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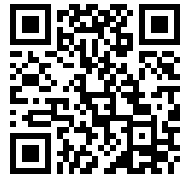
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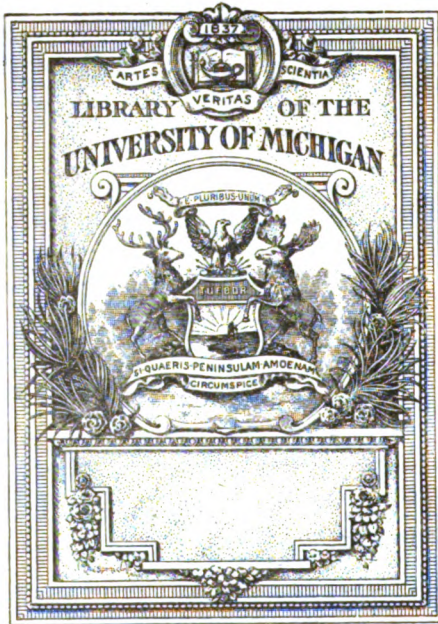
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THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL

OF

THE MEDICAL SCIENCES.



CONSOLIDATION OF "THE UNITED STATES MEDICAL AND SURGICAL
JOURNAL" (QUARTERLY, \$4.00), VOLUME X., WITH "THE
MEDICAL INVESTIGATOR (MONTHLY, \$3.00), VOL-
UME XII., COMMENCING JANUARY, 1875.

VOL. XI.---NEW SERIES.

CHICAGO :
DUNCAN BROTHERS, 131 AND 133 S. CLARK STREET.
1880.

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1880.

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THE
UNITED STATES
MEDICAL INVESTIGATOR

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series. VOL. XI., No. 1.—JANUARY 1, 1880.—*Whole No.* 253.

Gynecological Department.

A PECULIAR EXPERIENCE IN OBSTETRICS.

BY J. D. W. HEATH, M. D., SHAWANO, WIS.

We are taught by all authors on obstetrics that the accoucheur is seldom called upon to interfere with the process of nature, for the great majority of cases are natural labors. Some physicians claim to have practiced many years, and have never met an unnatural case, and many upon these grounds condemn the use of forceps and the process of manipulation. It is said that the most frequent position is the presentation of the head, first position. "This is a clinical rule," as I have often heard Prof. Ludlam remark during his lectures, but like all clinical rules is subject to exceptions, and during my first experience in this locality, the exception proved to be the rule, "but it is a poor rule that would not work both ways." The following report is a record of the cases occurring from April 24, 1879 to September 2, 1879 in my practice, as it is quite an unusual experience, covering a period of four months, I give it for the benefit of those who may consider the refinements of obstetrical practice more poetical than useful, while others may be interested if not benefitted.

CASE I. April 24, 1879, was called to attend Mrs. K., residing twelve miles distant; found her almost exhausted; learned the fol-

lowing facts: She had been in labor about fifty-six hours; this was the ninth child; never had any trouble before. Upon examination found the abdomen distended, tympanitic, and very sensitive to the touch; introduced the catheter, but the result was only a small quantity of bloody urine. Owing to this result and the condition of the patient, I suspected rupture of the bladder, hence gave an unfavorable prognosis; the presenting part of the child was the arm and shoulder, third position. I introduced the left hand, after giving the patient a little *Chloroform*, seized one foot and brought it down. As the woman was so nearly exhausted and labor pains had ceased, I delivered the head without waiting taking the precaution however, to introduce the index finger of my left hand into the mouth of the child to accommodate the head to the parts. The secundines were duly delivered without any trouble. The child was dead; the mother expired in about twenty-four hours, with all the symptoms of diffuse peritonitis. Sex of child male.

CASE II. May 14. Mrs. K. Primipara, aged thirty-two. After she had been in labor about sixteen hours the os was nearly dilated, but the head did not seem to advance. I proposed the use of the forceps, which met with the approval of the interested parties. Accordingly I introduced them above the superior strait. At the expiration of an hour I took them off, as I had accomplished nothing. I informed the husband of the condition of affairs, whereupon he asked for counsel, which was obtained. The doctor advised the use of *Ergot*, which was used, and which increased the pains but the head did not advance. I again tried the forceps but to no purpose. I suggested cephalotomy as I was sure the head was too large, but council prescribed time and *Ergot*. Five hours were given and plenty of *Ergot*. At this juncture the patient was well nigh exhausted and something must be done. I told the husband that I thought cephalotomy the only resort. All being agreed this time we performed the operation in the usual manner with great difficulty. The child was delivered after the brain was discharged. The long diameter of the head was seven and one-fourth inches, the shoulders measured seven and one-half inches, both legs were deformed (talipes), and the cord was wound four times around the left leg, the lumbar region presented a case of spina bifida, the abdomen was not developed, while the chest was hypertrophied. The placenta was adherent, and was delivered by introducing the hand and peeling it off. The mother suffered from

an attack of endometritis following the delivery, but finally recovered
Sex of child male.

CASE III. May 27. Mrs. W., fourth confinement, footling presentation, third position. When the head was about to be delivered the body was carried upward and toward the abdomen of the mother, while the perineum was supported by the hand to prevent laceration. The mother made a good recovery, but the child was dead when born.
Sex, boy.

CASE IV. August 28. Mrs. S., seventh confinement. Labor was natural, but as soon as labor was completed she was taken with spasmodic asthma, and had to sit up in bed to breathe; very severe case; *did not want anything about her throat*. The symptoms subsided under the use of *Lachesis*. Good recovery. Sex of child, female.

CASE V. August 29. Mrs. W., third confinement. When I arrived she had been in labor for twenty-four hours, pains quite severe. Examination revealed arm and shoulder presentation, third position. After getting the patient partially under the influence of an anæsthetic (*Chloroform*), I introduced the left hand into the uterus, and performed podalic version by seizing one foot. The delivery was completed, after the trunk was thus born, by the efforts of the mother which was almost immediately. The child did not breathe at once, but I succeeded in pounding the breath of life into him before the cord was cut. The mother recovered without any bad symptoms. Sex of child male.

CASE VI. August 30. Mrs. H., primipara, footling presentation, Third position. This labor was conducted as already described in the former case. Sex of child female.

CASE VII. September 2. Mrs. F., multipara. This case presented a peculiar feature. Upon making an examination, I first found the hand presenting, but by further exploration I discovered the breech above it. I concluded to wait and see what nature would do, as I could not return the hand as the labor had proceeded too far. The child was born after the manner of an ordinary breech presentation. Sex of child male. Stillborn. This woman had also endometritis but recovered nicely.

The following facts may explain why I had so many bapcases. These unnatural cases were mostly among Germans who always depended upon a midwife, unless "something is wrong." They are scattered over a large scope of country, being from twelve to twenty-five miles apart.

In the case of cephalotomy, the deformity of the child *may* be due to the fact that the uterine sound was used to restore a retroverted uterus sometime during the early months of pregnancy by her former doctor. Another fact worthy of notice is that all of the children excepting one, were boys.

GYNÆOLOGICAL POSTURAL MANIPULATIONS.

[The following letter from a lady friend may prove of interest and profit, as it contains hints that are somewhat novel.—ED.]

“ You ask me to give you all the details of Dr. S.’s treatment. It would be next to impossible to do it, although you might get a few ideas. Just his manner of treatment could only be carried out by a specialist, one who gives his whole time, and then by a man of strong muscular power. Many have tried to learn of the doctor, but he has never found one yet that was willing or could continue the practice. I can only speak for myself, but he has every disease woman is heir to and I suppose every one has a different treatment or partly so. In displacement his success is in his hand. The index finger was taken entirely off in the army. The little finger he has taught to lie flat in the hand, then using the two fingers which are long, and of course can reach almost *to the throat*, as some of the ladies say; well by that means he can turn the uterus in any way and do anything with it. In the first examination he with his thumb and finger runs up and down on each side of the spine to see if there is any trouble there. Not lightly but just as hard as one can bear, and harder too, sometimes, then over the ovaries from the hips down very hard, I suppose to see if there is any trouble there. Then over the bowels, the heart, etc., then with the fingers he finds out the trouble of womb, *never using* a speculum. Then he uses the sound with the proper length of womb marked on it. With me the womb was retroflexed, and in one minute he turned it back, just about taking my life. It had become crooked, not the neck but the top was turned, and then used the sound. He said it could not pass half the distance until it was turned, and so it could not as I could tell by the feeling. To show me he had it perfectly free he would shake it, then he would hold it in place and the patient puts one limb over his arm and he turns them on their face, then puts it up and in place, and slaps with *all his might* on the lower part of the back to shake it in front I suppose. Then must lie on the face about twenty minutes and get up. This is in retroflexion; in anteversion he puts them on their back.

Now when he comes to make the every day treatment that consists in rubbing the womb, gently but firmly, putting it in place every time, or as nearly as he can; if the cords are contracted he stretches them, but I am sure I do not know how; he rubs the back down each

side of spine, rubs the ovaries furiously, and across the stomach, saws with a peculiar *saw* of the hand as if he would take the life, then he rubs the womb and puts me on my face, slaps my back and that is the last. He does use local applications with some, but his main success is in the manipulation. With me he said the neck of the womb was elongated and that it was of a spongy nature, that it was also called bleeding uterus. I know that with one lady here he used on cotton, *Glycerine* and *Hydrate of Chloral*. He said it was to drain the womb to reduce congestion I suppose; he has used nothing of that kind with me. He said tents would never have done me any good, although he used them to dilate the mouth or cavity. He gives no medicine for this trouble at all. For other things he will prescribe for his patients. Then his *great* hobby, although it is not a hobby, is walking. He says that it is the best and *ONLY* thing to strengthen the muscles and cords. The uterus is replaced *every day*. The treatment given, the patient lies either on face or back twenty minutes or longer, then dresses and goes out to walk, walking just as far as they can without getting too tired, then increasing a little every day. Walking just all they can, the more the better — he does not want them to stop for anything — *walk they must*. Of course without treatment they could not do it. I walk between three and four miles a day, not at one walk, but a few blocks at a time, then come in and rest on my face twenty or thirty minutes, and then am ready to walk again. I take about four walks a day, some walk ten or twelve miles. The diet he wants nutritious and good. Now this treatment goes through the menses same as any other time, and then he does his patients the most good. He says everything is relaxed and he can find out better what the patient needs, and help them more. It seems awful, and I doubt if any other man would do it, but he says it must be done or they would lose more than they would gain in two weeks. Supporters are his utter aversion. Put the uterus right every day, strengthen by walking and rubbing, is his idea, and he works hard.

There is something very queer about it all, and if anyone could do just as he does there's money in it, for they come from everywhere, and he does some wonderful cures. Yours truly, E.

PERI-UTERO-VAGINAL NEW FORMATIONS.

BY C. S. MORLEY M. D., PONTIAC, MICH.

Read before the Michigan Homœopathic Medical Society

In preparing this paper it is not our purpose to offer a treatise on pelvic inflammation, but simply to present in an oblique, light theoretical and practical data, with some observations and deductions of own.

We wish, therefore, in this connection to call attention to some cellular tissue products, and also to give a summary of pelvic hæmatocele and thrombosis of the pelvic veins, and their relation to puru-

lent, septic and cystic diseases of the peri-utero-vaginal tissues. The adjacent vascular tissues are necessarily the site of physiological hyperæmia during the menstrual epoch, and during pregnancy they are developed far beyond their normal size, the vaginal and pudendal plexuses bulge forth turgid, deep-red, or purple. The hæmorrhoidal veins are also frequently gorged with blood as a physiological concomitant of menstruation.

From a hypothetical view, we might conclude, that in metritic affections characterized by persistent hyperæmia, in the presence of an irritant, we should have prime conditions for the production of pelvic inflammation, but considering the great number of these cases comparatively few terminate in more than local, self-limiting, pelvic inflammation. No doubt the number of cases that are unknown and unobserved — even those terminating in purulent inflammation — are vastly more numerous than those that are observed. In the post-puerperal state, the body of the uterus is covered with a simple layer of connective tissue, the placental site lacerated and uterine sinues sometimes greatly dilated. This is considered as any other wound of the connective tissue, and as Frankl says in a recent paper, "It is susceptible to any and all the accidents that befall such wounds. Every wound bleeds at first, and when the vessels are closed there is exudation of serum which permeates the meshes of the connective tissue, and is here called lochia. This discharge continues precisely so long as it would under normal conditions in any other wound, *i. e.*, until new vessels have been formed and the wound has been closed externally by connective tissue."

From the similarity of the metamorphosis of the decidua menstrualis to the puerperal decidua, we infer that a similar process goes on in the uterus at each menstrual epoch. These are physiological processes, yet of such a nature as under favorable conditions to develop pathological evolution.

In the non-puerperal uterus the site of deep-seated chronic diseases have likely that decomposing menstria retain in the displaced organ, with its loss of epithelial investment should become a source of infection, and at least affect the infiltrated connective tissue, acting as a ferment. Thus at each menstrual cycle we get a fresh increment of connective tissue products, ultimately resulting in areolar hyperplasia, hypertrophy, or even interstitial abscess. But cases are not always self-limiting. The uterus is continually losing its tonicity and its capillary vessels are closed by thrombi. In the presence of a septic

factor a thrombus undergoes suppurative inflammation, and breaks down, filling the adjacent vein with detritus mingled with pus. The walls of the vein soften, and are transformed into a yellowish slough, this process may be limited to the uterine veins or in the puerperal state, after abortus and in parenchymatous metritis it may extend to the pampiniform plexus, the iliac or the vena cava ascendens. Consecutively may follow phlebitis, or if the lymphatics are involved, phlegmasia dolens and systemic empoisonment. From thrombosis of the uterine and pelvic veins we may have detritus producing embolism of the superficial tissues of the extremities, producing local sloughs and gangrene, embolic abscesses of the lungs, liver and kidneys, or passing through the pulmonary capillaries produce cerebral embolism. From excessive inflammation post-partum in the presence of an irritant, we may have pelvic cellulitis and peritonitis entailing abscess of the pelvic cellular tissue. ●

A pelvic hæmatocele may be absorbed or terminate in abscess, discharging into the rectum, vagina, peritoneum or bladder. We may also have hæmatoma of the vulva, in which as some affirm, the blood effused into the cellular tissue may burrough far into the pelvis, or even separate the superficial structures from the abdominal parietes as far as the umbilicus; these are extreme cases. Commonly a thrombus of the vulva varies from the size of a walnut to that of a fist, or as Barnes states, it may be the size of a child's head, reaching far into the pelvis.

The smaller clots may be absorbed or give rise to suppurative inflammation, in other cases a pyogenic membrane will continue to secrete pus long after the sac is emptied, after which the sac is kept open by lint steeped in *Iodine*, or as Thomas recommends by a greased rag. Older writers employed a seton in the treatment of these cysts. It might be useful in cysts of the vulvo-vaginal gland.

These cysts are more commonly situated in the recto-vaginal septum, occasionally in the lateral sides of the vagina, and rarely in the vesico-vaginal septum. They must not be confounded with labial abscess or cystic degeneration of the vulvo-vaginal glands, and it is well to bear in mind that vaginal hernia of the bowel, the omentum and the bladder, have been mistaken for vulvar tumors. The following case may be of interest in this connection :

M. M., aged thirty, in 1871 suffered from a swelling of right labium majus, which suddenly appeared while stooping. For two or three years it remained small and sometimes was not noticed, after which

it grew slowly until June 1877. when it rapidly enlarged and gave great pain. Free incision gave vent to nearly a half pint of cheesy, foetid pus. A sound passed into the sac could be felt per vaginam at the cul-de-sac, measuring nearly six inches. Sac healed from the bottom apparently, but in August 1877, it having refilled was again laid open and sound passed three and five-tenths inches. The most persevering application of lint steeped in *Iodine per Sulphate of Iron* with which the sac was packed, seemed rather to stimulate a rapid growth of the cyst. The tumor now spread itself laterally, reaching over Scarpas' triangle, and the patient was very uncomfortable in any position.

