

Before the application of the nitric acid, two large drops of the discharging serum were collected upon sterilized slides and put into a moist brood-oven as hanging drops, with a temperature of 100° F.

In three hours one specimen was removed and examined, and the characteristic growth of the anthrax bacillus left no further doubt of the diagnosis. The bacilli were present in various stages and phases of development, some grown out to long rods, others shorter, and in some upon the periphery, where in the brood-oven the drop had slightly dried, the rods were quite short; subsequent experiments with the specimens gave similar results.

The patient returned the following morning; the swelling had greatly subsided, a dry eschar having formed where the acid had been applied. Nothing further occurred, the swelling had all disappeared by the second day and healing resulted promptly.

There is, gentlemen, no reasonable doubt, that this case was one of anthrax, but much obscurity and doubt exists, as to how and where the infection occurred. I am not aware of the disease prevailing in this locality among cattle.

The patient had recently been engaged in handling and buying cattle and the same day and the day before the pustule appeared on his finger, he had also cleaned out with his hands, the mangers in his cattle barn. He also stated that one of his horses had an ugly sore on his head where the bridle comes in contact, and he had handled the sore and the bridle.

None of his cattle died before¹ or have become sick since, and, altogether, the origin of the pustule remains more or less a mystery.

The lesson we can all learn from this case is, as I stated in the beginning, that although living in a small community, we may at any time, be confronted with unexpected and infrequent affections, possibly of the gravest character, which, if upon them we are indifferently or not at all informed, may possibly terminate fatally, before we can be set right in our diagnosis.

It teaches us the necessity of frequent reviews of subjects, which have apparently had only general interest in our previous study, and also the great importance of familiarity with microscopical and bacteriological investigations.

ALCOHOLISM A DISEASE.

BY A. ENFIELD, M.D.,

OF BEDFORD SPRINGS SANITARIUM, BEDFORD, PA. MEMBER OF THE BEDFORD COUNTY MEDICAL SOCIETY, THE STATE MEDICAL SOCIETY, AND AMERICAN MEDICAL ASSOCIATION.

The day of medical theories, which do not have established facts to justify them, belongs to the past. It has taken ages of observation and investigation, by the greatest intellects of the profession, to elevate the science of medicine to the high position it now occupies. We live in an age of light and knowledge, an age in which old isms, theories and fallacies, are fast disappearing before the sweeping progress of this century.

The past decade has given us the beginning of a new epoch in the science of life. Medical science is now called upon to defend our bodies from the parasites which prey upon us from without, and physiological and chemical research has taught us the ther-

apeutic application of drugs in the cure of dipsomania and kindred diseases.

The power of self-regeneration is one of the great distinctive properties belonging to all organized living bodies; but the moment we commence to live we begin to die. Molecular changes may be increased or retarded by various foods and drugs, taken into the system at stated periods. We apply the term hunger to that peculiar want felt by the human system for food, a sensation (when not too prolonged) by no means disagreeable, and one which is often excited by the sight or smell of a savory dish.

It is true that the taking of food is influenced in some degree by exercise and habit, as well as by the sense of hunger, and if our systems are not supplied at regular intervals by this nourishment, the sensation of hunger becomes so great that we suffer great pain and distress.

All the elements necessary to nutrition (except oxygen and light) can be taken into the system by the mouth, and if it were not that there comes a time in the history of every organized body, when the tissues fail to appropriate sufficient new material to repair the waste, we would continue to live forever. Death is therefore a physiological necessity. Therefore, there is no such a thing as true euthanasia. But it is the duty of the physician to secure for man such good health as shall bear him, in activity and happiness, onward in his course to the goal. Good health and happiness can be secured by living in obedience to the laws of health. When the medical profession succeed in teaching the world how to live in a proximate physiological, normal condition, then they have reached the consummation of their calling.

Fifty years ago there was not a medical college, in Europe or America, that had a special chair of neurology, whereas to-day there is not a school that has not at least one such chair, and some schools have two, or even three professors who are giving their whole time and attention to discoveries and advancements in this important branch of medical science.

It is therefore gratifying to the American student of scientific medicine to note the amazing progress that has recently been made in the discovery and cure of nervous diseases, especially by American neurologists.

It was our own beloved Rush who a century ago stood as the great pioneer (in advance of all the world), to describe and clearly demonstrate the future of this branch of medical science. It was men like Rush, Pinel, Brown-Séquard and others, who taught us that insanity is a disease, and not the devil in man, as was generally supposed prior to their time. So that to day, while medicine is advancing all along the line, in no other department has there been such advancement as in the discovery and treatment of nervous diseases. Advancement has been so rapid in this special department of medicine, that some writers claim that all diseased manifestations are but the result of nervous shock.

Vesalius took his own life in his hands when he was brave enough to sharpen his scalpel for the first dissection on the human body. Galen followed, and taught us that the arteries contained blood and not air, and Harvey showed us how that blood circulated. Jenner, Pasteur and Koch have been bold enough to transfuse the very elements of chemistry into our blood, in order to kill the myriads of germs that infest our organisms, and produce disease and death.

