ache, and the patient feels bruised and tired all over; he is weak and faint. The face has a besotted look, as if drunken; the eyes are stupid and heavy; high temperature and pulse, tendons in the ilio-cœcal region; yellowish, offensive stools; patient may be in a stupor and fall asleep while answering questions; brown, dark streak through centre of tongue; all exhalations are offensive; sordes on teeth; fetid breath, and offensive urine and sweat.

China: He is sore all over in the joints, the long bones, and the periosteum, as if they had been sprained, like a tearing, drawing especially in the spine, the sacrum, the knees, and thighs. The whole head feels bruised < on moving, even opening eyes; scalp sensitive < at night. Limbs pain, especially joints, as if bruised < at rest > motion.

Extreme sensitiveness of nerves, especially of

skin, to slightest touch, while firm pressure relieves. Slight draught of air on parts may cause suffering. The aggravations of china are every other day, and its most prominent symptoms are debility, throbbing headaches, painless stools, distension after eating even small amount (lyco., carbo. v., kali. c.).

Debility and other complaints from loss of vital fluids.

Eupator Per: Intense aching in limbs as if bones were broken; back and limbs ache as if broken. Aching pains and soreness as from having been beaten in calves of legs, small of back, in arms above and below elbows.

Bruised feeling as if broken, over whole body.

This remedy has the sore, bruised sensation, but is more often indicated in intermittents and influenza, where arnica would seldom have a place unless the trouble could be traced to some traumatism.

The characteristic symptoms when indicated, besides those given above, are the chill at 7-9 A. M., intense aching in bones before chill, vomiting of bile between chill and heat, and rawness and soreness in chest.

Gelsemium: Prostration, languor, muscles feel bruised and will not obey the will, heaviness and weight in muscles with loss of voluntary motion; dull, bruised sensation is felt in head, eyes, and all parts of body; feels as if bruised or if from having done some bodily exertion. In conditions calling for gelsemium there seems to be complete relaxation, and particularly of nervous system, lack of muscular control due to nervous exhaustion. Trembling of legs, hands, tongue, all parts; eyelids droop; desire for quiet. Excessive weakness, chills, with chattering of teeth; pulse slow when quiet, accelerated on motion; dilated pupils, dark red face, and there may be the drowsiness (stupor not so marked as bapt.) to the extent

that patient will fall asleep while answering questions, but the sweat and stools of gels. are not so offensive as of bapt. or arn.

Phytolacca: A remedy producing very markedly the bruised sensations, but of use most often in throat affections.

Intense headache and backache, lame, sore, bruised feeling all over; constant desire to move but motion < pain. A remedy indicated in patients of a rheumatic tendency may be said to occupy a place between bryo. and rhus. Pains fly about like electric shocks \leq motion and at night. Vertigo when rising from prone position (acon., bryo.).

Sore throat: Of a dark red color, uvula large, dropsical (apis) almost translucent.

Diphtheria: Pains shoot from throat into ears on swallowing; great pain at root of tongue when swallowing; ash colored membrane; cannot drink fluids (lach.), enlargement of parotid, submaxillary glands; intense backache. In throat affections the right side is usually the more affected. Aggravations: when it rains, exposure to damp, cold weather. Face hottest if body cold (here resembling arn.).

Rhus Tox: Feeling of swelling with bruised pain in throat; erysipelas, inflammation, parotids swollen; cellulitis of neck, drowsiness, abdomen sore as if beaten < on side lain on. In morning in bed limbs upon which he has not lain feel bruised. One of the principal differences between the soreness of arn. and rhus. is that the former is always traceable to some injury, while that of the latter is due to some strain, as over-exertion of muscles or bad effects from getting wet due to exposure or while perspiring. With arnica there is change of position to find relief from the sense of hardness of the bed, while with rhus. the movement is due to the restlessness of patient, which enables him to obtain decided relief, especially

after continued motion, though it may be painful at the beginning. Soreness of all the muscles > after ordinary exercise; feels stiff on first beginning to move. There is with rhus. the stupor, with cloudy sensorium. Patient falls asleep on answering questions, but usually before doing so will frame the answer. There is swelling of abdomen with diarrhœa, and the tongue with a triangular red tip.

