

and cuts off the circulation, which is attended by prodrome and evidences of brain disease.

Motor aphasia is due to a lesion of the third frontal convolution—Broca's center—or a cutting off by pressure or otherwise, the fibers of the motor speech tract.

In the case mentioned, if there was only motor aphasia without hemiplegia, I think we could only conclude that the difficulty was with Broca's center, for the reason that at no other point could a lesion exist, producing ataxic aphasia without complications.

In our case there is a pure motor hemiplegia of the right side and a true motor aphasia. A consideration of either separately would lead to the opinion that the cause was cortical. That view is certainly greatly strengthened when they are considered together, since it is reasonably certain that they could not have any other common acting lesion.

Broca's center and the left motor area of the cortex are supplied with blood from the inferior external frontal and the ascending frontal branches of the left middle cerebral artery. They have a common point of origin, and sometimes the inferior external arises from the ascending frontal. An embolus at that point would cut off the arterial circulation to both areas and thereby arrest the function of each at the same time. Apparently this is just what occurred to our patient.

As to the source of the embolism I am in the dark. Dr. Theodore Potter at one time saw the case with me, and we were unable to find any disease of the heart or blood-vessel leading toward the brain.

The progress toward recovery in such cases is given as follows: 1. Return of speech. 2. Motion in the leg, beginning with the toes and foot. 3. Motion of upper arm. 4. Motions of fingers and hand. Precisely just this course was taken in the case reported.

The circulation to the center of Broca, was probably reestablished, first partially, and secondly quite completely, by release of that arterial branch from the obstruction. Collateral circulation seems to be taking place in the motor area. The arrangement of the arterial blood-vessels in this part of the brain would favor its establishment in the order already named, and thus explain the steps toward recovery. Whether this patient will regain perfect use of his limbs is a matter of some doubt. That he will, at least, have fair use of them is already assured.

Beside the strictly motor character of the one-sided paralysis and the loss of speech, in this case, there are several other accompanying interesting points to be noted.

Because of the favorable arrangement of the vessels, the left middle cerebral artery is the favorite seat of an embolism—another argument in favor of the diagnosis in this particular case.

The interrupted or wavy character of the trouble at its incipency may be accounted for on the theory that the arterial plug had not yet become so fixed or wedged in its position as to prevent, when it changed its location, the flow of enough blood to the areas to nourish them during the intervals of return of speech and motion.

It has been noticed all along that such acts as yawning or stretching produced marked feelings of motion in the paralyzed limbs. Gowers explains this on the ground of associated movements. A distinct effort to do something with the unaffected hand or foot causes a similar effort in the corresponding paralyzed limb.

The retention of urine for a time I attributed to the shock the brain received, and to the recumbent position he was required to maintain.

The treatment for the first few weeks was light doses of bromid of potash, care in diet and absolute quiet. Later he was given iodid of potash in doses of 5 to 7.5 grains, three times a day for several weeks.

Recently there has been very little medication. The use of the faradic current and massage were begun at proper time and are still being kept up.

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DISCUSSION.

DR. F. W. LANGDON.—This paper is one of considerable interest and brings up questions that we frequently have to decide as to the location of a lesion and the ultimate prognosis of the case. Being a young man the prognosis is of much more importance than if it was a more or less senile patient, and I think those cases require really much more care on account of the different conditions which prevail in the two classes of patients, the young and the old. The Doctor says the patient is thirty-five, and probably by reason of not reading the full paper we are not informed as to whether there were other lesions which might contribute very materially to a more exact diagnosis, as for instance a preceding rheumatism leaving an endocardial condition which might be the source of an embolus which the Doctor has assumed affects the middle cerebral artery. Other conditions which might produce a cortical lesion would be syphilitic endarteritis with thrombus resulting. In the absence of definite history in these respects, I would say that while the Doctor's diagnosis is quite definite as regards the side of the brain affected, I should be inclined to consider the possibility if not the probability of the lesions being sub-cortical rather than cortical. We have an involvement of areas which, if the lesion was cortical, could hardly fail to be attended by marked mental impairment, by convulsions and active symptoms of cortical irritation at the start, which, if I understand aright, were absent. Again, there are apt to be meningeal symptoms following a cortical lesion if there be a hemorrhage. I should be inclined to exclude the cortical lesion in this case. A sub-cortical lesion can be considered of a very limited character. There may be rupture of a blood-vessel or a thrombus, with small irritation. The suddenness of the attack might exclude a thrombus, but while it might favor the embolic theory, the embolus must be very small. It would seem as if the symptoms must be accounted for by an exceedingly limited involvement in the area of the internal capsule.

