and to condemn all that are opposed to the common good.

5. The advertising columns of the medical journal of the future will have less and less influence over the utterances of the editorial pages. One of the sad things of past medical journalism is the prostitution of the reading pages to the supposed interests of the advertising columns. Secular journals have sinned in this respect, but medical journals cannot be called spotless. But the future medical journal of greatest power for good in the profession, will show itself without stain even in every advertising page, as well as reading matter proper.

6. The advertising columns of the best medical journal of the future will contain a notice of nothing which shall not be free to every pharmacist to manufacture, as free as the formulas of the pharmacopœia. This will exclude all proprietary and copyrighted medicines of every sort. It will serve to encourage skillful and learned pharmacists to work with and for the medical profession directly, and so stimulate the best growth of the science and art of chemistry, pharmacy and medicine. Each respecting the rights of all other workers, will contribute their utmost to the advancement of common interests. If reduced to their proper number and supported by the medical profession as a whole, the medical journals could afford to take this step in the direction of freedom in all that pertains to the materials of the medical art.

7. The medical journals of the future will be able to pay more and more for the contributions to their pages as well as to their editors. This will encourage every struggling practitioner to make the most of all the material at his disposal. It will also place the editor in such a position that he can refuse all articles that have not decidedly positive merit in them. In this manner a vast amount of worthless trash will be prevented from cumbering the libraries of the future. Money compensation for all work done on a medical journal will sift the good from the poor, and obtain the very best the profession can produce with a minimum of the worst.

8. How shall we reach this end? It strikes me that it will be best to let experience do most of the teaching. The past shows that it is impossible to persuade a man that he is unfit to run a medical journal, until he has convinced himself by trying. The more who try, the more will there be of the class who know themselves unfit for medical editorship. Colleges have largely learned already that a college "organ" does not pay. Hence they have largely dropped this method of advancing the interests of their schools. Others who start medical journals to build up special interests will ultimately find that these interests would have been better served by not starting a journal. Naturally they will drop it.

Then as the conviction grows in the profession, that eminence and power in the profession must be earned by honest hard work, so will there be less inducement for the starting of numerous medical periodicals.

Beyond a doubt, years of prosperity will in the future as in the past be attended by a large crop of new medical journals, and years of depression by a small crop. But out of it all shall surely rise the medical journals of the future—journals in all true senses independent of all influences not tending to the uplifting of the medical profession to the highest position attainable for it—journals that in pure English shall represent the finest scholarship of the century—the truest manhood, the honesty and courage to speak the truth as occasion shall call for it without favor or fear of any college, advertiser, or clique of men of any sort—journals that shall not only fully and fairly represent the past and present condition of medical science and art, but shall inspire enthusiasm in all their readers to struggle for the best attainments possible in the future.

103 Cass St., Detroit, Mich.

PHTHISIS—ITS SUCCESSFUL TREATMENT.

BY J. P. MILLER, M.D., BUCKHANNON, W. VA.

Read in the Section of Practice of Medicine and Materia Medica, May, 1884.

At this, the noon of micro-organific light, it would be a breach of order in medical authorship to touch the intra-thorax without a temerarious parade of one's knowledge of the *bacillus tuberculosis*. But in these halcyon days of elaborate reviews, retrospects, weekly couriers, records, bulletins, and budgets, almost universally distributed to members of the profession through the advertising and enterprising ingenuity of medical publishers, few, if any, of us could come here other than replete with knowledge and opinion of this much-discussed organism.

To dispel the incubus of your apprehensions I shall begin by promising not to subject you to the tedium of a bacteriologist. Though not assuming such proportions, I shall not avoid a casual notice of this "idea of the season."

When Koch, the great apostle of bacterian pathology, made known the results of his investigation in Berlin a few years ago, in less than forty-eight hours the contents of his paper were telegraphed to the world, the important part of which, and that which defined his position, said: "The active agent in the causation and propagation of tuberculosis is a distinct species of bacterium—a bacillus. Tuberculosis does not occur without the presence of these organisms, and conversely, no disease should be regarded tuberculosis * * * without the presence and vital activity of this bacillus."