The general aggravations of the remedy: before a storm, cold, wet, rainy weather, at night, especially after midnight, from getting wet while perspiring, when at rest, amelioration, warm, dry weather, wrapping up, warm or hot things, motion, change of position, moving affected part.

This completes this rather brief and perhaps incongruous comparison of this important class of remedies, and while this does not begin to complete the list of remedies producing similar symptoms, yet we have endeavored to consider the more important and those in most common use.

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RHEUMATISM.

W. BRYANT GUY, M.D.

To the student who expects to soon test his acquired knowledge in the field of therapeutics there is nothing more important than that he should have the ability to cure rheumatism in its varied forms.

Among the many failures that the ordinary homœopath is obliged to face is the frequent realization that his highly-prized drugs are not capa-

ble of curing the frequent cases of above disease, which will assuredly be met in the New England and Western states. During the writer's recent visit to Maine he found it a common belief that rheumatism is incurable, this showing more than many words could tell the many failures of physicians of any school to control this form of disease. Before giving the methods I use it would be better to say a few words about its etiology, etc., and then explain what treatment should be applied to such conditions. The normal functions of the body require that the waste products should be so formed that the kidneys may pick them out of the circulation and eliminate them in the urine.

When by some condition of the liver or other organs these waste products are but partially or improperly formed the kidneys are unable to eliminate them, and they of necessity become deposited in the tissues of the body or remain in the circulation and thus cause the various painful and febrile phenomena known as rheumatism.

The first indication to be met, therefore, is that the remedy should be capable of uniting with the hypothetical substance, and by so combining render it capable of being eliminated by the renal function.

Secondly, it must be an absorbent.

Thirdly, it must allay the febrile reaction, also act as an alternative on the organs involved, exciting them to a normal action, and at the same time must not cause disturbance of the other functions of the body.

The remedy is obvious to all homœopaths: it is iodine, but it must be free, soluble, and non-irritating.

For the relief of restlessness, insomnia, or constipation rhus tox. or bryonia may be alternated.

Diet should consist of plenty of water, excluding meat from the diet list. The dose the writer uses is one to five minims of soluble iodine (Burn-

ham's). Bryonia or rhus tox. should be given in 2x or 3x.

If disease is acute give small doses frequently repeated; if chronic, three times daily is sufficient.

SOME POINTS OF INTEREST ABOUT KOUMISS.

G. J. JACKOWITZ, '07.

KOUMISS, one of the earliest forms of modified milk, is artificially prepared by alcoholic and lactic acid fermentation. It was originally prepared centuries ago by the natives of southeastern Russia from mare's milk: since then its use so widely spread that now it is being consumed everywhere. Koumiss has a very pleasant, refreshing, sweetish, sourish taste. It is pleasanter to take than milk, and after taking it that feeling of heaviness and pressure is not felt in the stomach, as in the case of milk. Not only is it a thirst quencher but also an appetizer.

One of the many good formulae for making this refreshing beverage for home use is as follows: 1-4 cake of yeast, 1 tablespoonful of sugar, 1 quart of milk. Mix thoroughly and place in a warm place for fermentation. Shake well at least every four hours and at the end of twenty-four or thirty-six hours put in a cool place.

In the making of koumiss there are two factors which participate in the principal part of the work, namely, *saccharomyces cerevisiae*, a yeast fungus, and *bacillus acidi lactici*, lactic acid forming bacillus. The former act upon a part of the sugars by fermentation, manufacturing alcohol and liberating CO₂ gas, while the latter act upon the remainder of the sugars in making lactic acid. Moreover, there are other changes which take place in the milk. The casein, which under ordinary circumstances is one of the constituents of milk most

difficultly digested in the human stomach, because of its forming large, hard, tough curds, is changed by fermentation into peptones, and having lost its calcium forms, as in the human milk, small, soft curds. Consequently it becomes more digestible.