WAS HAHNEMANN INSANE ?

Read in the Section on Neurology and Medical Jurisprudence, at the Forty-sixth Annual Meeting of the American Medical Association, at Baltimore, Md., May 7-10, 1895.

BY W. W. PARKER, M.D.

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Nothing but a high sense of public duty will justify a man in attempting to prove another insane, it matters not whether he be dead or alive. The great leading men of the past belong to their posterity. They are valuable lessons to the young, both as warnings against evils and incentives to duty. Biography has always been interesting to me. When nine years old I had read "Plutarch's Lives" more than once. From this kind of study we select our ideals. For this reason the Bible is an invaluable book; it presents us with so many noble ideals on all great moral questions. Some three years ago I read a pamphlet on "The Rise and Decline of Homeopathy," before our State Society, which has had quite a wide circulation. Last year I had a newspaper discussion with the homeopaths of Richmond. Each fired a gun and retired from the field. These things have caused me to study more closely Hahnemann's character, and his unique dogmas. The hot and cold water cures had some common sense in them, but were narrow and on the one-idea theory. Homeopathy, as I

stated in my essay, is transcendentalism; it is not physics, but metaphysics. Hahnemann was a hard student, honest doubtless, and a lover of his kind. His character is above reproach; he was in no sense a quack. His insanity was of a "delusionary" character, well known to alienists. Dr. Young would have called him "a dreamer of gay dreams." True, medicine is practical. We speak of it "as the practice of medicine," not the theory of medicine. Some men are even pleased to call medicine an "art" and not a "science." Too much theory has been the bane of practice. Medicine began with experimentation. However carefully made, experiments must yet be received with great caution. There should be great care also in generalizing from doubtful premises. This error has caused the world much sorrow. We have only to read the numerous pamphlets circulated through the mails to-day with hundreds of certificates of medical men of the marvelous effect of some new drug, to be satisfied that the day of hasty conclusions has by no means passed.

Hahnemann was a singular man. He practiced medicine twenty-eight years and changed his residence twenty-three times. He must have been an unsuccessful practitioner. Perhaps he did not stay long enough in one place for his infinitesimal doses to do their work. By his method it would take a year or two to get one drop of laudanum into his patient's system. A delusion is perverted idea on any subject. It is a very common form of insanity. Some years ago I met a lady at McBride's Private Hospital in Philadelphia, who took me to a door leading into an adjoining room, and said her husband was nailed up in the door casing. I did not attempt to argue with her, as I saw at once she had lost her reason. Hahnemann's "delusion" was on the subject of numbers and forces. He had lost the relation of weight and measures, of little and big, of great and small, of dynamics and statics. To say the smaller the dose—the nearer it was to nothing—the greater its effect, if given in infinitesimal doses, is absurd upon its face, to a man of common sense; to say that only a billionth drop if given every ten minutes will have a better and more certain effect than if given in one drop doses, two or three times a day, is gratuitous; besides, there can be no way possible of proving the proposition. The only way to convince a man holding these absurd views is to satirize him. This Hood and Holmes and others have done:

Well, Doctor,
Great concoctor
Of medicines to help in man's distress;
Diluting the strong to weak
And making ev'n the weak more weak,
"Fine by degrees, and beautifully less."

Suppose a felon doomed to swing
Within a rope,
Might friends not hope
To cure him with a string?
Suppose his breath arrived at a full stop
The shades of death in a black cloud before him,
Would a quintillionth dose of the New Drop
Restore him?