January 17, assisted by my friend, Dr. J. H. Smith, I dissected up a triangular flap, defined by carrying an incision longitudinally through the labial fold to the tuberosity of the ischium, and a second incision from the tendon of the pectinius to intersect at the tuberosity. The firm, strongly adherent tumor, required extensive and careful dissection which was accomplished with the handle of the scalpel and the nail of index finger. Free hæmorrhage accompanied the dissection through the very vascular parts, and the divided superficial external pudic. gave us quite a jet, which was controlled by torsion. The attachments were to the tuberosity of the ischium, the sheath of the pectinius and the sheath of the femoral vessels in Scarpas triangle. The sub-vaginal portion required that three and five-tenths inches of the vaginal sheath be separated from the tumor. The wound was dressed with lint saturated with *Carbolized oil* and a drainage tube inserted, the integument was approximated by silver sutures. An hour after a violent hæmorrhage occurred which was at once controlled by introducing a large Ferguson speculum into the vagina, filled with snow and salt. This resource fulfilled the one effectual condition of equal pressure.

After four hours the wound was cleansed of all blood coagula, and every strip of lacerated or torn tissue clipped off with the scissors. The wound was dressed twice daily with *Carbolized oil* and injected with *Humamelis* 1 in 5. The wound healed partly by granulation and by first intention, without a trace of pus.

I have also a fatty tumor removed from this region in a woman aged forty years; the tumor is the size of a fist.

In case labial abscess has discharge, we find a fistulous opening with indurated edges, the sinus should be laid freely open and treated as the primary cyst. Affections of the vulva are frequently over-

looked, notwithstanding their painful history. We have no doubt much suffering could be spared newly married women by consulting an intelligent physician on the occurrence of severe pain, which they often bear in silence until labial abscess, phlegmonous inflammation, or fissure become unbearable.

Inflammation of the peri-vaginal cellular tissue is rarely primary; sub-peritoneal, peri-metric effusions may burrow in the recto-vaginal wall and light up a peri-vaginal cellulitis. Again effusions may occupy the vesico-vaginal septum. A thrombus in this site is described as extending to and implicating the clitoris. Cystic tumors of the vagina are said to be of rare occurrence. Scanzoni proves that these neoplasms are not developed in the vaginal wall, but in the peri-vaginal cellular tissue. Nearly all of these new formations, we think, result from submucous rupture of some vein, or from inflammation of the fibrous layer of the vaginal sheath with multiple abscess. This occurs most frequently in gonorrhœal colpitis, but may complicate a simple or non-specific case.

From a survey of all the cases of new formations in the pelvic cellular tissue we have been able to find, we are confirmed in our opinion that,

1. Peri-utero-vaginal new formations may be primary or resulting from hæmatoma.
2. Purulent infiltration of the pelvic connective tissue may be consecutive of thrombosis with a septic factor. It may be self-limited from closure of the efferent vessels by normal coagula scaled with healthy young connective tissue.
3. That a thrombus may disintegrate and fill the vessels with detritus, producing multiple embolic abscesses and systemic empoisonment.
4. That septicæmia and embolia may result from hæmatoma.
5. That hæmatocele of small size are usually absorbed, while those of large size are liable to suppurative inflammation.
6. That cellular tissue products may remain for years without spontaneous evacuation.
7. That a pyogenic membrane may be developed, or a fibro-cystic tumor may develop on the site of the hæmatocele, and become of large size.
8. That the peri-vaginal cellular tissue may be the seat of primary abscess, but generally the purulent infiltration is secondary. It may

arise from blood effusions of the vulva dissecting far up into the pelvis and suppurating.

9. That intra-peritoneal hæmatocele may discharge between the recto-vaginal walls and open into rectum or vagina. Or they may open into the uterus or bladder.

10. That many cases result in resolution, or thickening of the connective tissue, binding the vagina and cervix uteri by adhesions, or the retro-verted or retro-flexed fundus uteri may be bound down by connective tissue products.

ON PREPARING WOMEN FOR LABOR.

BY WALTER D. STILLMAN, M. D. COUNCIL BLUFFS, IOWA.

It has become a habit with some physicians to give medicine to prepare a woman for labor. A remedy is usually selected and given to every case alike. This remedy is *Actea racemosa* and is given twice daily during the month before the expected labor. This practice to be worthy of adoption must conform to the law of cure formulated by Hahnemann. If it come under the head of specific practice, with no adaptation of the remedy to the specific case, then it is barren of good results and liable to produce mischief. In the proving of *Actea racemosa* given by Allen, there is no set of symptoms that indicates its Homœopathicity to the condition of pregnancy just before labor. It seems to be a routine practice started by a theorist, and imitated by others. I made trial of the practice in one case. The woman had *Actea racemosa* one month before her labor. The os uteri was rigid and unyielding, and labor was protracted thirty-six hours. In the next confinement, five days before labor there were false pains and a number of symptoms indicating *Pulsatilla*. A few doses of the 30x dilution was given. When labor came on there was no rigid os uteri, and the woman was delivered of a fine child in two and one-half hours.

This is only one case, but in the first instance the law of similars was violated with a bad result. In the second case the law was followed with a happy result. The polypharmacy of the Old School is to be avoided no less than the routinism.

I have heard that rigidity of the os uteri was liable to be produced by the use of *Actea racemosa*, in large and frequently repeated doses. Manifestly there is no specific treatment to facilitate labor. Whatever the case requires must be given and nearly all cases do need

some medicine, but the remedy must be selected for the individual case, according to the law of cure.

It is earnestly hoped that every physician professing to practice Homœopathy will not adopt such a plan of treatment. It is not warranted by our principles and it has not the merit of success to recommend it. To say that these cases have an easier labor is begging the question. How do we know that in every instance where this routine preparative treatment is resorted to, the patient would not have had a happier termination, if the Homœopathic remedy had been given. We cannot be too careful in the matter. Homœopathy must not make concessions to the effete methods of the Old School. We must adhere strictly to our principles, if we wish to realize our most sanguine hopes of therapeutic excellence.

College News.

AROUND THE COLLEGE WORLD.

HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.

Philadelphia is a kingdom by itself, tenacious of its own ideas and customs, and is as unlike New York as if it was thousands of miles away, whereas it is barely a hundred.

Homœopathy has a strong hold in this city. Little did our octogenarian Hering imagine, when he started the Allentown Academy of Homœopathy, that he would see nearly 200 students crowd into a medical college, that carries the banner *similia similibus curantur!* Nor did his wildest fancy dream that its alumni would ever number over 1000, and that our "Quill" would "waft the tidings all the world around."

We found the amphitheatre of this oldest Homœopathic college packed with a fine body of enthusiastic, earnest students. Dean Thomas held them enrapt on the dry bones—and the sphenoid at that! His table was loaded down with skulls, in all sorts of sections, painted in a variety of colors, to show sutures, sinuses, arteries, articulations, etc. As these were passed in panoramic view the sphenoid came out a gay butterfly. This lecturer makes anatomy a most fascinating study, and we did not wonder at the esteem with which Prof. Thomas is held by all the students.

He paused abruptly, and our "Quill" became the centre of attention. We tried to tell these embryo M. D.'s of the anatomical difference between acid and alkaline children, how that the craniums of the former are narrow between the ears, the bones thin and the sutures gaping, while the alkaline heads are quite the reverse; how this acidity increased the blood pressure to the brain, and consequently its size, giving us what is known as acquired hydrocephalus, etc. At the close of this lecture we were besieged with the inquiry, "Where can we get your books? We have inquired at all the book-stores. Bœricke & Tafel ought to have them but they don't." We went at once and arranged with J. B. Lippincott & Co., the largest book-sellers in Philadelphia, to carry a full line of Duncan Bros. publications.

We made a tour of this college and found it well furnished and equipped but much too small for the crowd of students. They proposed to build a new building and are looking for a site large enough for both college and hospital. In the evening we met most of the faculty and many of the profession at Dr. Thomas' residence, and spent a pleasant hour in social converse. Philadelphia has certainly a fine body of Homœopathic physicians.

We picked up a few medical facts. *Natrum carb.* is a remedy for headache that is worse in the sun. Dr. Martin gives the 200th, while Dr. Morgan prefers the 1600th.

Dr. Martin found cases of dyspepsia that were relieved with soda biscuit. These he cured with *Natrum carb.* 200. For paroxysmal cough (hooping cough), he had found thistle (*Cardus arvensis*) a good remedy. He gave ten drops of the tincture. Dr. J. C. Guernsey gave us the fact that *Sulph.* follows both *Apis* and *Bell.* beautifully. Prof. H. N. Guernsey was absent in Europe.

Father Hering we found busy cross-examining a patient on the direction of the pains. He spoke highly of Gregg's Illustrated Repertory—an idea that his cotere of workers had broached years before. The second volume of Guiding Symptoms we were informed was *in press*. The old man is as hale and hearty as any of the younger men. May he live years yet to work for the cause he so dearly loves!

Prof. Morgan we found up to the eyes in his work on Spleen and its Diseases. As we looked over the manuscript we were impressed with the great value this work will be to the whole profession. It will be a credit to our school to have the first systematic treatise on the spleen yet written. It will incorporate all the new discoveries and histologi-

cal data, as Dr. M. is in communication with all of the workers in this field.

Phil. has some young physicians of promise. Dr. C. M. Thomas has already made his mark in surgery. C. B. Knerr, A. Korndorfer, E. A. Farrington, B. F. Betts, J. E. James, J. C. Guernsey, C. Mohr, and others particularly impressed us.

Dr. Knerr promises us a new edition of Sunstroke before the sultry days of summer come. We found a number of copies of Dr. Thomas' book, giving full instruction how to make Post-mortem Examination. We bought the whole edition and can supply this valuable work at a small expense.

We found the profession here just launching out into specialties—a division of study and labor that is necessary from the spread and growth of medicine. Every city must have its pædologist. Prof. Morgan is quietly working in that department in this city. He is talked of for that chair in the college. As "one-third of all diseases belong to the age of infancy," every faculty should have its pædologist. It will not do for Homœopaths to neglect the babies.

There are three pharmacies here: Bœricke & Tafel's, and Kemble's—a recent convert from polypharmacy. Perhaps the first instance where both the man and his drug store have been converted to Homœopathy.

We regretted we had not time to visit all the physicians and points of interest, but reserving some for another time, we bade the Quaker City "good-bye," and were off "over the mountains."

EDITORIAL QUILL.

Sanitary Department.

"SCIENTIFIC CLIMATOLOGY."

In your December 1st, (78) number, is an article by Dr. James, upon the above subject, to which I wish to briefly refer. And first, I would heartily second his views that the physician "should understand the constitution temperament of his patient * * * * and then prescribe his climate-location as he would his Homœopathic remedy, with the greatest care and with the totality of the indications fully in his mind." I said "many eastern physicians do not yet

have a very clear idea what the climate of Colorado can do for their consumptive patients," which is not equivalent to the doctors assertion that I "seem to have the idea that eastern physicians do not know what class of consumptives to send to Colorado."

My statement was made to correct the practice of sending, as is now too frequently done, those who are obviously past all help and whose cases will most likely be aggravated. This climate cannot cure those, who, as one individual puts it, are "dead up to the knees."

The "imprecations heaped upon this climate." etc., that the doctor speaks of hearing, are easily accounted for. It is common for patients to tell us that their "family physician" east, charged them to take no medicine out here, to ignore all physicians and let the climate work its cure in its own time and way; and more, they are often instructed to go into the mountains, as soon as rested, where the altitude is from 7,000 to 9,009 feet.

The fact is, as a rule, only those in the incipient stage of consumption can stand it there, and they will often gain much faster in a lower altitude. These patients not progressing toward a cure as fast as they believe they ought to, begin to travel from point to point, to-day at an altitude of 6,000 feet, to-morrow at one of 12,000, and so on, and wondering why they are not getting well. Finally they return to their eastern home worse than when they went away, hence the "imprecations" which are heard against this climate.

The editorial note to the article corresponds with my observations to some extent. The dry acid temperament will not generally begin to improve as soon, nor will it improve as rapidly as the opposite or hydrogenoid temperament. Notwithstanding this, however, all kinds of temperaments improve and get well here, the weak as well as the strong, but it is necessary in all cases that the strictest rules of diet and exercise be adhered to.

I will call especial attention to the following points which are frequently ignored by invalids coming here and to their great injury:

1. If very feeble they should approach this altitude (6,000 feet nearly) gradually. Three weeks should be consumed in reaching this point from Kansas City or Topeka.
2. They should be cautioned against frequent changes of location, for every change is virtually a change of climate, and requires another acclimation process of from a few days in some cases to several weeks in others.
3. Impress upon patients about to come here the fact that it will

require *time* to effect a cure; few cases recover in a few weeks or months, or in fact receive any permanent benefit if they return to their homes after so brief a stay.

4. It is better that patients consult a physician on their arrival here, for they will certainly get all kinds of advice to do this or that, to take this or that medicine because somebody they know was helped by it, and in this way a cure is often postponed or made finally impossible. The physician will give advice suited to the condition of each patient, sending one to a higher, another to a lower altitude, or if the case demands it, back to the eastern home again.

Meteorological observations in Colorado Springs for the month of January, 1878, are as follows :

Mean barometer, 29.53; mean thermometer, 7 A. M., 17.96; mean thermometer, 2 P. M., 39.13; mean thermometer, 9 P. M., 19.36; maximum thermometer, 59.05; minimum thermometer, —5.; mean humidity (error probably), 53.09; number of clear days, 16; number of fair days, 10; number of cloudy days, 5; number of days in which rain fell, 0; number of days in which snow fell, 4; total fall of snow, 1½ inches.

The above gives some idea of Colorado winters.

COLORADO SPRINGS, Col.

L. D. COOMBS.

THE MODERN CITY HEALTHIER THAN THE COUNTRY.

BY PHILO G. VALENTINE, M. D., ST. LOUIS, MO.

Read before the Western Academy of Homœopathy, Cincinnati, May, 1878.

The science of medicine will ever be a field of fierce controversy, its votaries ever plunging into channels of investigation naturally adapted to each mental organization. Hence, the wide and multiplied diversities of medical opinion found all through man's developmental history.

In reference, however, to the science of hygiene, there is much, more unanimity, and at this day, the study of modes and measures of preventing disease is beginning to receive a portion of the attention of thoughtful men, who had long sought in vain through the Pharmacopœa for satisfactory aids in restoring the sick.

The healing art was long thought to be the loftiest of the grand triumvirate of the learned professions, and was supposed to receive a

special benediction from the divine Apollo, who presided equally over music, medicine and the muses. But, now, the goddess Hygeia is asserting her benign reign, and sanitary science is coming to be accorded a recognition; and the knowledge of *how to prevent disease* is more sought for and more honorable than the knowledge of *how to cure*. So then is he who discovered and taught the prevention to variola, greater than he of the same country, who discovered the circulation of the blood.

As diseases must have antecedent causes, sanitary science teaches us to search for those causes, and having found them, it undertakes to point out the way of removing them and preventing them, and by so doing, protecting a populace or a people from the wide-involving destruction of preventable diseases.

That the modern city is healthier than the country is a proposition not likely to be accepted by many without adducing proof to fortify so new a statement. Yet the position is a tenable one—though statistical information is not attainable in a country so new as ours on this subject—or on any other subject, one may desire to investigate thoroughly in the United States. The whole question of comparative salubrity of any two regions, rests solely or nearly so, on the condition of the atmosphere breathed; and the purity of the drinking water used. It is then almost exclusively a matter of air and water on which healthfulness depends.