By chemical analysis it has been found in the preparation of koumiss that — 1. The fats, salts, and water remain unchanged; 2. The quantity of lactose is gradually decreased; 3. Lactic acid is increased; 4. Alcohol is formed (quantity dependent upon time allowed for fermentation); 5. CO₂ is generated; and lastly the previously-mentioned changes in casein. Since the above show the modifications which take place in the preparation of koumiss the therapeutic value of this beverage may be easily estimated.

In the first place, the main bulk of koumiss is composed of water. The introduction of a large quantity of water into the system in a form tolerable must influence the vital processes. Diluting the food it promotes absorption, nutrition, and alimentation. Secondly, CO₂ acts soothingly upon the sensitive nervous apparatus of the alimentary canal. By causing temporary hyperemia of the mucous membranes it increases the capacity of absorption, raises the muscular tone of the stomach and intestines, and lastly, by entering the blood it lowers the temperature. Again, the effect of alcohol must not be forgotten. Here it is the excitation of the nerves with which it comes in contact; hence koumiss produces a greater secretion of saliva, gastric and intestinal juices. Another point is that lactose, by exciting the mucous membranes of the digestive apparatus, raises its activity and increases peristalsis more than any other form of sugars. However, this is not all. Lactic acid is a normal constituent of the gastric juice and plays an important part in the elaboration of the albuminoids (albumin, casein, etc.). Still further, it is seen that the albuminoids have

already been made into a more absorbable form through the process of fermentation, so that they may be taken up by the blood without any extra labor on the part of the stomach. As has been stated before the fats remain unchanged in the process. Their nutritive feature rests mainly upon the amount of heat produced by their oxidation.

Thus, wherever any of the above qualities are required koumiss will be found invaluable.

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OHIO EXAMINATION QUESTIONS,
 June 13, 14, and 15, 1904.

(Concluded.)

MATERIA MEDICA (ECLECTIC).

1. Give the common and official name of macrotys; the preparations, doses, and indications for use.
2. Give the same of phytolacca.
3. Of rhus tox.
4. Of podophyllum.
5. Of pulsatilla.
6. Of belladonna.
7. Of chionanthus.
8. Of cantharides.
9. Of asclepias.
10. Of apocynum.

PHYSICAL DIAGNOSIS.

1. By what signs can aortic obstruction be distinguished from aortic incompetency?
2. Make the differential diagnosis between bronchiectasis and pulmonary tuberculosis with cavity.
3. What signs and symptoms point to a lesion

of the anterior portion of posterior limb of the internal capsule?

4. Make a diagnosis between hydropericardium and pericardial effusion.
5. Describe Traube's semilunar space, and name the conditions that obliterate it.
6. By what signs can free air in the abdominal cavity be recognized?
7. Bound the epigastrium, and name the organs found in it.
8. What characterizes respiration in spasmodic asthma?
9. What conditions give rise to bronchial breathing, and in what diseases is it heard?
10. Name the lesion which causes a murmur in the mitral area during diastole of heart.

PHYSIOLOGY.

1. Indicate the essential difference in fetal and adult circulation.
2. (a) What is the origin of lymph capillaries? (b) What produces the flow of lymph currents? (c) Define lacteals, chyle, thoracic duct? (d) What areas does the thoracic duct drain?
3. Define reflex action.
4. (a) Give functions of ciliary muscles. (b) Give function of canal of Petite. (c) Give function of choroid coat.
5. (a) Define systole diastole. (b) Give action of vagi on heart. (c) Name circumstances which influence "blood flow."
6. What are the various functions of the bile?
7. Locate and give function of Auerbach's plexus. Locate and give function of Meissner's plexus.
8. Indicate difference in function of the various glands of mucous membrane of stomach.
9. What are the organized ferments of the intestinal tract?

10. Define peristaltic action. Describe the mechanism of same.

PRACTICE OF MEDICINE.