¹ It has since come to my knowledge, that a cow died suddenly in his herd a month or two before the occurrence of this case.

By the aid of physiology and chemistry, we have used the elements around us to cure disease and prolong life. The great labors of the past are but now beginning to bear their fruits. Alcoholic neuritis is no longer considered a habit, but a disease; as much so, indeed, as insanity.

The old foggy element of the profession may cry out against this new departure in the treatment of a disease; but it cannot stem the tide of scientific progress when the world can see the results and witness the benefits to mankind. The *secum lumen*, the great light, will open the eyes (the old fogies), as the noon-day sun opened the eyes of the scoffers of Jenner. If one poor soul can be saved, who dare cry against the cure of a disease that cuts down youth in his vigor, manhood in his glory and strength, and age in his weakness; a disease that has produced more misery, sickness and death, than all other diseases combined?

It is an insult to medical science to say that all the brave and good men who have killed themselves with alcohol and opium did so just from habit. Tell me that all the men of genius whose lives have been wrecked and ruined by these drugs were led to their use by mere accident? Impossible. These men fought like heroes against their disease; and for these diseases they are not responsible.

The day has come, in the fulness of time, when we can say that this disease, that has destroyed so many, shall destroy no more. Thousands of human beings are being rescued from the destroying influence of these diseases, and thousands and tens of thousands are yet to be saved from an untimely death.

Every new advancement in the science of medicine is met with a storm of opposition. Dipsomania must be recognized as a disease, and not as a habit. Until recently, the medical profession have neglected to examine this subject carefully from a physical point of view. They must examine this subject as they examine any other ailment, if they wish to reach a satisfactory conclusion.

It is not the intention of this article to begin a controversy with those who honestly believe that inebriety is the result of habit alone. Inebriety is no more due to habit, vice and sin, than is insanity. If inebriety is a disease, then its cure rests with the physician; if it is wholly a sin, and man is entirely responsible for his appetite, then his treatment and salvation must come from those who claim it is a habit.

A Christian will be a better, a brighter and a happier Christian, if we can remove this appetite for stimulants and give him a healthy stomach. An ounce of cure is worth a pound of prevention, if applied at the proper time. Thousands have been crying for help from this dreadful disease, while theorists have been talking and preaching and splitting hairs, as to whether it is a moral or physical evil.

The word habit, like the word malaria, is a convenient word with which to explain something we know nothing about.

Conversion, change of heart and the grace of God, are great moral helps, but they cannot cure a diseased nervous system, nor a depraved stomach. The moral side of intemperance has been proclaimed for ages, and yet statistics show that inebriety is on the increase.

On this subject, the medical profession have remained silent entirely too long, and have allowed the

moralists to advance their own views in the matter, without any scientific examination of its cause, its nature, its character or its curability. We must admit that the moral agitation of the subject has done much good, but still there is something wanting. The removal of alcohol does not remove the craving, but rather increases the appetite for it.

If we cannot cure the inebriate by the application of drugs scientifically applied, we shall never be able to cure him by forced abstinence. Public opinion may deny this, and opposition may come from every superstitious person in the land, but that will not frighten the conscientious and progressive physician, who has science, experience and results to support him. He must go patiently on, and look beyond the present opposition of the incredulous and skeptical public, until he has worked out the physiological and pathological condition of the inebriate, and restored him to health.

Man is a complex animal, full of variations, and easily influenced by any change in his nerve centers. His call for stimulants arises from a loss of nutrition to some part of the central system, just as the call for food arises from the same cause. Therefore, it is impossible to cure this morbid craving, which has its seat in the brain, without first removing the cause by appropriate medication.

The inebriate may be anxious to quit the stimulant, but the moment he makes the attempt, his diseased stomach and brain give notice that they must have something to nourish them.

It is not within the scope of this short article to analyze and examine the many predisposing causes of this disease, such as heredity and non-heredity, occupation, etc., or we might present many facts and data that would help to determine this question, outside of any personal or social feelings, or opinions we may entertain.

There is no subject that should receive more interest, or more attention from the profession than the subject of inebriety; and yet in the past we have allowed the laity to do all the thinking, writing and legislating on the subject. It is time to call a halt. The physician is certainly better qualified to investigate the subject, and to pass his judgment on it, than those who have never examined it from a scientific point of view.

While I have myself devoted years to the special study and treatment of this disease, examined the different systems of treatment, [the old and the new] seen successes and failures [under restraint and non-restraint], treated with drugs and without drugs, yet I feel that we have but commenced the study of a disease whose future is full of important information, and of which there is yet much to be learned. We should never allow ourselves to be carried away by the enthusiasm which naturally follows successes, nor be discouraged by failures.

I care not whether the treatment originated with Dr. Keeley, or Dr. Somebody else. If his treatment produces good results, we ought to use it; if not, we ought to search for something better. It is not creditable to the profession to detract from a reputation made by the medicine or systems used by another, if their compositions are made known.

The same general principles apply in the treatment of this disease that apply in all chronic nervous diseases. Physical laws and forces are the same in all individuals. The system broken down by long years

of dissipation, cannot be relieved by any one drug or combination of drugs alone, but by building up the whole body by special diet, baths, exercise, electricity and good hygienic surroundings.