By modern city, I mean the city of the period—the city of to-day—as contrasting with the older cities, even within one hundred or fifty years before the philosophy of underground drainage was little practiced and still less understood. The modern city as soon as it is large enough and wealthy enough, goes to work and inaugurates a system of underground drainage, or sewerage, planned and built by the most scientific civil engineers, who thoroughly understand the practical workings of the laws of hydrostatics and hydraulics, and the moisture absorbing properties of the different earths they are likely to encounter in their excavations.

About this time and often before, the modern city takes measures to supply its populace with wholesome drinking water, by means of extensive waterworks, aqueducts, piping, tubing, etc., leading into every domicil within the civic incorporation, and conveying water into every home.

The construction of sewers ample and plentiful, and the building of water-works are the two most important duties of a city govern-

ment. Pure water bountifully used and properly and intelligently applied, *will make pure air*, which is as much a physical animal necessity as wholesome water can be.

By country in this paper is meant all villages, towns, hamlets and small cities not supplied with water-works, and which have little or no underground drainage. Such places are dependent entirely for drinking water upon cisterns, artificial wells and natural springs; and for drainage upon surface guttering wholly, to carry off the foul and filthy surplussage, that constantly accumulates in the streets and alleys, to render noxious every breath of air and to breed infectious disease.

Now, why is the water impure in all country towns and places? Because there are as many privy-vaults as there are wells, or springs, or cisterns, interspersed everywhere on every man's premises, and often twice or three times as many; as often several families will patronize the same well or spring, but rarely the same privy. Often one well in the highway will accommodate all the cattle, horses and people of a whole street. Furthermore, the very presence of privy vaults besides saturating the earth with human excrete and thus contaminating all the water in the vicinity is obnoxious to the senses and to comfort and to good health, by its poisonous effluvia poisoning the atmospheric air.

In several cities, the privy-vaults not being in the earth, but communicating directly with the sewers far beneath the surface, are almost entirely free from any disagreeable or unwholesome surroundings. Hence, my claim that by reason of an absence of privy-vaults, and by reason of an underground conductor for all slops and waste water, together with an abundant supply of pure drinking water, the modern (or sewerred) city is healthier than the country town or village or small city.

The great prevalence and fatality of the zymotic diseases of diphtheria, scarlet fever and small pox in the interior towns and cities during 1876 and 1877 corroborates my assertion. In no large city except Chicago did these diseases prevail, and only there on account of the imperfect drainage of some parts of that great city, and by reason of the impure water they had to drink for a certain period when a freshet turned the current of their river the other way temporarily.

This fact I got from the official report of the Board of Health of that city, which I have here. Another reason why cities are more healthy

than the country, is the absence to a great extent of malarial diseases which so largely debilitate the inhabitants of the rural districts and smaller cities. Even though the city may be in close proximity to swamps and lowlands, and sluggish water-courses, and may be influenced more or less in all its diseases, by the miasm that saturates the circumambient air; yet there are certain elements floating over the city and mingling with the air, that are antidotal in their effect upon what is known or called miasm. Of course, there are malarial diseases, but they are far less violent than in any other district, and more amenable to treatment.

These elements alluded to are thought to be the various products of combustion, from the thousand of fires and chimneys and smoke-stacks, distributed everywhere throughout a city's limits. The cloud of smoke that hangs like a pall over a large city, though disagreeable in many ways, is, indeed, a great protection from malaria, which, though not fatal in its immediate results, yet is so prostrating in its continued effect as to give ultimate development to other severe diseases, that would probably never have been enkindled.

CORPORAL PUNISHMENT.

BY B. P. MARSH, M. D., BLOOMINGTON, ILL.

My attention for a number of years has been called to injuries caused by occasional cases of too severe or recklessly executed-punishment of school children. Foremost educators, while not believing it expedient to prohibit corporal punishment, acknowledge that injury, injustice, and sometimes death even do now and then occur from its use. These serious results may arise from fright or from concussion of the brain produced by merely jerking the child about, or—the most frequent cause—inflicting the punishment upon the child's head. I have known death to occur solely from the fright, although fatal results cannot likely arise except from immediate blows upon the head. No one form of punishment is so dangerous as boxing the child upon the ears. Not only is injury to the organ of hearing often produced, but inflammation of the brain frequently follows, and death has been the result. In the family this matter of injurious methods of punishment is not by any means beyond our influence if we will but take pains to inform the people upon the subject. If corporal punishment is allowed at all in schools, its use ought to be carefully guarded. No teacher should be allowed to pun-

ish a child by rudely jerking it about, by striking it anywhere on the head, or with any instrument whatever, except it be flexible and with smooth edges. These requisites are best fulfilled by a rubber strap with rounded edge.

Moreover, no punishment should be permitted except it be inflicted in the presence of a principal, another teacher, or a school trustee as a salutary check upon undue temper or excitement.

Every case of corporal punishment should also be reported in writing to the board of school trustees, stating the offense of the pupil and the manner and severity of the punishment.

I have known the above rules adopted by a board of school commissioners, to reduce the number of cases of corporal punishment 88 per cent. in one month, and the school continued meanwhile even more orderly and satisfactory than before. I am about collecting statistics of serious and fatal injuries caused by corporal punishment, and I write this article to request all the readers of **THE INVESTIGATOR** to forward to me statistics and history of all cases that may have come to their knowledge; state the date, place, name of child, character of punishment and its results; also the offense for which the punishment was inflicted. Add other points, history, etc., of time and inclination suggest. I urge all to give the subject the little attention needed, to write me the main facts, at least, of all cases they have known, and thereby make the report more valuable. The information thus obtained I will communicate through this journal.

Children's Department.

SPINAL CURVATURE NIPPED IN THE BUD.

The following case, though simple enough in itself, may possibly be of service to some of your younger readers in demonstrating the curability of lateral curvature of the spine without the use of those baneful "steel-supports" now so commonly used, and so rarely with benefit to anyone but the manufacturer:

Mary S., an intelligent looking child, about nine years of age, was brought to me by her mother, who had for some time noticed her getting round-shouldered; but what had caused her still more alarm

was a peculiar prominence of the right shoulder-blade. A slight examination sufficed to show that the right scapula was not only more prominent but also half an inch or more, lower than the left one, the spinal column curving decidedly to the right. From the large forehead and small cerebellum, so indicative of the "encephalic type," I concluded that she was most likely one of those precocious children, so frequently met with in our public schools, that are crammed in order to display the excellence (?) of our present system of education, and a few leading questions to the mother elicited the information that she had very long lessons to learn, that frequently kept her up till 9 P. M. Her food consisted principally of tea and white bread, morning and evening, with a little meat and vegetables for dinner. She never took much exercise, her time being so occupied with her studies; she complained of frequent headaches, restless, unrefreshing sleep and a general feeling of lassitude. I at once insisted upon her only being sent to school during the former part of the day, and allowed to play round the remainder; for food, I ordered porridge and milk for breakfast, a little meat and plenty of vegetables for dinner, brown bread and butter with milk in the evening, with a fair allowance of fruit. After a couple of weeks I instructed her how to exercise her arms, so as to expand the chest and bring the muscles of the back into active play, and lastly I prescribed *Bell. 6*, morning and evening. The result was most satisfactory, for in about two months she had not only recovered her former health and spirits, but her spine was straighter than ever. In this case, *Bell. 6* evidently acted well, but the cure must be quite as much attributed to the combined influence of relief to the overtaxed brain and nervous system, the use of more nourishing food and the invigoration of the weakened muscles by gentle but appropriate exercise, accessories too frequently overlooked in the treatment of chronic diseases.

J. A.

TOBACCO EFFECTS ON CHILDREN — REMEDY IGNATIA.

An infant whose parents to external appearance healthy, was a victim to canker* from its birth; the whole of the digestive tract seemed to be affected. At the age of four months it was the most perfect picture of marasmus I ever saw; no remedy given seemed to have aught but a momentary effect. Thinking the case over to get

* See Aphthæ, Diseases of Infants and Children.

at the cause of the trouble, the query came to me, has tobacco any share in it. The father was an inveterate user of the "weed," both chewing and smoking, in fact was "saturated;" "always smoked after going to bed" so that the babe was exposed to the influence of tobacco, even from the commencement of its germ life. Thought I would try *Ignatia* that has aggravation or bad effect of tobacco smoke; gave *Ignatia* 30 and waited; saw a little improvement; repeated the same, and had the father smoke his pipe elsewhere; the result was a steady improvement from that time on. The babe got about as healthy as one would wish to see, and has remained so up to the present time, having been unusually free from the diseases incident to childhood.

Some six years ago, a gentleman who was in Monroe, delivering a course of lectures, came to my office one afternoon and said, "doctor, my lecture has 'gone up' for to-night," and judging by his appearance he was about the same as "gone up" himself, said he had been in a store that was full of tobacco smoke;" he laid down on the lounge, for he was so weak he could not stand up. I gave him one powder of *Ignatia* 30, and in less than ten minutes he was walking the floor saying, he never felt better in his life.

EVANSVILLE, Wis.

I. S. SANBORN.

MANAGEMENT OF CHILDREN IN CUBA.

You will notice that the mortality among infants is comparatively small, but this is an extraordinary circumstance, generally it is greater than among adults. We have here many medicinal plants, some of which I am studying and will report in time to you. I have just sent a report on yellow fever and a Cuban plant very effective in curing that disease.

We feed our children who do not nurse from the breast, on cow's milk, goat's milk, corn starch and arrow root. The method which gives best results is the following: From birth till two months old a four-ounce bottle with rubber nipple (which must be kept very clean) full of half pure cow's milk and half water every *two hours*. Must be slightly sweetened with white sugar, and tepid. From three to four months, a five-ounce bottle full of *pure cow's milk*. From four to fourteen months, an eight-ounce bottle of *pure cow's milk every three hours*. At eight months, can be given occasionally a *crust of dry bread* in the infant's hand. After the fourteenth month the child may be fed alternately on milk, bread and milk, broth, soup, rice, etc., always allowing an interval of *three hours* between each meal. This regimen (providing the milk be pure) will give strong, fat,

healthy children who will never be troubled with indigestion, unless they are naturally rickety.

I have no doubt that your works "How to be Plump" and "How to Feed Children" if well translated, would meet with a ready sale in Cuba, South America and Spain.

SANTIAGO DE CUBA.

JOSE I. NAVARRO.

TUBERCULOSIS IN NURSING INFANTS.

Alois Epstein tries to show that the hereditary transmission of tuberculosis from parents to child is not the only cause of tuberculosis in the child, and that in many a case it may be produced by an infection of the child through the milk of a mother suffering from tuberculosis. He then quotes seven cases, where autopsies revealed microscopically tuberculosis in diverse organs; in children from ten weeks to ten months. Two of them were born well by the mother's enjoyed good health, but they were nursed by women, whose children died from marasmus, and in one of the nurses infiltration was detected in the apex. The other infants had phthisical mothers, who nurses their babes for a longer or shorter time. The phthisis of the mother would suffice to physicians, like Vogel, to consider heredity as the sole cause, but on the contrary many physicians have observed that reports of phthisical descendants, when nursed by a healthy breast, do well, and when they sicken, they may succumb to a chronic catarrhal affection of the respiratory organs, whereas children nursed by a tuberculous mother, become tuberculous as soon as their respiratory organs become affected.

S. L.

THE CROUPS COMPARED.

EXTRACT FROM PART V DISEASES OF INFANTS AND CHILDREN-

Croupal cry, cough and voice belong to several diseases; as acute laryngitis, chronic laryngitis, spasmodic laryngitis, membranous laryngitis, diphtheritic laryngitis, and croupous pneumonia.

LARYNGEAL CATARRH—SIMPLE LARYNGITIS WITHOUT SPASM.

Acute laryngitis consists of simple erythematous or catarrhal inflammation of the mucous membrane of the larynx, unattended with spasmodic closure of that organ. It is sometimes attended with ulceration, but is unaccompanied by exudation of false membrane. The frequency of the disease during infancy and childhood, is very considerable, so much so, that not a winter passes without many well marked cases. The disease occurs at all periods of childhood but seems to be more frequent under than over five years of age. Of

sixty-two well-marked cases met with in which the age was noted, fifty occurred in children under, and only twelve in those over that age. Of the former the great majority were under two years of age. The disease is very apt to occur in the course of other maladies, and particularly of measles, small pox, scarlet fever, bronchitis and pneumonia.

Anatomical Characters.—In simple acute laryngitis the mucous membrane of the larynx presents the usual appearance of mucous surfaces when inflamed, namely, redness and thickening. It is also somewhat softened. Ulcerations rarely, perhaps never, occur in primary acute laryngitis. When present they are, with few exceptions, referable to the tubercular or syphilitic cachexia. They are small, and are situated on or up near the vocal cords. The inflammation in simple acute laryngitis usually extends over the whole surface of the larynx, and also to the upper part of the trachea. It may be uniform, or more intense in one place than another, and like other mucous inflammations is accompanied by more or less rapid proliferation and exfoliation of epithelial cells. In most cases of simple laryngitis, whether acute or chronic, the inflammation extends to the fauces producing redness and thickening (though generally moderate) of the mucous membrane which covers it. Examination of the fauces therefore aids in diagnosis.

Symptoms.—The attack generally begins with a slight fever and an alteration of the *voice* or *cry*. In infants the change in cry alone exists. so that to detect the disease it is necessary to hear the child cry.

In older children the same alteration of the cry is present, but there is in addition a change in the voice consisting of various degrees of hoarseness. These symptoms may be so slight as to be observed in the cry only when it is strong and forcible, and in the voice so as to strike the ear of one accustomed to be with the child; or they may be so marked as to be heard in the faintest cry that is uttered, and to be evident in the voice in a moment to the most careless observer, or there may be complete aphonia. They are often intermittent in this form, and are generally most marked in the after part of the day and during the night. Simultaneously with this symptom, or very soon after, *cough* occurs. This is generally hoarse and rough, and early in the attack, dry; at a later period it usually becomes loose, and as this change occurs loses its character of hoarseness. The frequency of the cough is variable, but usually moderate; as a general rule it is

most frequent in the evening, and early in the morning, particularly in infants and young children. The disease is almost always preceded and attended with some coryza, which, in the early stage is marked by sneezing and slight incrustations about the nostrils, and at a later period by mucus and sero-mucous discharges. The respiration remains natural, except that it is sometimes nasal, and sometimes a little accelerated. There is rarely any fever, or it is slight, and occurs only at night. There is no pain in the larynx. In some cases, the hoarseness of the cry, voice or cough scarcely exists, or it is but slightly marked, and the only symptom is a dry, hard, teasing and paroxysmal cough, which from its sound evidently proceeds from the larynx and resembles very much that produced by the tickling of a foreign body in the throat.

The symptoms of this disease instead of being of a mild character just described, may be much more severe. The cough is more frequent, hoarse, troublesome and painful, from the scraping and tearing sensations it occasions in the larynx. The voice is more affected becoming from husky, more and more hoarse, though it is very unusual for it to become weak and whispering as in membranous and severe spasmodic croup. The respiration is decidedly accelerated, giving rise to slight dyspnoea and there is more or less fever, which is most marked usually in the after part of the day and in the night. The pulse is more frequent than in health, rising to 120 or 130 in the minute; the skin is hot and dry; the child is thirsty, restless, and uncomfortable. After a few days usually, the cough becomes loose and easy and ceases to be painful. The voice loses its hoarse tone gradually, the fever disappears, the appetite and gaiety return, and the child regains its usual health.