1. Name some of the causes, the symptomatology, and the pathologic changes of arteriosclerosis.
2. What diseases cause the loss of co-ordinating power?
3. When in typhoid fever is Widal's test available? What are some of its limitations?
4. Define eczema, and name some of its varieties.
5. What is acute leukemia? Describe the changes in the blood by which a diagnosis is made.
6. What is hemophilia? Give its clinical history.
7. Group the signs and symptoms which portend approaching convulsions in uremia.
8. What does the presence of indican in the urine signify?
9. How treat opium poisoning when the drug is taken by mouth?
10. What suggests the imminence of coma in diabetes?

OBSTETRICS.

1. Describe briefly the physiology of ovulation and menstruation.
2. What conditions of the uterus interfere with or may prevent impregnation?
3. Why is abortion or premature delivery more dangerous than delivery at full term?
4. Why are occipito-posterior positions less favorable than anterior positions?
5. What conditions tend to produce laceration of the cervix uteri?
6. In case of firmly contracted uterus and persistent hemorrhage, what would you suspect, and what would you do?

7. How should lacerated cervix or perineum be treated?
8. How should the breast be treated to prevent mastitis?
9. What is sub-involution, and what are some of its causes?
10. Give hygiene and therapeutic treatment of ophthalmia and neonatorum.

SURGERY.

1. Give symptoms of fracture of the base of the skull.
2. How would you diagnose and treat fracture of the ribs?
3. What indications should guide us in the selection of an anæsthetic?
4. Give the technique of amputation of the breast.
5. What are the various methods of administering ether?
6. What are the indications of trephining the skull?
7. Give causes, symptoms, and treatment of tetanus.
8. How would you reduce a dislocation of the inferior maxillary?
9. What are the general indications for treatment of a gunshot wound?
10. What is hare lip? Give treatment.

DISEASES OF WOMEN.

1. Give symptoms, diagnosis, and treatment of chronic metritis.
2. Give symptoms, diagnosis, and treatment of tubal pregnancy.
3. Give etiology, symptoms, and treatment of antelexion.
4. Differentiate an ovarian cyst from ascites.
5. Differentiate tubercular from gonorrhœal cystitis. Give treatment of the latter.

DISEASES OF CHILDREN.

1. What attention do the eyes of a new-born require?
2. Describe and give course of treatment of icterus neonatorum.
3. Give symptoms, course, and treatment of scarlet fever.
4. Give symptoms, course, and treatment of whooping cough.
5. Give varieties and treatment of intestinal parasites.

Alumni Notes.

In order to make these columns of interest and value to all, each alumnus is earnestly requested to send to the graduate editor items of news about our graduates, information concerning good locations for physicians, and any changes of address that he may know of.

The alumni are also cordially invited to contribute to these columns reports of interesting cases.

RUTH BARKER, M.D.,

Graduate Editor

Massachusetts Homœopathic Hospital.

Dr. Anna M. Skinner, '03, B. U. S. M., has been appointed medical inspector of the public schools of Watertown. The MEDICAL STUDENT extends its heartiest congratulations to Dr. Skinner on being selected to serve in this capacity.

Dr. W. Bryant Guy, '99, formerly of 236 Dudley street, has removed to Sharon, Mass., where he has opened a Sanitarium for the treatment of pulmonary tuberculosis in the curable stage. The house is called "The Pines," and is situated on an estate of six acres with ample grounds and pine groves. It is near the beautiful Lake Massapoag.

The out-door treatment, with ample diet, will be insisted upon, coupled with appropriate medication.

Owing to his past success in many severe cases Dr. Guy hopes to do work as good or better than sanatoria elsewhere. His town office is located at 359 Massachusetts avenue: Hours 2-4 P. M.

Dr. Ray H. Davies, '03, Newport News, Va., was in Boston on a short visit.

Our Societies.

ALPHA SIGMA.

Alpha Sigma have initiated the following men: Dr. C. P. Jones, '05, Cleverly and Howard, '06, Anger, Hart, and Rice, '07, Eaton, Edwards, Emery, Harmount, Murry, and Shirmer, '08.

PHI ALPHA GAMMA.

Phi Alpha Gamma have initiated the following men: Burt, Christie, Cline, Cushman, Gammons, Grandlenard, and Osgood, '08.

GREGORY SOCIETY.