Out of 150 tubercular specimens at various stages of development, Spina *did not find bacilli in one.*

Dr. H. B. Formad,[1] with the view of proving or disproving the position of Koch, utilized tubercular material from the autopsy table of over 400 cases, the result of which was the conclusion on his part that tuberculosis is not a contagious disease.

In the nature of things it involves so many ques-

[1] JOURNAL AMERICAN MEDICAL ASSOCIATION, Feb. 9, 1884.

tions of actual scientific research that your opinions would probably be little aided, if at all, by any position which I might now assume. I avow my belief, however, that Koch's discovery will not assist us in either remedying the disease when it comes before us, or diminishing the frequency of its occurrence. His theory of contagiousness is already waning. Upon the threshold of the decadence of its lustre we stand much advanced, and in the full light of science which has doubtless attained to the ultima thule of the bacillus tuberculosis. But I must avoid posing here, taking counsel of the opportune suggestion of the Chairman of this Section in our last meeting, that one can now illy afford to shine with borrowed light. I shall offer facts of which I have the best verification—the evidence of my own senses.

In pulmonary consumption we recognize a malady at once the saddest and most important of all somatic diseases. It chooses its victims chiefly among those who are marked as "superior men and women," because of their bright intellects and often high culture, carrying away fully one-third of all who die in middle life. The prevailing belief with the populace is that a person affected with phthisis is surely doomed, whether speedily or slowly, to an uninterrupted progress to death. This shadowy belief is sustained by a very large majority of practicing physicians, some of whom denounce with vehemence any and all who claim to remedy this disease, as being charlatans.

Having for ten years done an extensive practice in a climate remarkable for its excessive humidity and its variable, very rapid and extreme thermal changes, respiratory diseases have been no small factor in the total sum of diseases I have been called upon to treat. During winter and spring thirty-five to fifty degrees Fahrenheit rise or fall in twenty-four hours is not uncommon, and I remember a rise from 10° below zero at morning's dawn to 54° above at 3 o'clock P. M., or sixty-four degrees in nine hours. Though 1,600 feet above tidewater, this extraordinary climate has been peculiarly favorable in affording large opportunities to the rural practitioner for clinically studying phthisis in its many phases, forms, peculiarities, and complications.

By reason of my success in its treatment during the last five years, I am prepared to place myself in opposition to the common belief that it is an irremediable disease. I shall not enter upon a disquisition of its history, pathology, etiology, or semeiology, but will confine myself chiefly to the treatment of its various stages and complications.

There lurks in the memory of all of us a nebulous notion that phthisis is refined into a certain number of distinct types. Furbish up our knowledge of these anatomo-pathological refinements as we may, we are liable to fail, clinically, to determine the presence or absence of tubercle.

In the so-called caseous phthisis or *phthisis florida*, pyrexia is the more conspicuous symptom, ranging from 104°-106°. The stomach will seldom bear our most potent antipyretics. Dr. Bartholow, to whom I sent a patient with this disease four years ago, advised me to give quinine grs. xx, in ten-grain doses night and morning with digitalis grains j-ij, three to four days each week, but the intestinal irritability and nausea which followed made me chary of its use—indeed, since the death of that patient I have not regained courage to try it again. I have tried every known antipyretic. Salicylate of sodium will more often than any other be found serviceable.

The type of fever should be carefully studied: Is it in its usual form, quotidian; if so, simple or double? Let salicylate of sodium grs. xvi-xxiv, and where there is gastric or intestinal irritability, or diarrhœa, morphia gr. ¼-½ combined with each dose, be given during remission and one hour before exacerbation. If this does not hold fever in check give two doses; three hours and one hour before thermal rise. The stomach may bear this from one to three weeks.