But would it mend his case
To be decillionth dosed
With something like the ghost
Of an emetic!

What shall support the body in its trial,
Cool the hot blood, wild dream, and parching skin,
And tame the raging malady within—
A sniff of Next-to-Nothing in a phial?

Dr. Oliver Wendell Holmes has also satirized him.

I do not remember whether the following is from him or some other American poet:

Take a little rum,
The less you take the better,
Pour it in the lakes of Wenner and of Wetter,
Dip a spoonful out,
Mind you don't get groggy,
Pour it in the lake of Winipisogee,
Shake the mixture well—
Lest it prove inferior,
Then put half a drop
Into Lake Superior.

Every now and then
Take half a drop in water;
If not better soon,
At least you ought to.

What is insanity? An expert says: "It is a delusion or a false concept, an idea which is the product of defective data and defective reasoning and held in spite of the presentation of corrected data and corrected reasoning. This distinguishes it from a common delusion, an error of belief remediable by suitably put evidence." A more simple definition it seems to me would be this: A perverted understanding habitually, though not necessarily at all times, or on all subjects or objects, ignoring common sense and observation, and the plainest relations between cause and effect. The delusion may be upon one subject only.

Were I to see a man driving a nail in the fence and find him tapping it with great delicacy for two or three hours, and were I to say to him, "give the nail two or three vigorous blows and you will do the work," and were he to reply, "this is the best plan, I am satisfied of it," I would at once consider he was insane. Were I to find a man watering his garden with a small watering-pot and only putting one or two drops on each plant, and I should urge him that he was not half doing the work, and he should reply, "the smaller the quantity the better," I would be certain he had lost his reason. Or were a man to claim that two pounds of guano to the acre was better than one ton, I would conclude he was insane. These men might be sound on plowing and cultivating their crops, but certainly unsound upon the quantity of water and guano. If a man were to tell me he was going to London and say that he had but five dollars, and that was enough, I would say at once he was crazy. To say in physics that the nearer you get to nothing, the greater will be the effect and power, is to state an absurdity on its face. Hahnemann said that the nearer you got to the "spiritual" or non-visible or non-ponderable, the greater the power of the drug on the sick man. Is it possible for any man to propound a more absurd proposition in physics? The argumentum ad absurdum is the only mode of replying to such reasoning. Hahnemann had perhaps seen too much physic used, and concluded if he could by some gentle process carefully insinuate his medicine imperceptibly into the system it would less disturb the economy and have better results.

The human body is a strong, well-built machine, enduring great strain and fatigue, and is affected like all other machines by physical agents. We know that one drop of castor oil will not purge, while one ounce will; that one drop of ipecac will not vomit, but two drams will. If we want to produce effects we give what we know from trial will produce results in a reasonable time. This is plain, common sense. We know that the germ of smallpox is very minute,

but we have proof positive that in six or eight days it brings on fever. This is demonstration. Under the system of Hahnemann this sort of proof is impossible. His mode of "testing," as he calls it, is not proof. Its effects are too remote and vague. In the present wild search after germs some may think we have proof of the potency of small forces; but Hahnemann ignored pathology, nor did he seem to inquire into the cause of disease. He said, "If you put liquid medicine in a well-stopped bottle and shake it violently for a while, the patient will feel the effect of the drug on his system." No shaking of the bacillus could get it through the glass bottle into the patient's system. Many germs act quickly and powerfully. If it were necessary, I could easily prove that most homeopathic writers and journals have long since abandoned Hahnemann's wild theories. The homeopathic doctors now give real medicine. A druggist in town has a recipe from one of them for five grains of quinin and one-fourth of a grain of opium, but in the use of medicine for family purposes, put up by the New York Drug Company, authorized by the leading homeopaths, there is no medicine in it worthy of the name. A dose of these pills is from two to four, as a rule. I gave to a man as an experiment forty every two hours for ten days without the least effect. I gave what was known as the most active and energetic poisons. The man swore before a notary public he never felt the slightest effect of the medicine, and the truth of his statement was verified by the temperature and pulse, taken every two hours. Had Hahnemann's disciples adhered to his dogmas his school would have long since died out here as it has in Germany and France. (It is now dying out in England.) Common sense had to assert itself. An English homeopathic journal some time ago proposed the union of the two schools, and frankly asserted that no serious case was attended throughout by homeopaths without resort to drugs. I referred in my pamphlet to a 3-year-old child in Gloucester County, Virginia, who took \$8 worth of homeopathic medicine, the entire supply for the whole family for a year, at one time, and received no damage at all. This is another demonstration of the complete inertness of the medicine. There was no cause of disturbance, hence there was no effect.