An initiation of members was held on the evening of December 1, from seven to eight. After that hour the Hahnemann society was entertained by the girls. Dr. Richardson read a paper on "The Ideal Woman." He drew a picture of nobility of character; the woman who is ready for self sacrifice, who is able to rejoice at the success of others more than at her own advancement; and above all the woman who is developed equally along all lines, physical, mental, and spiritual.

Later in the evening refreshments were served.

The new members are: Miss Brown, Miss Bates, Miss Polsey, Miss Wools, Miss Shaw, Miss Klauinska, Miss Wright, Miss White.

LIBRARY NOTES.

The circulating library loans for November numbered 156.

Mrs. L. A. Stewart, widow of the late Dr. Stewart of Clinton, has given several books to the library, including the "American Text-Book of Surgery" and Clara Weeks' "Text-Book of Nursing."

Mrs. H. A. Houghton, widow of the late Dr. H. A. Houghton of Boston, has presented to the library

many bound volumes of important homœopathic medical journals.

To Dr. George B. Rice our thanks are due for a copy of Kyle's "Diseases of the Nose and Throat," and a copy of Bishop's "Diseases of the Ear, Nose, and Throat." Students studying under Prof. Rice and Prof. Bellows are reminded that Saunders' "Medical Hand Atlases" on the Ear, Nose, Mouth, Pharynx, and Larynx, are in the library, and contain excellent illustrations and helpful explanatory text.

Through the thoughtful kindness of one of the students of the class of 1908 the "Literary Digest" has been placed on the reading room table.

Dr. Conrad Wesselhoeft has favored us with a copy of Cowperthwaite's "Practice of Medicine," and a number of bound volumes of German homœopathic journals and other works.

BRONCHITIS.

In acute bronchitis in children I have found that iodide calcium is a remedy par excellence, as it also is in nearly all diseases of the respiratory organs.

When called to a case of acute bronchitis I prescribe iodide calcium, one-third of one-half grain every half hour, till six or eight doses have been taken; then the same dose every hour. Associated with the calcium, I use aconite as a sedative and also envelop the thorax with cotton after anointing the chest with lard. Improvement will be manifest in a short time.—O. L. Thompson, M.D., Buckley, Ill., in *The Medical Brief*.

INFANTILE CONVULSIONS.

I have seen it stated lately that the hot water bath for infantile convulsions was worse than useless. The probability is that the bath was too hot. The water should never be above 100° F. For babies with high temperatures, say 103° to 106° F., water is the remedy. Let me cite a case—Baby L., three

weeks old, had convulsions; at the third one, temperature 106°; was placed in bath and in ten minutes temperature was down to 104°; placed in bath one hour, which brought temperature down to 102°; when temperature got above this, baby was placed in bath. After a few times it would go to sleep in bath. Do not use water too hot—you want to cool surface without shock.—J. R. Jones, M.D., in *The Medical Brief*.

TUFTS, 5, B. U. S. M, o.

The last college football game of the year in New England was played at the American league grounds December 3, by teams representing the Tufts Medical and Boston University medical schools. Tufts won by a score of 5 to 0. One week ago the same teams met and, singularly, the same eleven won by exactly the same score.

Rooters from the two colleges to the number of about six hundred were present, the coeds from both being out in force.

Hard, fast football was played by both sides, with considerable roughness thrown in, and this, combined with the hard, frozen ground, was productive of several injuries to the players.

TUFTS	B. U. S. M.
A. McCarthy le.	re. Glendenile
Marr lt.	rt. Edwards
White lg.	rg. Sanborn
Reynolds c.	c. Emery
Hennessy rg.	lg. Hubbard
Hill rt.	lt. Randall
Klein re.	le. Hanlon
Sullivan re.	
E. McCarthy qb.	qb. Harmount
	qb. Boothby
Mains lh. b.	rh. b. Gigger
	rh. b. Lyons
Sheehy rh. b.	lh. b. Bruckshaw
Whalen fb.	fb. Keith

Score, Tufts Medical 5. Touchdown, Mains. Unpire, Newton, Wesleyan university. Referee, Elliot, Tufts; Linesmen, Kingsbury, Tufts; Haines, B. U. Time 20m. halves. Timers, Wells of Tufts, O'Donoghue of B. U.