In nearly all cases of this form of laryngitis, there is found upon examination of the fauces, more or less decided inflammation of the tonsils, soft palate and pharynx.

Diagnosis.—The diagnosis is very easy. The hoarseness of the cry, voice and cough, the redness of the mucous membrane of the pharynx and the absence of general symptoms will distinguish it from any other affection. In somewhat severer cases of this form, in which the cough is more frequent and harassing, the general symptoms more strongly marked, and the respiration somewhat hurried and oppressed, the attack at first view may present the appearance of bronchitis or pneumonia, from which it is to be distinguished by physical exploration. (Meigs & Pepper).

Prognosis.—Simple acute laryngitis subsides in from one to two weeks, occasionally it lasts three or four weeks before the cough entirely disappears. Death, which is rare, is attributable to some complication. (Smith).

The treatment of acute laryngitis consists in selecting the appropriate remedy which is usually all that is sufficient. This remedy is usually *Belladonna*. A croupal cry or cough is usually such an occasion of alarm, that those not versed in Homœopathy sometimes resort to an emetic, and thus complicate the case, giving us often bronchitis as well. (See other forms).

CHRONIC LARYNGITIS.

Chronic laryngitis is much less frequent than the acute form. Its anatomical characters are similar to those in other chronic inflammations affecting mucous surfaces, namely, thickening, and more or less infiltration of the mucous membrane; increased proliferation and exfoliation of the epithelial cells, and increased functional activity of the muciparous follicles.

In the adult, chronic laryngitis is dependent on the syphilitic or tubercular disease. In the child it occurs not infrequently in connection with tubercles in the lungs or bronchial glands. Such patients are emaciated, and have the ordinary symptoms of tuberculosis. But occasionally chronic laryngitis occurs in young children, usually infants in whom there is no emaciation or other evidence of cachexia. Smith mentions twelve such cases, mostly nursing infants. Some of these had mild bronchitis; but it was obviously subordinate to the laryngitis. Their respiration was noisy and harsh, continuing of this character day after day and week after week. The cough was also harsh and loud, conveying the idea of thickening, and relaxation of the mucous membrane covering the vocal cords. Their respiration was not notably accelerated, and the blood was apparently fully oxygenated, though the friends were often alarmed by the noisy breathing and cough.

In this form of chronic laryngitis there is little expectoration, the fever is slight or absent, the appetite remains unimpaired, and the general condition of the child is good. There are from time to time exacerbations, and occasionally improvement is such as to encourage the hope of speedy cure, but in most cases there is no complete intermission in the disease until final recovery. Recovery takes place in from three or four months to one year. * * * *

This chronic laryngitis is to be distinguished from frequent attacks of acute laryngitis, which are due to fresh exposures, and are accompanied by the ordinary symptoms of the acute disease. It is to be distinguished from protracted acute laryngitis by its longer duration, the greater thickening of the inflamed membrane, and consequently more noisy respiration.

Anatomical Lesions.—These consist of simple inflammation of the mucous membrane, with its various effects. The membrane varies in color between a deep-rose and violet-red, which may be either uniform or only in patches. In severer cases, the tissue is at the same time, softened or roughened and sometimes thickened. When redness, softening and thickening are present, the disease is confined to certain parts, and commonly to the epiglottis and internal portions of the vocal chords, but when redness alone exists, it usually affects the whole of the larynx, and sometimes extends to the trachea. Cases in whom ulceration is present are almost always secondary, generally small, few in number, very superficial, linear in shape, and usually on the vocal chords.

In the adult œdema of the glottis occasionally results from laryngitis, but in the child there is little danger this will occur, in consequence of the anatomical character of the larynx. In early life there is but little sub-mucous areolar tissue in the larynx, and therefore less sub-mucous infiltration or effusion during inflammation. The structural changes occurring in the laryngitis of infancy and childhood relate almost exclusively to the mucous membrane. (Smith).

There is also an obstinate, troublesome cough in children laboring under this affection. This cough is harsh, rough, and so to speak, tearing in its character. It often sounds, especially towards evening and in the early part of the night, croupal in its tone. It is usually very frequent, not so much, however, during the day as in the evening and at night. It is very generally increased by the horizontal position, so that when the child is put to bed, it will begin to cough violently and almost incessantly, and will continue to do so for one, two, and even three or four hours. The cough is so constant and so severe as to cause the greatest disturbance, not only to the patient (who will toss in the most restless manner) but to the mother or attendants who are excessively annoyed, and sometimes alarmed by its constancy and obstinacy. Children who become subject to this species of cough, often have repeated attacks during the cold seasons of the year, the slightest exposure, sometimes bringing them on. During the day, the

child generally seems perfectly well, or at most merely a little pale and languid, and coughs but moderately, but as soon as night comes on, and especially when he is put to bed, the cough begins and goes on as described above. In some cases, this unusual susceptibility of the laryngeal mucous membrane seems to be founded upon a congenital or constitutional idiosyncrasy, in others it is the result of post natal influences, particularly insufficient clothing. (Meigs & Pepper).

In some instances the uvula is lengthened from relaxation of the mucous membrane and thus provokes cough in the recumbent posture.

Therapeutics.—In the acute form, *Aconite*, *Bell.*, *Brom.*, *Cham.*, *Dros.*, *Hepar*, *Iodine*, *Ipecac*, *Lach.*, *Merc.*, *Senega*, *Spongia*, or *Tartar emstic* are the chief remedies. For the chronic form, *Argentum*, *Arnica*, *Caut.*, *Carbo veg.*, *Dulc.*, *Phos.*, *Puls.*, *Rhus* and *Sulph.* are the principal ones. The indications are:

Aconite.—Nervous, feverish restlessness.

Arnica.—Child cries *before* it coughs (*Bell.* after). Dry, short, constant cough. Traumatic cases.

Argentum.—Dry, spasmodic cough; hoarseness and loss of voice. Posterior wall of pharynx also swollen. Chronic form.

Belladonna.—The attack is ushered in suddenly in the afternoon, or after lying down; face flushed, eyes injected; swallowing difficult and painful. Starting in sleep.

Bromine.—Much rattling in the larynx when coughing; hoarseness and spasmodic closure of the glottis. Fair children.

Carbo veg.—Long-lasting case, seemingly dependent upon the debility from insufficient nourishment. Tongue and fauces show a venous stasis. (Compare *Phos.*)

Causticum.—Frequent attacks of suffocation during inspiration as if some one grasped the throat, arresting the breathing for the moment. Dry, hollow, hoarse cough. Chronic form.

♂ *Chamomilla.*—Not often indicated. The great distress of the child seems to be out of all proportion to the real disease. Relief from motion would suggest this remedy.

Drosera.—Attacks of suffocation. When whooping cough is about. Cough made up of quickly succeeding barks which do not allow recovery of breath.

Dulcamara.—(See Spasmodic Laryngitis).

Hepar.—Laryngeal catarrh, with rattling of mucus in throat which is expectorated or dislodged with difficulty. The cough is loose but

still hoarse.

Iodine.—Has tightness and constriction about the larynx, with soreness and hoarseness; constant clearing of the throat; voice hoarse and husky. Chronic form with ulceration. Dark children.

Ipecac is often misused, being given when not indicated. Catarrhal form, with almost constant nausea.

Kali bich.—Chronic form, follicular laryngitis; swelling of the tissues and secretion of gray mucus. Worse towards morning, the tough mucus causes gagging and strangling.

Kali iod.—Laryngeal irritation, dry cough; burning tickling in the throat. Syphilitic or mercurialized cases.

Lachesis.—Chronic form; very markedly worse after sleeping. Child pulls at the throat. Hoarseness and dryness.

Mercurius.—Tongue large and flabby; much saliva; complicated with angina faucicum.

Nitric acid.—Long-standing; short, dry cough, continuing all day; very troublesome when first lying down at night, but not waking the child from sleep. Chronic, hoarse cough, without expectoration.

Petroleum.—Coal oil tied about the neck is a domestic remedy.

Phosphorus.—Chronic weakness of the vocal organs; violent tickling in larynx when speaking; dry, spasmodic cough, with constriction of the throat.

Sanguinaria.—Acute form, dryness, soreness, swelling and redness. Polypi of the larynx and nasal fossæ.

Seneca.—Copious accumulation of mucus in the air tubes.

Sulphur.—Arterial and venous vascular irritability; great impressibility of the skin; rheumatic, herpetic, lymphatic diathesis.

[TO BE CONTINUED.]

EPHEMERAL PARALYSIS.

M. Jules Simon, at his clinic at the Hospital des Enfants Malades, draws attention to an affection to which he gives the name of Ephemeral Paralysis, pointing out that it is not to be confounded with Infantile Paralysis. It always has one of two causes. First, a powerful constriction, as in one case it was caused by a nurse seizing the child roughly by the arm. Second, cold, as in one case in which it was caused by sitting on a wet lawn. It is accompanied by pain and hyperæsthesia. The prognosis is very good, recovery being both complete and rapid.

Consultation Department.

CURE FOR WORMS.

What is the curative treatment of *ascarides*? Can any of your practical readers give one? Case in hand of three years standing.

A. B. de Villeneuve.

GROUPING REMEDIES.

Editors are supposed to know everything, therefore I beg leave to enquire why certain medicines are grouped together, instead of others in Prof. Hoynes excellent *Materia Medica* cards, as there does not appear any especial botanical, physiological or pathological connection in them, and they are not in alphabetical order? D. S. K.

[We presume they are so grouped because they are similar in action and are therefore better studied comparatively, but we turn the question over to Prof. Hoynes to answer.—Ed.]

COAL OIL IN GONORRHOEA.

In *THE INVESTIGATOR* for December 15, page 449, should read, "No emission of semen" instead of "Urine." You will find similar symptoms in Dunham's *Homœopathy the Science of Therapeutics*, on page 323 and 327. For the benefit of J., page 449, please insert:

R. *Kerosene* ℥viii.
 Olive oil ℥iii. Mix.

Everybody ought to know what coal oil is, even a Homœopathic doctor.

J. D. G.

"DID THEY RUN?"

Having seen an article published in *The Medical Record* of New York, and copied in *The Detroit Lancet*, and no doubt all of the Old School journals have made use of the same, I give it here, and ask you if it is true: "*The Medical Record* says of the doctors in Memphis in 1878. All the Homœopaths ran away when the plague existed." *

* * From Dr. S. J. Quimby's report in your issue of December 1, page 398, I thought probably he might have been present in the plague of 1878, also, if so, I would like to inform both of these journals of the fact.

PHIL PORTER.

[The only one who left was Dr. Morse who came north to recruit from the fever contracted while on duty.—ED.]

CASE FOR COUNSEL.

Was taken in March 1874 with hæmorrhage from the lungs. Had four different hæmorrhages within twenty-four hours, about two spoonfuls at a time. Was confined to bed a week. I was very weak, *especially* in the knee joints; for three months I was just able to be about and work a little, part of the time. I then had five hæmorrhages within forty-eight hours, which caused my loss of voice, and I was confined to the bed for five months. I then improved a little so as to be able to walk a little with two canes, but on account of my great weakness have not been able to sit up on an average more than half an hour a day for now nearly five years, and cannot whisper but little without suffering severe pain in the throat. My greatest suffering is from the knees; they are *more* than weak. I can bear but about half my weight on them and cannot sit up because the pain and smarting in the knee joints is so *extremely* severe. I have had three hæmorrhages since the one that caused aphonia about five years ago, all caused from overdoing in whispering too much or in walking too much, I eat and sleep well; digestion fair; did have dyspepsia two years ago, but am mainly cured of it, though am troubled some with constipation, but my food gives me little or no increase of strength. The cause of the hæmorrhage in the first place was from over singing, or it was generally thought that was the cause, and I feel confident that it was. I have always followed the merchantile business, and at the time of being taken my system was run down from confining myself too close and too constantly indoors. I feel confident that I have enough vitality to be well if we could only distribute and equalize it. I can lift forty or fifty pound with one hand, but have not strength enough in the knees to sit up an hour a day. I am thirty-four years old: was twenty-nine when taken. W. O. PERRY.

CASE FOR COUNSEL.

I desire counsel in the following case: The patient, a man aged forty-nine, six feet high, weighs 205 pounds, brown hair and eyes, presents generally a picture of health, has never had any serious illness, nor venereal disease of any kind. Was married at twenty-one. Is a lawyer in large practice. About six months ago all sexual instinct left, and since has not had any sexual desire or ability to accomplish sexual intercourse. Has never been guilty of excess of any kind. Have treated him with *Phos.*, *Nux v.* and *Phosphide of Zinc.*

R. WILSON CARR.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

DAVIS JUNCTION, Ill., Dec. 26.—Hooping cough is the prevailing disease. Remedies used: *Drosera* 3x, *Cuprum met.* 3x, *Aconite* 3x for fever symptoms.

M. J. HILL.

MECHANIC FALLS, Me., Dec. 24.—Typhoid fever has, as usual, prevailed here this season, but in a milder form, for which *Baptisia* has done little in my hands, but its place is supplied by *Rhus tox.* which acts very readily, likewise *Opium* when it is indicated.

W. WATTERS.

KIRWIN, Kan.—The chief diseases are: Rheumatism, bilious, intermittent and typhoid fevers, though but little of either, some mumps, scarlet fever and diphtheria. The usual remedies, mostly in the 3x have done good service. Had two cases of metastases of mumps to the testicles. *Puls.* 1x, internally, and *Aconite* lotion externally, cured speedily.

N. B. HOMAN.

WHITE HOUSE, Pa., Dec. 23.—We have been having some diphtheria at this locality with the usual good success. I treated twenty-seven cases without any death. My Allopathic cotemporary only lost seven out of forty similar cases during the same time, and sometimes in the same house. Treatment mostly *Kali bich* 1x, three grains in one glass of water, a teaspoonful taken in alternation with *Merc. iod. rub.* 1x or 2x, dry on tongue. Sometimes *Nitric acid.* pure, one drop to a glass of water instead of *Kali b.* In other cases *Phyto.* 1x alone would cure if indicated. I have more trouble with temporary loss of vision that at times come on as a sequel. I do not know that anything I tried improved the defect until it always gradually left.

M. RUDOLPH CULLISON.

SANTIAGO DE CUBA, ISLAND OF CUBA, Dec. 15.—I herewith send you the mortuary report of our city during the past month. Deaths from yellow fever, 7; anasarca, 1; old age, 7; aneurism, 3; consumption, 20; dysentery, 2; typhoid fever, 3; pernicious fever, 12; croup,

1; hemiplegia, 1; cancer, 1; tetanus infantum, 4; cholera infantum, 8; antrax, 1; eclampsia puerperalis, 2; diarrhœa, 10; hydrothorax, 2; bronchitis, 3; cerebral congestion, 2; cerebral anæmia, 1; delirium tremens, 1; gangrene, 1; rachitis, 1; angina, 1. Total, 90. Of these were: White, 44; colored, 46; children under seven years, 18; adults, 72. We are enjoying delightful weather, what we call our *winter*. We have had a few days quite cold for us, with the thermometer at 72.° You may form an idea of our cold weather by the following meteorological observations taken yesterday: *Temperature*, Fahrenheit, 80.6.° *Atmospheric pressure*, B. aneroide, 75.7; P. tension 22.6; dampness, 87. It will be observed that the mortality is comparatively small for a place numbering 40,000 inhabitants. At this time of the year our city is generally very healthy, and for this reason would be an excellent locality for the sojourn of invalids who are unable to bear the rigor of a northern winter. Of the 90 deaths, only three of the patients were treated Homœopathically; the first of these was a colored woman 98 years of age, who died during the first paroxysm of pernicious intermittent fever; the second, a child of six months, who came under Homœopathic treatment on the seventh day of diphtheritic croup. The last was a young man who appealed to Homœopathy during the last stage of consumption. These statistics are not intended to prove the infallibility of our system. The above is merely a plain statement of facts which cannot fail to demonstrate the superiority of Homœopathy.