Anorexia, as a concomitant of phthisis, is the rule, its absence the exception; especially in fibroid and tubercular phthisis during incipiency is this a prominent symptom. Here I permit small doses, about a tablespoonful, of whiskey with a bitter, as wild-cherry bark or nux vomica, with each meal, but I never fail to impress my patient with the fact that whiskey is not antidotal to pulmonic degeneration.

The *Liver*, in phthisis as in pneumonia, is congested, and jaundice, more or less decided, may be present. This condition is conspicuous in those addicted to the use of alcoholics, and those tainted with malarial infection. An accompanying gastro-duodenal catarrh may so derange digestion as to necessitate the constant use of stomachics, and in the early stage laxatives. Dextro-quinine is antidotal to malaria and at the same time a laxative and antipyretic. Its adaptability here is patent. But before long it usually proves irritant to the stomach and bowels, when it may be given alternate days or weeks with hydrastis in such doses as the stomach will bear, and enough to produce one and two actions on the bowels daily.

Our more unfortunate patient—disciple of Bacchus—dare not now if he choose and can, break the habit of years however detrimental to the lungs, but a gradual diminution of quantity is to be enjoined. Stomachics, laxatives, and tonics may be combined with his "bitters," and if degeneration can be arrested and the lungs restored, the use of alcoholics of all kinds must be interdicted.

Nausea and vomiting are often coupled with lack of appetite, emaciating the patient to an alarming extent. This is doubly unfortunate, as food and remedial measures are alike rejected and ejected by such stomachs. These valetudinarian stomachs are a very "Safe" against therapeutics, of which I do not profess to carry the "combination." It is difficult to conceive of a condition more embarrassing to our skill, and burdensome to our powers. However, I do not banish my patient to despair. The doctor here may take latitude in caprice with the stomach and try almost everything. I usually begin with:

℞ Acid carbolici..... 3i.
Tincturæ iodi..... 3ij.
M. S., gtts. iij in water before food.

Or,

℞ Strychnia ..... gr.i.
Acidum nitrohydrochloricum dilutum ..... ℥ss.
M. S., gtts. v–viij in water before food.

Again, Fowler's solution may be given in small doses, not to exceed three drops, in water before eating. Three to six drops of deodorized tincture of opium added to each dose of Fowler's solution when there is diarrhœa is very efficient. Sinapisms over the pit of stomach before eating are necessary in very obstinate cases until digestion is established, which will be aided by giving pepsin after eating. The potency of pepsin is increased by giving nitrohydrochloric acid before meals.

Having subdued pyrexia, allayed nausea, and overcome anorexia, an enormous leverage has been obtained for direct methods of remedial treatment of the lungs. If caseous or tubercular formations have invaded the alveoli or parenchyma of the lungs, do we possess means to procure softening, absorption and extrusion? In attesting to the affirmative of this question I shall do so only so far as my own clinical observation warrants. The best knowledge for practice is what a man gets for himself. In medical or surgical practice, it is said, the results obtained from any means or methods of treatment are proper tests by which their value may be judged.

Qualified by the precision of this formula, the article of first value is Yerba Santa. I administer it in the form of fluid extract in half to teaspoonful doses three times a day, just before or after food.

As intelligent men, scientific and enlightened practitioners, you will demand the rationalé of its action. This I cannot give, for the resulting benefits are empiric facts which you must take on trust. I am unadvised of its chemical parts, nor have I learned of its physiological action. I have not even heard it extolled by any medical writer or teacher, but I have used it in no small number of cases during the last four years and its remarkable effects, even in typically bad cases, induced me to prepare a clinical record of some of these as a part of this paper, but its technical limit suggests the omission of the prosy narration of cases, than which nothing can be more dreary.

In puissance, as a solvent of tubercular and caseous deposits in the lungs, Yerba Santa has no equal in our materia medica. It is a laxative, and in the early stage of phthisis while there is gastro-hepatic torpor, duodenal cattarrh, with accompanying irregularity or inaction of bowels, Yerba Santa is all that is required, and yet its mildness of action does not prevent its use in more advanced cases when the bowels are moderately lax. Diarrhœa must, of course, first be checked.