In conclusion let me say that I am 71 years old, am the friend of all men engaged in the healing art, more so than ever in my life; that I would not willingly hurt any man's feelings or insult his understanding; my whole purpose is to get at what is sound and sensible in physic. We know but little perfectly. I do not remember in my life to have heard any sensible doctor boast of the perfection of his medical knowledge. That was a sad saying of Paul's to his enemies, whom he truly loved and tried to help, "Do I offend you because I tell you the truth?" Would it be just and right to tell you a lie and mislead you? Two years ago, by authority of the Governor of Virginia, I visited all the lunatic asylums in the state at the head of a commission, and can frankly say that in my best judgment, of the 2,000 lunatics examined I did not see one man more lost to reason (in medicine) than Samuel Christian Friedrich Hahnemann. I see it has been proposed to build a monument to him on American soil, and would I be true to my convictions to hold my peace? In no sense is insanity a crime; it is a sad misfortune, exciting our profoundest sympathy.

CHRONIC MIDDLE EAR SUPPURATION COMPLICATED WITH SUPPURATING MASTOIDITIS.

PAINFUL DRESSING AFTER OPERATION UNDER HYPNOTIC SUGGESTION.

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BY FRANK C. TODD, M.D.

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Jessie C., aged 10, was brought to me by her father with the following history: Chronic middle ear suppuration for three years, complicated by a suppurating mastoiditis on either side which had been discharging through large ragged fistulae. The discharge was profuse, and the child had been obliged to wear a bandage around her head constantly.

The character and chronicity of the affection had caused the child to be very fretful and impatient, though she was not in the least hysterical; and her parents, who were very sympathetic, had humored her to such an extent that she was indeed a spoiled child. The father informed me also that their family physician, who had been directing a cleansing treatment, had been unable to exercise any control over her whatever. Every time he attempted to do anything the child would cry and say she would not let him touch her; whereupon he would give up the attempt and let her go in the same condition as he had found her.

I therefore recognized that I had a very refractory patient to deal with, and I thought that the management of the disease was not going to be the hardest part of the treatment.

And the first day I found that she came to me with the intention of dealing with me as she had so successfully dealt with my predecessor. It was with some difficulty that I succeeded in making any examination this first day, but I purposely took only a superficial survey on this occasion, finishing my entire exploration only after several visits; making her believe, however, at the end of each séance, that I had done all I desired to. Occasionally I had to inflict discomfort or pain upon her, but before doing so I always informed her that there was to be some pain, and when she objected I reminded her of former incidents when I had finally accomplished my purpose in spite of her remonstrances, after which reminder she would allow me to do as I chose. However, up to the time of the first dressing, two days after performing a mastoid operation I had given her little pain, and I had realized in the beginning that when it became necessary to unpack a tightly packed, fresh granulating wound, irrigate, and repack again with gauze, there was going to be considerable pain and much more trouble. It was with this painful treatment in view that I had spent so much time in training my patient to my subjection.

She had fought against the administration of the chloroform preparatory for the operation, and this had aroused in her the old spirit of obstinacy, so that when we got her on the table and things had been made ready for the dressing, we found that we were going to have more than we could do to hold her and accomplish our object. The two female nurses were unable to keep her still, either by mental or physical persuasion; she threw her arms about and kicked fiercely. I could not coax her and she knew that I could not hold her and dress her wound at the same