In my hands a combination of drugs has proved most beneficial. Each and every case must have special treatment according to the symptoms manifest.

No doubt chloride of gold possesses wonderful alternative properties, and when properly and systematically given in combination with strychnia, atrophina, cocoa, quinine, sulphonal, and codea, they have a tendency to change the habits of the system and remove the diseased condition of the nerve centers and allow nature to return to a normal condition.

These powerful drugs, when given for a long time, so profoundly influence and build up the nervous system, that the inebriate feels strong and well, and gradually acquires as much repugnance for stimulants as he before had an appetite for them. The treatment breaks or removes the cause of the disease, and the inebriate starts in a new career of life. Of course he may relapse, as he may from any other nervous disease. Anything that tends to exhaust the brain, or lower the vital forces predisposes to a return of the disease.

The individual should live a life free from excitement, annoyance and worry, eat wholesome and substantial food and be constantly under the observation of a physician. Physicians who are familiar with the modern treatment of inebriety do not condemn it: but they rightfully refuse to endorse nostrums of which they know nothing. The general practitioner has not the time to devote to the treatment of these cases. He might as well attempt to treat all his cases of insanity.

Specialists have explored the grounds, investigated the disease and formulated the treatment, and are therefore more competent to handle such cases successfully. Nor is it advisable for the patient to treat himself. Most drugs that are of any value in this disease would prove dangerous in his hands. Besides, the most of the treatment must be given hypodermically, which an unskilled person cannot use.

My reason for dwelling upon the neurological and pathological aspect of this disease, is to call the attention of those outside of the medical profession to the great advancements that have been made in this special department of the healing art. The world is too apt to look with disfavor upon any new discovery that is invisible and incomprehensible to the common mind.

They grow wild over the graphophone, the telephone or electric car, but fail to realize the subtle and invisible agents that science is using to cure man. In conclusion, we may then state with perfect confidence, that inebriety is a disease and not a habit, and being a disease is therefore curable; and in order to intelligently treat it, we must study the nature and character of the disease as it manifests itself in different individuals. We must approach the subject from the physical, and not the normal side of the case. We must discard any preconceived notions and theories not based upon facts. The success of the new treatment has opened up a promising future to all who may investigate the subject.

Now that the smoke of battle following the conflict of the able article in the *Review* (on both sides of this question) is clearing away, we trust that the

discovery of this new disease and its successful treatment may be judged fairly and honestly by the physicians.

The science of medicine has commenced a new war against an old but recently discovered disease. Have effectual and successful remedies been found for this disease? To this we answer, yes. When the details of the methods and remedies now used are perfected by further experience, and their capabilities and limitations more fully tested by the medical profession.

The public should not expect them to prove infallible. The best that can be expected in any disease is that it will cure the majority of all the patients to whom it is properly administered, and this is just what this modern treatment has done in dipsomania. The deliverance of humanity from this terrible disease will mark a new epoch in the science of medicine.

Facts are the basis of an infinite wisdom that never errs. The discovery of every new truth in medical science marks its advancement over past ages. New discoveries spring up with such rapidity that in the busy routine of professional life we have scarcely time to sift, weigh, and analyze their value for good or evil. By the selfishness of our natures, we are more prone to condemn, criticise, than to praise.

President Garfield once remarked that he was always struck with awe when standing near the ocean and seeing the waves lashed into fury and tossed into spray. Its grandeur would move the soul of the dullest man. But it was not from these billows, but the calm level of the sea, from which all heights and depths, lengths and widths, are measured. And so in the conflicts of science like the waves of the ocean. One follows the other, and after a moment's existence each one in turn is overwhelmed by the one that follows, and both are merged into the past. But human thought differs from the waves of the ocean in this: that we advance in wisdom and knowledge, and that an occasional wave is thrown so far out that it will never recede, so that the eyes of the whole world can behold the progress that has been made to save and prolong human life.

The medical profession is progressing, not only in the United States, but in England, Germany, France, Italy, Spain, Belgium, and the islands of the seas. This century has had its Virchow, Pasteur, Lister, Esmarch, Tait, Billroth, Paget, Koch, Simms, Morton, McDowell, Gross, Pancoast, and Agnew.

DIAGNOSIS OF PNEUMONIA.

Read before Chicago Medical Society, February 15, 1892.

BY JOSEPH M. PATTON, M.D.,

PROFESSOR OF INTERNAL MEDICINE IN THE CHICAGO POLYCLINIC.

There is nothing especially new to be said on the subject of the diagnosis of pneumonia. The symptoms, both subjective and objective, upon which the diagnosis of a typical case of the disease is to be based are so familiar to you all that it would be superfluous to enumerate them, and yet the difficulties of making a correct diagnosis, which are sometimes present, remind us that the clear clinical picture as depicted in our text-books is at times widely departed from in clinical fact.

Let us make a brief comparison of relative diagnostic merits of the symptoms which present.

Some diagnostic importance is to be attached to