JOSE I. NAVARRO.

TURKISH LOVE OF WATER.

A Turk, writes a traveler, thinks he can do nothing so grateful to God and man as the setting up of a fountain by the roadside, or in the streets of the city, where the wayfarer and his animals may appease their thirst and bless the name of him who provided for their wants. Often in my travels I have halted beneath the shade of a wide spreading plane tree to slake my thirst at the limpid waters of a marble fountain, and to repose from the noonday heat. There is always some edifying distich from the Koran, that "Water is the gift of God, and blessed is he who distributes it," or that "Water is the source of health and life," etc. There is a practical piety in these monuments of charity that speaks well for the benevolent disposition of the Mussulman. The Turks are great consumers of water, and

they are good judges of its quality and nice in what they use. The favorite water that is sold at a para glass in the streets is from Asia; either from Tehamildja, on the mountain about Scutari, or from Karakoulak, some ten miles up the Bosphorus, several miles inward from Belcos. This is brought to the landing in barrels, on horses' backs, put in barges, and in this way carried to Constantinople before daylight. Notwithstanding the length of the journey, it is as clear as crystal. The venders cry it as "Bowz guiba"—as good as ice. A pacha will drain two goblets at a swallow. As water is said to have fattening properties, the large draughts they take of it may be the cause, in part, of the obesity to which both sexes of the Turks are subject.

[If more liquids were taken in this country, we would not see so many spare, starved looking persons in our midst. See How to be Plump.—Ed.]

LATERAL CURVATURE OF THE SPINE.

A LECTURE BY J. MARTINE KERSHAW, M. D., PROFESSOR OF DISEASES OF THE BRAIN, SPINE, AND GENERAL NERVOUS SYSTEM, IN THE HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI, ST. LOUIS.

GENTLEMEN: Having spoken to you of Pott's disease and its treatment by extension of the spine, and the consequent reparation, and immobility of the diseased parts, I now call your attention for a few moments to the subject of lateral curvature of the spine. I shall make no extended remarks upon this disease, but direct your attention especially to its treatment by means of proper gymnastic exercises. I do not think a confirmed case can well be treated otherwise. The patient should at once, on beginning the treatment, be made to swing the body, hanging by the arms, the feet clearing the floor. The muscles of the arms should be developed by constant exercise that they may permit of the body hanging as long as possible. By the hanging of the body in the manner mentioned, the muscles of the contracted side are relaxed, or at any rate there is a strong tendency in this direction as a result of this species of gymnastic exercise. I often time a patient noting the length of time he is able to sustain the weight of the body by hanging with the hands. One in good practice will hang for several minutes. The swing backward and forward is good practice. Swinging from side to side as

also the rotary swinging movement, both these are good and tend to overcome muscular contraction, and place the patient in a condition favorable to the application of apparatuses for the permanent correction of deformities. The use of a swing—one rope being several inches shorter than the other, the hand on the contracted side grasping the shortest rope—this is also a good means of exercising the muscles of the trunk. I mention gymnastic exercises as a part of the treatment of lateral curvature of the spine, because I do not believe you can successfully treat a confirmed case without resort to such means. It is the foundation work upon which to build a straight back. By means of the proper muscular exercise and the consequent relaxation of contracted muscles, the existence of which will keep any spine in a state of deformity, by such preliminary work, extending it may be over many weeks and months, we place the patient in the most favorable condition for mechanical treatment.

A CLINICAL CASE.

BY E. CAMPBELL, M. D., FAIRFIELD, IOWA.

Mr. Murry, a farmer, aged thirty-two, called at my office Dec. 10, 1878. Said he had an ulcer on right thigh. On making an examination, found a large sore of the right thigh (over the rectus muscles) about two and a half inches wide by three in length. It was covered by an irregular grayish scab an eighth of an inch thick. The surface of the scab was composed of whitish scales; the scab was broken in places and showed raw surfaces. He said five years ago he was troubled with a constant itching of the right thigh; this continued for two years, then small vesicles began to form; these would break and discharge a clear, watery fluid for several days; it then would thicken, become yellow, and form a scaly crust. This would remain on from two to four weeks, but as there was a constant itching, he would often have the scab off in his sleep; but it would always return in a short time. He had tried local applications but could not cure it. I gave him *Rhus tox.* 3x and *Sulph.* 30x; three doses of *Rhus* a day and a powder of *Sulph.* every night.

Dec. 29. Returned, no improvement; constant itching; gave *Graph.* 4 and *Ars. iod.*; a powder of *Graph.* in morning; *Ars. iod.*, a powder at night.

Jan. 21, 1879. He is some better; gave him *Graph.* 4x, two powders a day.

Feb. 21. Is much better; the scab is half gone and the surface is healed over nearly; no sign of vesicle forming where the scab has fallen off; continued with same remedies.

March 21. Is still improving; all healed, excepting a place size of silver dollar. Continues to take *Graph.*, a powder at night.

April 21. Returned and said, did not need more medicines; gave him *Sac lac.*, a powder every night.

May 10. The surface of thigh is healed over, and excepting a slight bluish tinge is as sound as ever. Dismissed him with promise to let me know if it ever returned. No return up to date, Dec. 26, 1879.

A NEW HEALTH RESORT.

CANNES, Nov. 28, 1879.

Dear Sir: I have spent a good part of spring, summer and autumn in the most delicious abode, where I am sure every invalid who have wintered in the South of France, or in Italy, and who are too delicate to return to Paris, or Switzerland, may rest with benefit. The living is as good as possible, for a country hotel, and the air very pure. Caudalat (Gard) is the name of this place; it is built at the foot of three green hills, protected themselves by very high mountains. It is only a mile from a little city of 5,000 inhabitants (the Vogans). The hotel which has been built by my late friend Dr. Verdiet, the proprietor of this establishment, afford large rooms well ventilated. There is an hydropathic establishment and cold sulphur. ferriuginous water, which gave the most beautiful result during the time I stay in this place, peculiarly chronic rheumatism, skin diseases, chronic eczema, etc. The nervous people, children and ladies who don't sleep in the southern climate, on account of the dryness of the air, find quite a relief in this place. There are very nice and beautiful excursions in the neighborhood; the roads are very well kept; hotels in abundance.

Yours truly,

J. A. CLARK.

WEATHER PROVING AND DISEASE TENDENCY.

BY BUSHROD W. JAMES, A. M., M. D., PHILADELPHIA.

Meteorological summary for November, 1879, by C. A. Smith, Sergeant signal corps, U. S. A. Highest barometer 30.587 (30th.) Lowest barometer 29.472 (20th.) Average barometer 30.165. Monthly range of barometer 1.115 in. Highest temperature 75 (12th.) Lowest temperature 91 (21st). Average temperature 44.7. Monthly range of temper-

ature 56. Greatest daily range of temperature 25 (29th.) Least daily range of temperature 6 (30th.) Mean of maximum temperature 52.4. Mean of minimum temperature 36.9. Mean daily range of temperature 15.5. Mean relative humidity 68. Total rainfall 1.38 in. Prevailing direction of wind N. W. Maximum velocity of winds 40 (N. W. 20th and 23d.) Total movement of wind 8,263 miles. Number of foggy days none. Number of clear days 8. Number of fair days 15. Number of cloudy days on which rain or snow fell, 6. Number of cloudy days on which no rain or snow fell, 1. Total number of days on which rain or snow fell, 13. Frost or freezing temperature occurred on 15 days. Light snow falls on 16th, 20th, and 29th, amounting in all to about 2½ inches.

COMPARATIVE TEMPERATURE.

November, 1874,	41.8 inches.		
“ 1875,	39.7 “		
“ 1876,	45.0 “	Average for } 43.8.	
“ 1877,	46.6 “	six years. }	
“ 1878,	44.8 “		
“ 1879,	44.7 “		

COMPARATIVE PRECIPITATION.

November, 1874,	2.32 “		
“ 1875,	5.40 “		
“ 1876,	7.31 “	Average for } 3.96.	
“ 1877,	5.14 “	six years. }	
“ 1878,	2.19 “		
“ 1879,	1.38 “		

COMPARATIVE RELATIVE HUMIDITY.

November, 1874	61 “		
“ 1875	68 “		
“ 1876	71 “	Average for } 68.	
“ 1877	72 “	six years. }	
“ 1878	66 “		
“ 1879	68 “		

DISEASE TENDENCY.

The month commenced with a tendency to sudden deaths and cerebral diseases, vertigo, neuralgia, headache and spinal congestions. Hæmorrhoids, bilious vomiting, enteralgia and herpetic eruptions were among the earliest tendencies that followed. Then came congestions of the liver, a mild form of sore throat, croup and acute laryngitis. After this, about the 8th of the month, fresh colds, with coryza, earache and catarrhal inflammations. Rheumatism and neuralgia were also more prevalent. Immediately following was a continuation of eruptions, while heart diseases were aggravated, and a tendency to typhoid fever was more marked, and invalid suffering more than usual from headache, vertigo, fainting spells and general

debility. Spinal and cerebral congestions as would be expected, were abundant, and dyspepsia depending upon nervous debility was very frequently met with, also gastralgia and enteralgia accompanying other diseases.

On the 13th, preceding a very cloudy day when an easterly and southeasterly wind prevailed, we had an aggravation of most all of the diseases prevalent, and a greater typhoid tendency and also hoarse colds, croup and laryngitis. During the fall months this season, there has been a more extended disposition to malarial fevers than for years past, and November had its full share.

About the 15th and 16th, and for several successive days there was an increased amount of spinal congestions, paralysis, vertigo, pulmonary congestions, diphtheritic sore throat, hepatic derangements and diarrhoea. About the 21st there was an increased amount of sore throat, laryngitis, bronchitis, and catarrhal fresh colds, attended with cough and headache, more or less disposition to hoarseness, and this disposition kept up until the end of the month. Conjunctivitis was quite prevalent, while pulmonary diseases were on the increase during the last few days of the month. Consumptives felt the atmospheric influence and were much worse in all their symptoms. Pleurisy manifested itself and patients complained of being wakeful and much disturbed during the night.

Comparing this month with October, we find that scarlet fever has increased a little as well as diphtheria, while the cardiac, cerebral and pulmonary disorders have shown a larger increase.

TAPEWORM DISEASE CURABLE.

BY ADOLPH LIPPE, M. D., PHILADELPHIA, PA.

It is a *fatal error* to proclaim that the tapeworm can be "managed." Our good friend, A. M. Piersons, M. D., New York, publishes in THE UNITED STATES MEDICAL INVESTIGATOR, March 1, 1873, p. 176, a paper entitled "Management of the Tapeworm." Dr. Piersons evidently would like it much better if he could write on "The Cure (of course Homœopathic) of the Tapeworm;" but he finds himself off the track, and discrediting the teachings of the master (which is just now all the rage), he confesses openly to what sort of a management his fashionable departure from the master's teachings led him. We have no doubt Dr. Piersons will read our remarks kindly, and do better in future, or confess again.

As Homœopathsicians, it behooves us to look for advice and for information to the writings of the founder of our healing-art; to look up precedents, as did Dr. Piersons, even to the number of thirty-five, is almost a useless task, because we *must* treat individuals, and not diseases or names of diseases, nor *expel* worms— even a tapeworm; this sort of management belongs to the school of materialism — the Allopathic school.

What do we find in Hahnemann's writings? First and foremost, a foot-note on page 24 of the fourth edition of the Organon (German), page 38, fourth American edition, and on page 52 (14) of the fifth American edition, and it reads thus: "The expulsion of worms in so-called worm diseases has an appearance of necessity. But this appearance also is deceptive. Some lumbrical worms are perhaps to be found in many children, while the threadworm may be said to infest many others. But all of these, as well as a superabundance of one kind or another, invariably result from a general state of unhealthiness (psoric), combined with an unwholesome mode of living. By improving the latter, and curing the psoric disease Homœopathically, which is most easily accomplished during the period of childhood, no more worms will remain, and children cured in this manner will no longer be tormented by them, while they are rapidly reproduced in great numbers after the use of mere purgatives, even if these are compounded with wormseed (*Semen cinæ*).

"But what of the tapeworm?" I hear them say, "must not this monstrous plague of mankind be expelled most forcibly?"

"Indeed it is *sometimes* driven out, but not without terrible sequences, and even danger to life. I would not burden my conscience with the death of so many fellow-men, whose lives have been sacrificed by the use of the most debilitating, dreadful purgatives, intended for the tapeworm, neither would I be guilty of the protracted illness, lasting for years, of those who escaped death by purgation. Though continued for years, how often does this purgative treatment, so destructive to health and life, fail to attain its object, or, if it succeeds, does not the tapeworm as frequently reproduce itself?"

"What if this forcible, and often cruel and fatal method of expelling or killing these parasites were unnecessary?"

"The various species of tapeworm are only found in cases of psoric disease, and always disappear when that is cured. But before such a cure can be accomplished, and during a comparative state of health, they do not inhabit the intestines proper, but rather the remnants of food and fæcal matter contained therein, living quietly as in a world of their own, without causing the least

inconvenience, finding their sustenance in the contents of the bowels. During this state they do not come in contact with the intestinal walls, and remain harmless. But if from any cause, a person is attacked by an acute disease, the contents of the intestines become and irritates the sensitive intestine lining, thus increasing the offensive to the parasite, which, in its writhing and distress, touches complaints of the patient considerably by a particular kind of cramp-like colic. (In the same manner, the fœtus in the womb becomes restless, turns and pushes, while the mother is sick, but floats quietly in the amniotic fluid, without inconvenience to her, when she is well). It is to be observed here, that the symptoms which manifest themselves at this epoch, with persons who have the solitary worm within them, are of such a nature, that *often* the smallest dose of the tincture of the root of the male-fern speedily effects their eradication in a Homœopathic manner, because it puts an end to that part of the malady occasioned by the disturbed state of this parasite; the tapeworm, finding itself once more at ease, continues to exist upon the intestinal substances, without incommoding the patient in any very painful degree, until the anti-psoric cure is so far advanced that the worm no longer finds the contents of the intestinal canal fit for its support, and it voluntarily quits it forever, without any purgatives being employed."

Dr. Piersons says, "I do not believe one sentence of what Hahnemann says about tœnia. Were he now alive to re-write his foot-note with the light furnished us by the *experiences* of Kuchenmeister and others, I believe he would leave out the psoric theory altogether, and also the comparison to the fœtus in utero."

The fault-finding with Hahnemann's teachings has become "epidemic," and Dr. Piersons has also been attacked by this modern mania. In what particulars Hahnemann is altogether wrong, so that not one of the sentences of this foot-note should be believed, we do not exactly comprehend. The psora doctrine? If the consecutive propositions offered by Hahnemann in these sentences were untenable now, then it might be practicable to upset his final deduction that the tapeworm voluntarily and without purgatives quits a healthy individual. Have Kuchenmeister or others found a "specific" for the various species of tapeworm? If they had, Dr. Piersons would have been more successful. If the tapeworm, after having been forcibly driven out, did not now regularly reproduce himself, as well as when Hahnemann wrote this foot-note, we might have good reason to disbelieve his teachings, but he surely does come back. The production of tœnia, by giving specimens of *cysticircus cellulossæ* or not, has not the most remote connection with what Hahnemann says in his foot-note.