I have repeatedly observed in cases of pyrexial phthisis, where every conceivable antipyretic means failed to make an impression, the free and continuous use of Yerba Santa bring a temperature of 105½° to 99½° in less than a week, and while under its influence not rise above 102°. The patient complained of sweating too freely all that time.

It is known that night sweats do lower temperature, and until the subsidence of pyrexia they should not be stopped by the usual means; as continuous diapedesis will surely and permanently bring down fever. Yerba Santa will produce such perspiration during waking hours that your patient will soon tell you that he no longer has those cold night sweats. When the temperature is normal, or sub-normal, and owing to loss of power of the vaso-motor system, the patient has night sweats, picrotoxine, or atropia and strychnia, will be efficient and proper.

As all our efforts of medication and alimentation are recuperative, we would naturally cast about for some counter-irritant that is not depleting—not a vesicant. This ensnaring plausibility is purely speculative, as heavy perplexity and embarrassed satisfaction have long ago taught me. I have for some years used cantharidal unguents to most thorough vesication over entire area of diseased lung or lungs, and I have never had to do other than congratulate myself upon the immediate advantage. There is no time here for following the vagaries of theory or of therapeutists. Blisters and every relay of blisters will cause you to exult over your pluck. The more abiding its issue the more marked is its good effect, and when we find phthisis the sequel of pneumonia, more especially of pleuro-pneumonia, or interstitial pneumonia where the inflammation of pleura and interlobular connective tissue is largely increased, the invading disorganization and degeneration are modified, if not arrested, by this potent means.

During incipiency, before the thermal rise is great, and again when it is waning, the absolescence of the exudate will be greatly facilitated by the use of iodide of iron and cod liver oil. The best way of administering this is with Trommer's extract of malt. Additionally, this is the most admirable constitutional support of which we know for those cases, and has a well known advantage in those tainted with scrofula. The stomach must be made tolerant of its use by beginning with very small doses, a half teaspoonful or less, gradually increased to a teaspoonful, never to exceed a dessertspoonful, just at the beginning of each meal.

When the alveoli are being invaded by an extension of catarrh of the bronchi, as the sequel of rubeola, scarlatina, pertussis, or a succession of deep colds, I like the effects of the iodide and carbonate of ammonia, and give it in pleasant form.

℞ Ammonii Iodidum..... ℥j.
Ammonii Carbonas..... ℥iss.
Syrupi Tolutanus.
Aquæ ..... ãã ℥ij. M.
Signa: A teaspoonful every four hours.

This form is more usually accompanied with a harassing cough, granular pharyngitis, burning in throat and fauces often compared by the patient to a "coal of fire." Insufflation of sulphur is often good. I prefer boracic acid in fine powder and bicarbonate of soda equal parts. The best instrument for this purpose, so far as I know, is Trodd's Powder Blower, manufactured by Sharp & Smith, Chicago. I order the powder to be blown into the pharynx as often as pain is experienced, even if every half-hour. Iodoform ℥j., sulph. æther, ℥j M., in very obstinate cases may

be necessary; of this, two drops thrown in the pharynx twice a day in addition to the above will be found beneficial. Expectoration, when profuse, is usually acrid, producing erosion of upper larynx, and pharynx. Atropia, gr. j–ʒj in one and two drop doses every six hours, will be highly serviceable here.

I shall now speak of one or two types of phthisis which offer almost nothing but discouragement, and do so without going into the intricacies of semiology. Miliary tubercles, when scattered even in very large quantities throughout the lung substance, give rise to no symptoms by which their presence might be recognized or even suspected so long as they remain isolated. The wily artifice of death here bespeaks a very entity of intelligence, moulding and fixing, cautiously isolated with covert hand, a calculated abundance of these nodes, as torpedoes, to fatally shatter its victim in the explosion of coalescence which must before long follow.