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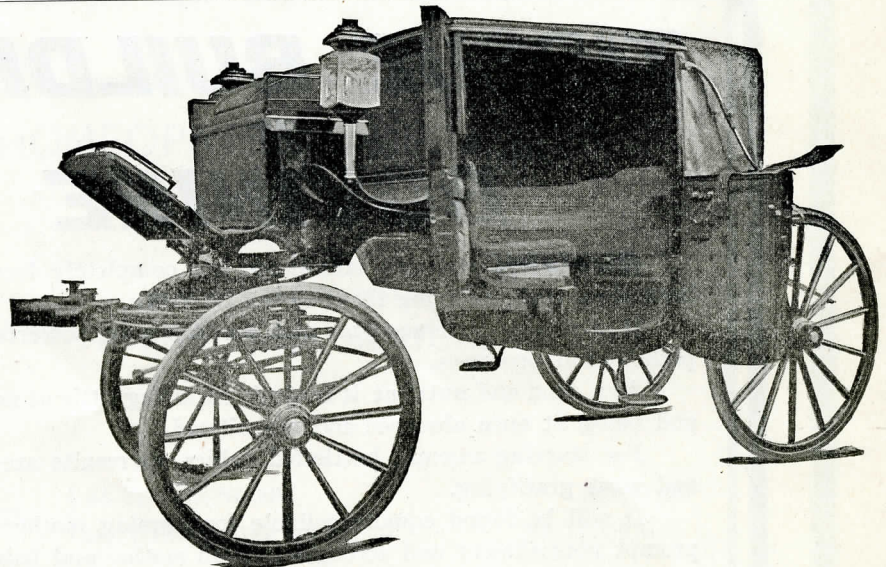
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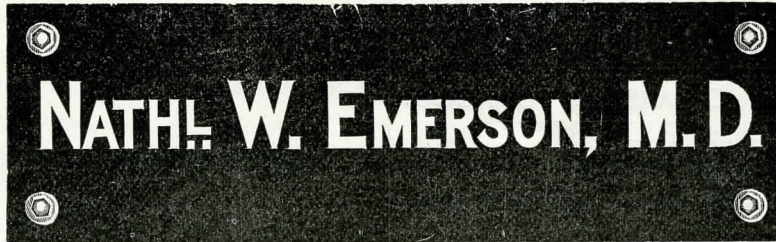
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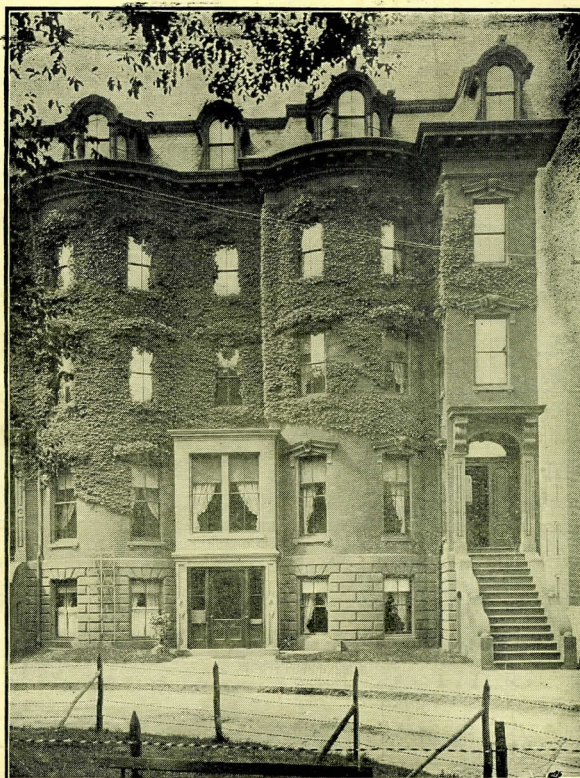
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