When Dr. Piersons expresses his utter disbelief in what Hahnemann says about the tapeworm, he very unfortunately only adds involuntarily more evidence to Hahnemann's foot-note when he relates the very bungling method followed by him to expel his patient's tapeworm. Is the child *well* now? As Dr. Piersons has given us one case, we will return the compliment. In 1845 we were consulted by J. Lillie, D. D., M. D., who suffered from a tapeworm. In his library he preserved some thirty-six specimens of tapeworm, every one of which had been forcibly expelled from him by all sorts of cathartics, by turpentine, by the bark of *Punica granatum*, by pumpkin seeds, and by every remedy ever recommended by professional and unprofessional male and female quacks. The learned doctor knew the Organon of the Healing Art of Samuel Hahnemann by heart, but the tapeworm was there, and might have been used by him as an evidence against the teachings of the master. The learned doctor was perfectly convinced that Homœopathy was the only healing art, and that by *it* alone he might—nay, should—be relieved of this his only physical ailment. What were we to do? We followed the master, we wrote out carefully all the symptoms of which the individual afflicted with the tapeworm suffered; none of them were very severe disturbances in sensation and function, still they were our guide; we did *not* consult any precedents, as they might mislead us. It took considerable time to find the anti-psoric remedy which fully corresponded with all the characteristic symptoms of the patient—the tapeworm was left to take care of itself, and leave as soon as its quarters became distasteful to it. After many long hours of patient research, we found that *Kali carb.* corresponded with all the symptoms of the individual. He took two doses of *Kali carb.* (Jenichen), one in the morning, the other in the evening, without changing his already very simple and frugal unobjectionable diet. Dr. Lillie was then probably forty years old, married, and had a large healthy family. On the seventh day after he took the remedy he complained of having had, for the first time in his life, very painful nocturnal, involuntary, seminal emissions, leaving a very painful erection. This not frequently occurring symptom did not belong to *Kali carb.*, as far as it was known, but it was a positive evidence that *Kali carb.* was acting on the patient. In after years this very symptom was cured also by *Kali carb.*, and should be incorporated into our materia medica. In the third week after *Kali carb.* had been taken, the tapeworm—the largest specimen in the doctor's collection—

came away. Twenty-five years later, Dr. Lillie, then residing in the Seven-Sisters' Road, London, paid us a visit. Neither the tapeworm nor any sign of the parasite had returned; he was cured. This is one case only, to be sure; but as Dr. Piersons, testifying to his individual unbelief in the contents of the above mentioned foot-note, gives us, as "evidence" on which he bases his unbelief, but one case, we will for the present be content to return only one case also. Our evidence is a positive confirmation of the correctness and reliability of the said foot-note.

We testify that we strictly followed Hahnemann's teachings, and they might be comprised in a short sentence; treat the individual, the individual's symptoms, and nothing else. The symptoms of the individual will indicate that remedy best capable of assisting in his restoration to health; if he lives irregularly, if his diet is unwholesome, the diet must be changed of course. We offer positive affirmative evidence; Dr. Piersons offers negative evidence, which will not stand the scrutiny of a cross-examination, which we shall not inflict on him for the present. In looking over the child's symptoms, we should have set down for further study, *Merc. viv.*, *Aloe*, and *Caust.*, and we should then have looked for more symptoms before deciding on the remedy.

Surgical Department.

ADHESIVE STRAPS FOR COUNTER-EXTENSION OF FRACTURED THIGH.

BY JOHN C. MORGAN, M. D., PHILADELPHIA.

I have failed to find any printed recognition, of late years, of this method—not even in the recent paper of Dr. Hall, of Chicago, in *THE MEDICAL INVESTIGATOR*. It was introduced some thirty years ago, by Prof. David Gilbert, of Pennsylvania College. It is applied thus:

Two straps, two inches wide are cut (lengthwise of the roll) and sewed to roller-strips, together with a tie from the shoulder to the tuberosity, *i. e.*, long enough to reach from the upper end of Physick's Dessault's splint, (than which there can be no better or more suc

cessful apparatus), or from any other fixed point, far above the hip-joint, downwards to the tuberosity of the ischium. The end of one of these straps is applied, posteriorly, to the tuberosity, upwards over the sacro-iliac joint and back. The other, anteriorly, overlaps the first end, rendering both secure from slipping, and is carried upwards over the groin; the ends of the roller are then tied to the upper end of the long splint, at any desired tension. Then the plaster extension is applied to the foot, and with the aid of the tape-measure, the perfect length of the limb preserved at will, by daily and close attention, until the callus is firm. I have used this repeatedly, and in simple fracture of the shaft of the femur, without shortening, in any case. I can also corroborate the frequent utterance of Dr. Wm. Norris, late Surgeon to Pennsylvania Hospital, that "in fractures of the *shaft* of the femur, in this hospital, we never have shortening." So frequently have I seen him measure the limbs, now twenty-eight years ago, that I can testify that there is nothing but simple truth in his statement. The Gilbert counter extension, however, they did not use; only the old perineal band.

Physick's Dessault's splints, *properly applied*, with plaster counter-extension and extension, I have found every way superior to the weight, pulley, etc. In a restless child of five years, the latter afforded no security whatever. neither did Smith's anterior splint, (so valuable in compound fracture of adults); hence, I at last fell back on the above, having had to straighten a decided angulation of the bone, produced by his leaning over the side of the bed to play. The result was perfect, and I can show him to any skeptic, a tall young fellow, now — without a trace of the lesion. Even in a fracture of the neck of the femur, in a boy of twelve years, the same method was perfect in result; but later, the ligamentous union yielded a little from walking on the limb. Nevertheless, he did duty as an infantry soldier, throughout our late war.

Development of Tænia.—At a late meeting of the Parisian Academy, a note by M. Redon communicated experiments on the ribbon-like development of cysticercus in the human subject. The writer swallowed cysts collected from human beings, and gave some to pigs and dogs. Man alone offered a nidus favorable to the development of these parasites, and yielded *cucurbita*. This proves that the tænia solium may proceed from a cysticercus, and that the cysticercus of man is not the same as that of the pig.—*Med. Press and Circular.*

STRICTURE OF ŒSOPHAGUS.

BY WM. D. FOSTER, M. D., HANNIBAL, MO.

Read before the joint Convention of the Western Academy and the Missouri Institute of Homœopathy.

Cases of this malady are sufficiently rare to render them extremely interesting. The remarks I have to offer are suggested by the only one of this sort that has ever come under my observation. This patient, aged ten, is now, November 1877, in fair health, but cannot swallow anything except fluids, subsists chiefly on milk and coffee. Two years previously had an attack of cerebro-spinal meningitis, and was treated Allopathically. During the course of this disease he had two convulsions, in each of which it was thought he would die. At the end of three weeks, being convalescent, he was attacked with pneumonia. He survived all these, however, together with the treatment of the two Allopaths, but it was found that he swallowed fluids with great difficulty, and quite impossible to swallow any kind of solid food. That condition still remains. Prior to his illness his education had not been neglected; he could read, write, knew the multiplication table, etc., and was generally as well advanced as the average country boy of his years. Now he is mentally dull, has forgotten all he knew, does not know any part of the multiplication table, and is mentally considerably demoralized. He is slender, evidently ill-nourished and has considerable disturbance of his digestion. Has had ague all summer and fall at intervals, and has taken *Quinine* persistently. The *Quinine* was not advised nor prescribed by me, but taken in accordance with the custom of the country. In the treatment of this case I was associated with Dr. Chamberlain of Hannibal. Physical exploration with gradual bougies developed the seat of stricture at a point corresponding with the middle point of the sternum. The smallest instrument was first passed with some difficulty, but the resistance gradually abated, and he is now able, February, 1879, to pass the third in size, and can swallow all kinds of food. The bougies were first introduced once a week, beginning with the smallest, then a larger and so on, until, after a period of six weeks, he was permitted to take the instruments home with him and use them every two or three days, which he did without the slightest inconvenience. For two years preceding the commencement of this treatment, this boy has had attacks of vomiting, stomach rejecting any and every kind of food or drink. These paroxysms would last for one or two days, and recurred at intervals of one week or ten days, and they still

persist to some extent though appearing at longer intervals. For the vomiting he has taken *Oxalate cerium*, *Nux vom.*, *Phos.*, and possibly other remedies without satisfactory relief.

In a pathological point of view the case presents curious features of speculation, he swallows all kinds of food with facility, but the stomach fails to retain it, and it is ejected. The question might indeed arise as to whether the whole train of sequences did not originate in lesion of nerve structure, if not indeed the cerebellum itself. It may be added that the boy is gradually improving though assimilation is yet very defective.

Medical News.

A happy and prosperous new year to all.

Modern philosophy is an able address under the title of "Intellect or Character," by J. A. J. Kendig, before the Home Class of English Literature.

Chlorate of Potassa.—Isambert & Hume have found that *Chlorate of Potassa* is eliminated without any change in as much as 95 or 99 per cent. of the amount administered.—*Medical Record*.

Died.—B. Blythe, M. D., died at his residence in Owensville, Clermont Co., Ohio, after a short but painful illness, aged sixty-three years.

Pregnancy.—A writer in the *Bonn Archives of Medicine* in view of the danger attending pregnancy in narrow pelves, diseases of the heart and lungs, etc., proposes sterilization, by obliterating the orifices of the fallopian tubes. He does not state what is to become of the ova.

Aged.—I visited in Plover, a Mrs. Benson, aged ninety years, March 8, 1879. She has the third dentition, and her hair, which has grown the last year or more, is brown. the color it was when she was young. Talks on the scenes of 1812 with the eloquence of a preacher. All her faculties are good except hearing. Hardness of hearing. H. M. K.

The Camden Insane Asylum.—My appointment to the asylum did not last as long as we hoped it would, Old School trickery and political dirt being the factors in the removal, although the journals on the other side, all try to cover up their meanness by charging it all to us.

S. J. QUNT.

Fat Bacon.—Dr. T. Lander Brunton is authority for the statement that fat bacon is one of the most satisfactory things upon which to do hard mental work. He says; "The nervous system contains a very large proportion of fat and we can well imagine that if fat be deficient from the food, that system must necessarily suffer.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series. VOL. XI., No. 2.—JANUARY 15, 1880.—*Whole No. 254.*

Children's Department.

NEW VIEWS ON SCROFULA, SYPHILIS, ETC.

“Probably, before long, thanks to the investigations of Heubner, it will be found that many of the conditions that are now recognized as scrofulous, are really due to albuminoid or protoplasmic nutritive changes, the result of arterio-capillary constriction which originated in syphilis. In due time, evidence will probably be forthcoming to show that these changes also occur in the lymphatic system, and that they are co-existent with the primitive state of fetal life.”

Referring to the diagnostic signs of hereditary syphilis as elucidated by Mr. Hutchinson, who says: “I have seen the so-called scrofulous development of the head and jaw, irregular and regular notched teeth to be the essential outcome of hereditary syphilis, and I have likewise seen them when no syphilitic taint could be detected, and this I know to be the experience of a large number of observers.”

“There is no man living who is sufficiently presumptuous to say that there are no cases to be found where it is not a matter of questionable certainty as to the condition being one of scrofula or syphilis. How often do we see this statement verified in daily practice by the result of treatment? Our little patients have all the signs indicative of scrofula. They are wasted, ill-developed, rickety, with enlarged

abdomen, large cranial development, pinched features, prominent under jaw, thick lips, irregular teeth, some notched others curved, squat nose, corneal opacities, congestion of the coats of the eyes, and retinal exudations, hair fine and scant, ears large, spine distorted, ulcerations of the skin and mucous membrane, intermittent diarrhoea and enlarged cervical glands. But withal the intellect may be clear.”

How often do we have patients who do not improve, though we affiliate our remedy never so closely? We may fall back on the scrofula theory, and give *Calc.* or some other anti-psoric remedy, and still our enemy baffles us, and all because we do not or can not recognize the presence of a venereal taint. On this point the doctor says :

“Get the iron bond of taint broken through, and the normal nutritive processes rehabilitated, and then the *Cod liver oil*, still not only do an infinite amount of good, but effect an absolute cure. Such then, being admitted, I will go a step farther and candidly say that in my own opinion, scrofula is essentially the outcome of syphilis. *

* * * I feel sure that the growing weight of proof will be found to favor this view. Should there be a point in pathology of greater interest than any other, it is not so much the difference in structure between gummatous, scrofulous, or amyloid growths, as the assimilation which often exists between them and their prime factor, syphilis.”

RINGWORM AND FATTY FOOD.

Dr. Tilbury Fox, (*Lancet*, Jan. 1878) states that many children affected with ringworm of the scalp have a great aversion to fat in any shape, and that the “avoidance of fatty matter in their diet, or its non-assimilation in the form of milk, meat, etc., has a potent influence in leading to the development of a condition of nutrition that is favorable to the occurrence of obstinate ringworm. Hence in addition to medicine he advises *Cod liver oil* and as much fatty matter in the diet as the child will take.” We would recognize such aversion as an important symptom, and select our remedy with a view to overcome it. Among the remedies which produce “aversion to fat food” are: *Ang.*, *Ars.*, *Bell.*, *Bry.*, *Calc. c.*, *Carb. an.*, *Carb. veg.*, *Colch.*, *Croc.*, *Cycla.*, *Dros.*, *Hell.*, *Hep.*, *Meny.*, *Merc.*, *Nat. mur.*, *Petrol.*, *Puls.*, *Rheum.*, *Rhus.*, *Sepia.*, *Sulph.* Of these *Ars.*, *Bry.*, *Carb. an.*, *Carbo veg.*, *Colch.*, *Cycla.*, *Dros.*, *Hell.*, *Puls.*, *Sepia.* *Sulph.*, have the symptom, “worse after eating fat food.”

THE CROUPS COMPARED.

SPASMODIC LARYNGITIS. PSEUDO-CROUP. FALSE CROUP.

[CONTINUED FROM PAGE 44.]

This is the most common form of croup. It sounds alarming but is really not so. Children in some families, are more liable to this disease than others, so that a hereditary tendency would seem to exert itself in such instances. Exposure to cold, especially in cold, dry weather, draughts, the inhalation of contaminated air and overstraining through excessive crying, also stand in a causative relation. It is frequently an accompaniment of measles and hooping cough, ulceration and new formations in the larynx, and is met with more rarely in small pox, scarlet fever and typhoid. (Steiner).

Narrowness of the rima glottis and an excitable state of the nervous system, both of which are common in early childhood are predisposing causes. (Smith).

It attacks all ages, most frequently those children in whom the eruption of the last molars is still in progress, but does not, however, spare older ones; while in small children, who still labor under the effects of cutting the incisor teeth, the spasmodic form of laryngeal affection, without any catarrh, is the most frequent variety. (Vogel).

Symptoms.—Spasmodic laryngitis begins abruptly. Singularly it commences nearly always at night, after the first sleep, between ten and twelve o'clock. The first attack usually occurs suddenly on the second or third night after the patient has manifested the usual signs of a cold. The child awakes from sleep with a sense of suffocation, loud stridor in inspiration, a dull, barking, dry cough, alternating with a doleful cry, the voice hoarse and toneless, active movements of the accessory muscles of respiration, inspiratory sinking inwards of the epigastrium and false ribs, slight cyanosis, great restlessness and anxiety. Examination of the throat shows the presence of simple catarrh without any croupous or diphtheritic membrane. The temperature is either normal or only slightly elevated. With proper treatment the attack of laryngeal stenosis generally lasts but a few hours; the stridor gradually diminishes and with it the dyspnoea; the breathing becomes more quiet; moist rales make their appearance in the chest; the patient perspires and passes water more abundantly; and the drowsiness soon passes into a quiet slumber interrupted from time to time only by a hoarse, barking (or ringing, croup-like) cough, which alarms the parents anew.

On the following morning the child is usually almost entirely well,

and presents no symptoms except simple catarrh and slight hoarseness. In many cases the attack is not repeated, but not unfrequently it returns the next night, without the course of the disease being thereby rendered more unfavorable.