This class we will usually see at, or shortly after, pubescence. They are sallow, anæmic, of a decidedly phthisical dyscrasia, which the history of the case discovers to us as the stamp of patrimony, by Bartholow facetiously designated as "gelatinous children of albuminous parents." The bravest of us, graced with an array of successfully treated cases on our list, must lack courage when brought before one of these. The lung change, when once discovered, is active, temperature-course remarkably fitful, morning depression may be 96; evening exacerbation 104.

Lastly, I wish to call your attention to a form of phthisis on which our books are silent. It is a slow form of phthisis peculiar to women unbraced by chronic uterine ailment. The buoyancy so characteristic of consumption is wanting here, and we find our patient in the slough of despond. Though her whims are pampered, and her slightest caprices anticipated, she may be irritable or melancholy over imagined neglect or supposed tire of those in whose affection she is nearest. Subjective symptoms are vague and mostly phenomenal, the slightest of which is brooded upon and nursed into an unwholesome importance, requiring as great æsthetic skill to right her psychical wrong, as medical knowledge to treat her physical ill. We have no complication of phthisis, which we may reasonably hope to benefit, that will ever and under all circumstances so perplex us when we come to treatment.

Having no data except that of my own experience, which until quite recently had nothing to encourage, and is still not ripe in assurance, I mean at present to merely call attention to this condition, and if with farther observation of my present method of treatment, its success warrants, I may again address this Section.

Finally: Being called upon for help by a subject of phthisis, we should be fully alive to the fact that he is closely besieged by Death; and beyond the immediate redoubt of therapeutics we must reconnoiter and sentinel, with sleepless vigilance, the environment. Undue anxiety of friends, superstitions of neighbors, the allurements of the advertising charlatan, the wily and wise nihilists, in and out of the profession, bring influences to bear upon our patient that operate as a Gatling against us, and we may be vanquished.

Time, and other observers, may reverse the verdict, but I cannot help feeling that, these adverse influences successfully guarded against, conjoined with the remedies and methods herein recommended, boldly, skillfully, and persistently applied, will prove the means for the fine achievement of curing a high per cent. of that form of thoracic degeneration which has hitherto baffled our science, and is a standing opprobrium to our profession.

Buckhannon, W. Va., April 23, 1884.

MEDICAL PROGRESS.

ANATOMY AND PHYSIOLOGY.

MOVEMENTS OF THE BRAIN.—M. Béclard at a recent meeting of the Paris Academy of Medicine replied at length to the statements of M. Luys respecting the movements of the brain, to the effect that the question itself was an old one, and that certain very restricted movements were noticeable after trephining the skull, and that polygraphic tamtors have registered these movements in unison with those of respiration and circulation. What is thus seen after trephining in the dog is also seen by watching the fontanelles in the infant. In the adult these phenomena also exist. Slight movements are rendered possible by the presence of the subarachnoid fluid and the elastic tissues. The brain with its envelopes fill completely the cranial cavity, the dura mater acting as the periosteum. There is no empty space in these visceral cavities. To detach the brain from the superior wall of the cranium requires a force equivalent to a column of mercury 76 centimeters high and two decimeters square at its base, that is to say, more than 200 kilogrammes. He had examined with care the illustrations given by M. Luys, whose arguments were not based upon any experiments applicable to man. On the contrary, there were experiments made upon animals, which are absolutely demonstrative and contradict the conclusions of M. Luys. It is now over 30 years since they were first made. Among them he cited those of M. Salaté who showed the movements of the brain under the influence of the circulation and the respiration, and its immobility in whatever position the cranium was given.

SURGERY.

ON THE OPERATIVE TREATMENT OF HEPATITIS AND HEPATIC ABSCESS.—Dr. Patrick Manson in the *Medical Reports of the Chinese Imperial Maritime Customs*, uses in abscess of the liver a drainage-tube of stout rubber 8 or 10 inches long, with a bore of at least one-quarter of an inch, about 3 inches of one end of which is perforated with large holes like an ordinary drainage-tube, its outside circumference is considerably greater than that of the canula through