The so-called attacks of croup are very apt to recur with every acute catarrh of the upper respiratory passages, and it is not uncommon to find children who are said by their parents to have had "croup" half a dozen times. It is hardly necessary to say that in all such cases the affection was merely catarrhal, since recurrences of true croup are extremely rare. These attacks are merely an evidence of unusual vulnerability of the respiratory mucous membrane in children who are hereditarily affected, and such attacks are to be regarded as important indications for subsequent medical treatment. (Ziemssen).

The *treatment* of spasmodic croup has been so mixed up with that of membranous croup and laryngitis (simplex) that the literature is very unsatisfactory. The advice of Bœnninghausen to give *Aconite*, *Spongia* and *Hepar* is about as good as any routine treatment.

Croserio says: "The first medicine to employ when the croup declares itself, is *Aconite*; put three globules of the 18th attenuation in a half-glass of water, and administer a teaspoonful every five minutes; lengthening the intervals when the violence of the febrile symptoms abate. Four or five hours after the commencement of the use of this medicine, the force of this fever is diminished, the face is not so red; we may then give *Spongia* 30 also in half a glass of water, a teaspoonful every half hour; increasing the intervals between the doses in proportion as the violence of the cough and suffocation diminish. Ordinarily, after a few doses of *Aconite*, the child goes to sleep, and falls into a profuse perspiration, which we should take good care not to interrupt; he awakes after an hour or two with a cough which is much less violent; the violence of the disease is subdued. When after twenty-four or thirty-six hours of the use of *Spongia*, the cough remains hollow, we should give *Hepar sulphur*; some physicians recommend giving *Spongia* and *Hepar* alternately every two hours. *Sambucus* is indicated when notwithstanding the diminution of the cough, the suffocation continues. In this disease the greatest care should be taken to avoid chills; the child's linen should not be changed until the cure is complete, in order to avoid the relapses which are so liable to occur." (Homœopathic Manual of Obstetrics, p. 149).

Aconite is the prominent remedy and often the only one needed, needed as it corresponds to the spasm, the restlessness, the anxiety and the fever that arises. One or two doses is all that is usually necessary. The children attacked with this form of croup are the nervo-sanguine or bilious, *i. e.*, the nervous active, while membranous croup attacks lymphatic children as a rule. The more nervous the child the longer the spasm continues. The *Aconite* picture may be colored as follows: The child is in agony, impatient, throws itself about, high fever, dry skin, dry and short cough, every expiration ending with a hoarse, hacking cough. *Loud breathing during expiration.* From exposure to dry cold winds. The *Aconite* cases come on in the afternoon or in the evening when the system is at its lowest.

Lobelia cases resemble those of *Aconite* with this difference; there is more dyspnoea and the spasm affects the oesophageal muscles, impeding deglutition as well as respiration. Older children will describe a sensation of a lump in the throat. (*Ign.*) but the constant ringing cough, stridulous breathing and great anguish and fear of suffocation distinguish the case from *Ignatia* or *Aconite*.

The *Spongia* cases occurs usually after the child has been asleep. It awakes *before midnight* with suffocation and short, hard barking cough. Slow, loud wheezing and *sawing breathing* between the suffocative fits. The children are nervo-sanguine.

Bromine is sometimes indicated in spasmodic or suffocative croup. The voice is hoarse, whistling, croupy; gasping for breath; much dry, wheezing cough without much expectoration. Fair children.

Kali brom. is also sometimes indicated in spasmodic croup. Child awakens suddenly from a sound sleep by a sense of suffocation, with a peculiar ringing, dry, brassy cough and hurried breathing; the child is agitated, face flushed, eyes suffused and bloodshot. After one or two hours the child falls asleep and *breathes easily and naturally* only to awaken again in a similar cough paroxysm; hyperæsthesia of the laryngeal nerves, followed by loss of sensibility in the larynx; hoarseness extremely painful and disagreeable, hacking cough, with paleness of the face and compression of the head. Remission during the daytime.

The *Naja* cases have clogging up of the larynx with thick mucus and are not strictly due to spasm. It may be indicated where the spasms has persisted. Then there will be constant tickling cough, hoarseness, gasping for breath for several hours; breathing laborious. The thick mucus is raised with difficulty.

Sambucus is indicated where spasm of the epiglottis complicates the spasm of the larynx. During sleep *after midnight* the child is attacked with quick wheezing, crowing, breathing, with suffocative attacks. Frequent waking as if in a fright, with fear of suffocation; mouth and eyes being half open. Dry heat during sleep; profuse perspiration only after awaking, *dread of being uncovered*.

Hepar is indicated after the spasm is relieved, and there is a loose hoarse cough; worse towards evening, with a little fever, due to the obstruction of the mucus.

A cold or warm water bandage about the throat often relieves the spasm as promptly as any remedy. It may be used as auxillary. Care should be taken that the child does not get wet and take cold, and the second state be worse than the first.

This form of croup ought to be relieved in about an hour, but the fright of the attendants may serve to prolong it. The physician's first duty is to quiet the fears of all. If properly managed there is no sequelæ, but if *Syrup of Ipecac (Hive syrup)* is given, we will be apt to have a bronchitis, or possibly a pneumonia to manage. *Bryonia, Hepar, Ars.* or *Ipecac* may then be indicated.

MEMBRANOUS CROUP. PSEUDO - MEMBRANOUS LARYNGITIS,
CYANCHE TRACHITIS. PSEUDO-MEMBRANOUS CROUP. CROUP-
/ OUS LARYNGITIS. PSEUDO-MEMBRANOUS ANGINA.

The word croup is of English-*Scotch* origin, and originally signified strangulation. This disease is an acute inflammation of the mucous membrane of the larynx, attended with the exudation of false membrane, not connected with any special alteration of the blood crisis, and though it may pass downwards into the trachea, never passes upwards into the pharynx. (Meigs & Pepper). In diphtheria the lesion is similar to that of croup, only with this difference, that in croup the exudation takes place *upon* the free surface of the mucous membrane, while in diphtheria it occurs at the same time *within* the tissues and thus produces necrosis and loss of substance of the mucous membrane.

The male sex is more frequently affected than the female and it has been observed that the Israelites are especially predisposed to it. Strong, well-fed, hearty children are no more liable to croup than those who are feeble, delicate or affected with other diseases. Hereditary predisposition plays a certain part in its occurrence. In some families membranous croup is comparatively frequent, while in others

it is unknown. It rarely occurs a second time and all reports of the disease recurring three, five or ten times are fabulous, and refer only to pseudo-croup which may attack a child frequently. The season of the year, the weather and the nature of the soil are etiological factors, and croup has been found to be most prevalent during cold, moist, changeable weather, and in many instances the attack seems to be immediately due to exposure to sudden changes of temperature, or to cutting north and northwest winds. Primary or true croup is not a contagious disease. By secondary or symptomatic croup is meant that form which occurs in the course of acute infectious or general constitutional diseases, pyæmic processes, and other acute or chronic affections. Of the acute exanthemata, measles is the one most frequently complicated with laryngeal croup. This complication generally occurs during the stage of desquamation, more rarely at the height of the eruption. Pseudo-croup, when it occurs in such cases is usually a prodromal symptom. (Steiner).

Anatomical Lesions.—The false membrane may cover the whole mucous membrane of the larynx, and extend into the pharynx (?) trachea and bronchia; or it may be confined to the larynx, either forming a complete lining to the cavity of that organ, or consisting merely of patches of various sizes, with intervals of mucous membrane destitute of exudation. In the larynx, trachea and even the primitive bronchi it may appear merely as patches of various sizes, with intervening spaces of vascular mucous membrane, but in the smaller air passages it usually takes the form of complete tubes lining the bronchus. In some cases such tubular casts may be formed continuously from the larynx down to the minute bronchioles, completely lining the air passages. The false membrane is commonly of a yellowish-white color and from the fifth of a line to a line in thickness. Its consistence is generally considerable, and it is usually somewhat elastic; the more white and fibrous varieties possesses a degree of firmness and toughness that renders it difficult to tear the membrane, or tease it out with needles. It is an almost invariable rule, that the membrane lining the upper part of the air passages is more white and firm than that found in the smaller bronchi; so that it frequently happens, that on drawing out the firm, white, tubular membrane lining the larynx, trachea and primary bronchi, it is seen to terminate in branches which grow progressively softer, more yellow and purulent, as they become smaller and smaller. The free surface of the pseudo-membrane is usually covered with puriform mucus,

while the attached surface is adherent with various degrees of force to the mucous membrane beneath. In the larynx and trachea it is often necessary to employ a good deal of force to separate the exudation from the mucous membrane, and innumerable little fibres are seen passing from one to the other, as though they were processes of exudation dipping into the minute orifices of the mucous follicles.

The false membranes consist mainly of fibrin blended with mucus in various proportions. On microscopic examination they present a more or less close fibrous basis, consisting of interwoven fine fibrils, with imbedded cells in varying number; these cells presenting the ordinary appearances of exudation corpuscles, being round, granular and containing from one to three small nuclei. The mucous membrane beneath the exudation, presents various shades of redness, or it is purplish, or ecchymosed and blackish. It is also swollen and may be slightly softened or friable, and has a dull excoriated appearance, though actual ulceration very rarely exists.

There is also vascularity, though usually to a less marked degree of the bronchial mucous membrane at the points where no exudation exists.

The lungs present some abnormal condition in the great majority of cases. Bronchitis and pneumonia are frequent complications of this disease; and in addition there is often collapse of larger or smaller portions of lung-tissue from occlusion of some bronchus by the pseudo-membrane. In other instances, or frequently in conjunction with collapse of portions of the lungs, the violent respiratory efforts induce either vesicular or even interstitial emphysema, especially of the anterior borders of the lungs.

In the secondary croup of measles, the appearances are very similar to those observed in primary cases, while in that of scarlet fever the exudation is less consistent and less uniformly spread over the diseased part. (Meigs & Pepper).

[TO BE CONTINUED.]

SPASM OF RECTUM AND THROAT.—Dr. Chamberlain reports in the *Med. and Surg. Reporter* a case of infantile laryngismus produced by a feather in the intestines. The child, aged five months, had suffered two or three days from colic and then became hoarse, with signs of croup. There was constipation. On examining the pouches of the rectum a plug was removed covered with puriform mucus. So soon as this plug, measuring over three inches in length, was removed the symptoms of croup instantly disappeared. On dissolving the plug the nucleus was found to be a white feather.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

PRINCETON, Ill., Dec. 29.—We are having measles, tonsillitis, and catarrhs quite plenty, rheumatism also. The indicated remedy is not wanting. Please state for encouragement, that I hold the positions of town physician, and am member of, and secretary of the Town Board of Health.

H. N. KEENER.

GREENVILLE, Pa., Jan. 7.—Prevailing diseases are: (1.) Chills and fever. (2.) Bronchitis, and (3.) Pneumonia. Remedies used: (1.) *Sulph. acid.*, *Ipecac.*, and *Nux.* (2.) *Bell.*, *Merc.*, *Kali nit.* (3.) *Veratrum vit.* and *Phos.*

S. B. BREED.

WATERLOO, Ind., Dec. 31.—Prevailing diseases are: Scarlatina and diphtheritic sore throat, and occasional rheumatic ailments. Remedies used: *Aconite*, *Bapt.*, *Bell.*, *Merc. prot.* or *bijod.*, *Bry.*, *Rhus*, *Lachesis*. A peculiarity of the diphtheritic trouble is almost invariably some troublesome sequel. One case enlargement of cervical glands. Another a malignant erysipelas in the lower extremities. Another a painful eruption of white blisters all around the margin of the lips. The indicated remedy has readily controlled these sequelæ.

Z. W. SHEPHERD.

CONSTIPATION.—CASES FROM PRACTICE.

CASE I. Girl of four years, always constipated; cathartics gave only temporary relief; a Homeopathic physician was employed three months but without benefit. The child's disposition had become changed from pleasant and patient, to irritable and passionate. She was inclined to tonic spasms while using some of the remedies. I suspected that *Nux vom.*, low, had been steadily prescribed, and that the tetanic action might be the result of such prescription. When I was called, the parents were much discouraged. There was great distress at stool, very great dread of a passage, crying and inclination to jump up and run wildly about the room before defecation was com-

pleted. I gave *Graph.* 30, in the morning, and *Nux vom.* 1,000 in the evening. These remedies effected an immediate and permanent cure, as three years have elapsed since, and there has been no return of the troublesome symptoms.

CASE II. A girl two years of age had symptoms similar to those just mentioned in CASE I, with the addition of hæmorrhoids. *Esculus* 3x, and *Nat. mur.* 30, speedily and effectually removed them.

CASE III. Boy aged two years, always slender and delicate, bowels constipated from birth, sore face, and offensive discharge from the ear; had Allopathic treatment; took syrup of rhubarb and senna; was obliged to take large doses, and even then, the remedy acted more upon the kidneys than the bowels, staining the urine badly. Gave *Sulph.* 200, and *Nux vom.* 1,000 and failed. Then gave *Calabar bean* and *Glycerine* as recommended by a writer in THE UNITED STATES MEDICAL INVESTIGATOR, but with no benefit.

On closer examination, I found the abdomen distended, appetite poor, nose inclined to run and weak ankles. These latter symptoms suggested *Calc. carb.* Gave of this 200 in the morning, add *Opium* 200 in the evening, one dose each per day, with placebo powders between. A few days ended the trouble. The child rapidly recovered from its emaciation, and debility, and since then, (a year ago) has been healthy and strong.

CASE IV. Lady aged about forty-five years. Thirteen years ago she had typhoid fever, and since then there has been severe constipation. She would sometimes wait three weeks for a passage of the bowels. Then she would take a cathartic and obtain relief. The case was somewhat peculiar in respect to the sphincter ani. Except in a constipated state, fecal matter would pass at any time, and could not be controlled. Hence she was less miserable while constipated than while the bowels were relaxed. Though cathartics were sometimes a necessity, they nevertheless occasioned her great misery, as she was always, while under their influence, obliged to go to bed, suffering faintness and general *malaise*.

For this case, I gave *Sulph.* and *Nux*, but failed. Then I gave the *Calabar bean* and *Glycerine* — *Calabar bean*, mother tincture, one drop to *Glycerine* one ounce. Of this mixture the patient took four drops three times a day. The effect was immediate. There has been no constipation for many months.

CASE V. Male child of seven months; always constipated, no very marked symptoms, otherwise. Prescribed *Plumbum* 200 in the morn-

ing, and *Opium* 200 in the evening. Several months have passed since and there has been no further trouble.

But cases of constipation occasionally present themselves in which there is scarcely the ghost of a chance of success in effecting a cure. A person who has had no experience in the use of our remedies comes for relief, having heard of some one who has been benefited. We examine the case, possibly in haste, on account of a pressure of engagements, and we do just what any physician of any school may occasionally do, namely, give the wrong remedy. So the patient goes away, takes his powders, expects a rush, is disappointed, and declares at once that Homœopathic treatment has no efficacy whatever. Instead of trying again, he returns to cathartics, and finding temporary relief, concludes that he must continue at times to resort to them.

Some of the most difficult and unmanageable cases of constipation I have met, are what in common parlance are termed *bilious*. There are people who are naturally and habitually bilious. In spite of careful diet, they will, every few weeks, have a sallow complexion, and headache, and myalgia, and constipation. I give *Bry.*, *Merc.*, and other well known remedies, with occasional benefit; but I am often doomed to disappointment; and when the bilious patient finds himself suffering from *stuffing*, I am willing for one, to allow him to take just what he usually, then earnestly craves, something that will *clean him out*. After that, his case becomes far more manageable than when he is allowed to suffer on with a load of effete matter, sufficient, if retained, to tax the lungs, kidneys and skin, to their utmost, and thus for a time operate as a real source of danger to the individual.

Cases of atony, in persons well advanced in life, are sometimes very difficult of cure. Indeed, they now and then, are not amenable to any remedy within our reach. I use the *Cascara sagrada*, tincture occasionally with excellent results. Ten or fifteen drops, in water, taken immediately after dinner, aids digestion and opens the bowels gently next morning. When used with caution, I do not find the sequel of other laxatives; on the contrary, the bowels often seem to be invigorated, and there is an approximation to a healthy condition.

CASE VI. Child of three summers; *very constipated*; was fed freely on rigs and other similar food, in hopes of affording relief. There was great distress during the passage of a stool. On inquiry, I found the child had unmistakable worm symptoms. Gave *Cina* 200; no other prescription was made. The bowels were at once restored to a normal condition, and there was no more complaint.

RED BANK, N. J.

J. K. CHEESMAN.

CAN THE TAPEWORM BE MANAGED?

BY A. M. PIERSONS, M. D., NEW YORK.

All who read Dr. Lippe's article would have, gladly, I think, excused him had he not quoted two pages of his own translation of the *Organon* of SAMUEL HAHNEMANN. The "epidemic of fault finding" has hardly reached me yet; but still I assert my unbelief in the assertion (unproven of course) made by HAHNEMANN, viz.: "That the various species of the tapeworm are only found in cases of psoric disease, and always disappear when that is cured." Because I doubted this assertion of the master, I stirred the bile of Dr. Lippe. I fail to see that he has proved me wrong in a single statement. He theorizes beautifully and makes assertions equal to the master. Dr. Lippe was led astray by one word which he was pleased to emphasize, viz., *experiences*. The word I used, and as plainly written as any other was *experiments*. And now since I was unable in my first paper to make myself understood I will once more give the reason for my disbelief, and doubt that I am any less a Homœopathician for refusing to swallow every bolus whether prepared by a Lippe or a HAHNEMANN.

The occasion which prompted my first paper on the tapeworm was the following very caustic statement of Dr. E. W. Berridge. "But such treatment as is sometimes recommended in it, (THE INVESTIGATOR,) e. g., *Kamala* followed by *Castor oil* for tapeworm, is not liberal but infidel, for it shows a want of belief in the principles of Homœopathy, and we leave the prescriber of this last Allopathic remedy to read what HAHNEMANN says about the treatment of tapeworm in the introduction of his *Organon*." This was thrust at Dr. A. F. Randall. I justly found fault with this statement of Dr. Berridge, first, because nine hundred and ninety-nine in the thousand of firm believers in the law of *similia* treat tapeworm in general, just as Dr. Randall had done, and for doing which he was so severely called to account. Furthermore, Dr. Berridge did not give us any light, but referred us to a place where I still find total darkness. (*Organon introduction* page 38, *foot-note*, Fourth American Edition.) *Second*: The treatment recommended by HAHNEMANN, was tincture of male-fern root; while he had just declared that the treatment should be anti-psoric. Who has put male-fern among the anti-psoric remedies? If HAHNEMANN meant that the primary treatment must be anti-psoric

then according to his own assertion there should be no need of male-fern root (which is not anti-psoric) for the worm would have already left the patient. What I said before, and now say, is, that HAHNEMANN talks of one thing, and does another. He talks of psora, and says the treatment must be anti-psoric, and straightway gives or advises tincture of male-fern root, which he nor any one else, even Dr. Berridge, has thus far placed in the catalogue of anti-psoric remedies. He says, "That often the smallest dose of tincture of male-fern root speedily effects their (tapeworms) eradication in a Homœopathic (?) manner." A moment ago in this self-same foot note it was *eradicate* psora; now it is *eradicate* the worm. Nothing seems plainer. If you can not do it one way, do it another is the argument. What I said before and now again say is that Kuchenmeister *proved* that a cysticercus cellulose develops into a tænia when it comes in contact with the stomach of a man or a dog, and whether or not that man or dog is of a psoric diathesis. Dr. Lippe says these experiments have not the remotest connection with what HAHNEMANN says, in his foot-note. If that be so then there is no such thing as psora and there never was a tapeworm in existence. HAHNEMANN says: "The different species of tænia are only found in patients laboring under a psoric affection; and when the latter is cured they instantly disappear." Kuchenmeister *proved* that tænia will grow anywhere, wherever the cysticercus cellulosæ are planted.

What I said before and now repeat, is that the burden of proof lies with the devout followers of HAHNEMANN. When such a follower — Dr. Lippe for instance — proves by *repeated experiments* that cysticercus cellulosæ placed upon food which is eaten by men who are, by all parties, believed to be *free from psora*, and the experiments are *failures*, then and not till then will I believe HAHNEMANN'S assertion in his celebrated foot-note. Again Dr. Lippe says: "If the consecutive propositions offered by HAHNEMANN in these sentences were untenable now, then it might be practicable to upset his final deductions that the tapeworm voluntarily and without purgatives quits a healthy individual." Which side is benefited by this statement? I shall claim it for it is just my line of argument. HAHNEMANN says tapeworms are only found in psoric individuals. The case I reported was not in any sense of the term of that class. Hence, why did he not voluntarily leave her? How did he happen to grow and thrive on such anti-psoric soil? Dr. Lippe exultingly asks, "Is the child well now?" It would be no more impertinent for me to ask Dr. Lippe if

he killed his patient with *Kali c.* I plainly stated in my paper, and now, six months later reaffirm, that the child is perfectly well. I stated and now reaffirm that she lost all her symptoms, trivial as they were, immediately after the expulsion of the worm. I wish Dr. Lippe distinctly to understand that in my reports of cases I speak the truth; and it does not help his side of the argument to raise the doubt.

Dr. Lippe speaks of my bungling method. I must say the bungling was chiefly made while I was trying to cure the child of tapeworm by the anti-psoric method or theory. I distinctly said this was the first and only case which I had the opportunity of treating Homœopathically. I am indebted to the doctor for *one* case in return. If I had dared hope for anything from so high authority I had hoped for a hundred from his great store-house instead of a paltry one, and that one an intelligent Homœopathic physician. Even this one teaches me nothing. Dr. Lippe forgets to mention the potency which is certainly an important item. Then again, he gives us not a single symptom. He says precedents may mislead. If so, then the same rule should apply to diphtheria, scarlet fever, hooping cough or typhoid fever. Is *tænia* a disease? If so, is the lesion organic? Dr. Lippe's patient "was forty years old and had a large healthy family." This would prove him anything but psoric. Dr. Lippe leaves the tapeworm alone. He prescribes for "all symptoms of the individual." Hence any remedy, psoric or anti-psoric, is liable to be used. If so what becomes of the assertion of the master that the remedy must be anti-psoric? Dr. Lippe gave his patient two doses of *Kali carb.*, one in the morning, the other in the evening (symptoms of patient and potency of drug omitted as they might *mislead*.) In the third week the tapeworm came away, and twenty-five years later had not returned. This, Dr. Lippe calls *positive* proof, and mine *negative*. He says his "evidence is a positive confirmation of the correctness and reliability of the said foot-note." My patient has had no return of tapeworm for one and a half years, which is just as good as fifty; for if not reproduced in two months or so, any subsequent tapeworm must come from a new *cysticercus cellulose*. Hence my case of rosy health and *perfect cure* with a small dose of *Punica granatum* is just as positive confirmation of the *incorrectness* and *unreliability* of the said foot-note.

Give us proof by not one, but many cases. The burden of proof lies on the HAHNEMANNIAN side. I need not give another case for mine is precisely like hundreds of thousands of cases all of which

prove the same thing. It is one thing to assert, quite another to prove. When Dr. Lippe asserts, as he does—and really seems to believe it—that his patient, a gentleman of forty and always temperate in matters of diet, after having taken *two doses*—one in the morning, the other in the evening, (potency unknown) he complained of having had, on the *seventh day* after he took the remedy, for the first (?) time in his life, very *painful, nocturnal, involuntary seminal emissions*, leaving a very *painful erection* (italics all my own). I am ready to assert that the doctor is sufficiently credulous to believe the “moon a cheese.” That he had the erection, emissions, etc., I do not pretend to deny. There are many causes for such things; but to attribute *the cause*, as did Dr Lippe, to *two doses of Kali carb.*, of whatever potency *seven days* after the remedy was taken is worse than ridiculous.

Again Dr. Lippe asserts that the tape-worm when forcibly driven out regularly reproduces himself and surely does come back. This assertion is against all “positive” proof to the contrary—against all the experiences and teachings of which I can find a record, except his own and Berridge and HAHNEMANN. I can give him a dozen cases of “positive” evidence to the contrary. There is probably not a practitioner in the country who cannot give a (yes, many) positive proof of the incorrectness of this assertion. If there ever was a case of apparent reproduction it was not a case of *tænia-solium*; or else the original head was never expelled, which simply means that the expelling force, castor oil, was applied too soon. Which, in turn, I believe is very often the case. In my case there was no expelling force used. After the *punica granatum* the bowels moved naturally the feces containing a dead worm. He has never yet reproduced himself in that child and never will. Dr. Lippe says his patient had thirty-six specimens which had been taken away from him, from time to time, by all sorts of quacks. What does that prove? Simply that not a single specimen had a head on it. In my cases it has taken just about two months to develop a worm from the head, if the neck be broken and the body expelled, before segments will again appear at the anus. This would give his patient just about six years to grow the specimens if he had good luck, and in growing these headless specimens he might have gone on indefinitely at the thankless task.

Dr. Lippe says to look up precedents to the number of thirty-five, as did Dr. Piersons, is almost a useless task. When Dr. Lippe read my paper—if he read it at all—he must have been very thick headed indeed not to have seen the force of the argument. More likely he took

this course to shield Dr. Berridge. The *object* of the task was, by placing the two modes of treatment side by side just as I found them reported, to show to everybody at a glance that the Homœopathic prescriptions contained nothing of which to boast, *for not a single one of them was reliable*. Hence the absurdity of Dr. Berridge's remarks. Look our literature over as you will there is hardly a reported case of tape-worm cured after the manner demanded by Lippe, Berridge and the foot-note. Why is this? There should be thousands of them. But now Dr. Lippe steps to the front and says he does not look at precedents for they may mislead. Then why be so particular, in the treatment of scarlet-fever and diphtheria, to give us all the symptoms, the potency, the drug and its repetition? May they not mislead?—a fool—yes.

Dr. Lippe succeeded in curing one case and hints at the cure of many more. Has he ever failed? If so, how many times? The only other doctor, with whom I am personally acquainted, who tried symptomatology on the tape-worm, lost his patient and the experiment ended in the hands of a neighboring Allopath.

To the list of Homœopathic cures I wish to add still another (not useless precedent, that of a cat cured of tape-worm by *Nux vom.*, 4x a dose every two hours, cured in three days and reported by Dr. French in this journal for 1878. This beats Dr. Lippe's time all to pieces; and is valuable in that he relates potency, repetition, symptoms and time.

Let no one for a moment suppose I have had a falling out with Homœopathy pure, simple and undefiled. *The single remedy, often the single dose and always the high potency—this is my creed*. All I wish to be understood, at present at least, and until many reasonable cases to the contrary are reported, as believing, is that there are cases (tape-worm included) where Homœopathy is as illy applied as if given to reduce a dislocated femur or to remove the hook from the fish's mouth. This misapplication of the "science of therapeutics" does not, however, make it a whit the worse for the science.

Finally—save his cheap quotations from the threadbare Pinafore—Dr. Lippe asserts "If a method has been found better than HAHNEMANN'S method, there must be shown *superior results*." *Precisely!* HAHNEMANN and his devout followers have made many *assertions*, given as beautiful *theories* about the cause, existence and final exit of the tape-worm; but in all these years have given us *absolutely no results*. Dr. Lippe out of his "forty year's practice" gives us now, when pushed and aroused by me, one meager case, devoid of symptoms, and

neglecting the potency of the drug, (they might mislead.) And yet he and Dr. Berridge cry HAHNEMANN, Organon and Therapeutics.

Having been called to task by Dr. Lippe, as was Dr. Randall by Dr. Berridge, I feel that we have the right to demand, *through this journal*, cases of tape-worm patients, relieved of their parasites by potentized remedies Homœopathically prescribed, together with the symptoms of the patients, repetition of the dose, power of the drug and length of time required, sufficient to prove to all reasonable men the *superiority* of this over the usual management. Had these same croakers and faultfinders spent one quarter the time, which has been spent in tirade and abuse, because some poor devils have not followed to the letter the dogmatic assertions of the master, who gives us, so far as I can learn, no proof that he ever cured a patient of tape-worm, then to-day there would be infinitely better Homœopathic talent with which to cope with *disease*. "Results," gentleman, "Results," is the demand of the hour.

24 E. 127th st.

A SUCCESSFUL PHYSICIAN.

"I've been in twenty-four states and have seen a good many physicians," said a well-to-do physician who has made his pile, "and I don't understand why the most of them have such small practices. Why west of Chicago I do not see a physician whose practice amounted to over \$8,000 a year!" We ventured the explanation that perhaps there was not much sickness, and that every physician did not know how to manage a practice. "Oh, I don't think that is the reason for there is always sickness and many of them are as smart men as I have met in this country anywhere. But I discovered something that surprised me. I visited scores of physicians whose whole library I would have no difficulty in carrying off at once! One leading physician of a certain town did not have a bound book, either in his office or house that I saw, only a few pamphlets and journals. Others that I met did not seem absorbed in their business. A man can not succeed unless his profession absorbs him. I believe that there are certain rules to observe that will make any physician successful."

If there are, then do tell us, so that we can give our readers the benefit of your extensive observation.

"The *first* is qualification. He should be better, or at least as well

informed professionally as those physicians of any school with whom he must compete.

"*Second.* He must have a taste for the practice of medicine, as I have said, 'it must absorb him.' My father said, 'Now if you do not like medicine after you have tried it a year, quit.' But I have a perfect passion for the practice of my profession—I love it. . . ."

"*Third.* Everything about him should *fairly* represent him. viz. office, library, dress, horses, etc. If he puts on airs, that is quackish. Many a physician is misrepresented by poor surroundings, *e. g.*, a dirty office, a small, shabby library, careless habits, dilapidated turnout, etc.

"*Fourth.* He must be honest and upright in his dealings with all. In other words be a man that will command respect. I always treat the sick as I would be treated—following the golden rule."

How about the deadbeats and the poor, those that can't pay and those that won't?

"The poor, if I prescribe for them at all, I treat just as I would any one. The Lord's poor we always expect to treat. The devil's poor or poor devils in this city I should send to the public institutions, dispensaries, etc.

"The *fifth* is energy, or the good old Saxon word 'force.' I like that word. Did you ever think how comprehensive it is. Health is necessary of course—a sick man cannot practice medicine with any success. 'A man's practice should absorb all his time. If he has a leisure hour or evening he should spend it reading, keeping himself posted, reading up on his cases, etc.

"These are the rules or principles I have followed, and I have always had plenty of business, yes many times more than I could do. I made money (and invested it), and that on fifty cents a mile one way, and a \$1.00 a visit in our little town, and \$10.00 for obstetrical attendance—of course that did not include subsequent visits. I used to have patients come from distant towns to be treated by me. My revenue from that source alone was often \$500 to \$2,000 a year."

It is perhaps needless to add that he is an energetic, pushing, honest, earnest, well-informed physician. He is spending some time in the medical institutions, and proposes every five years to visit the institutions in Europe. He kept his accounts in a business-like way. Here is a copy of his "bill" which has a straight forward, earnest, financial grip about it that patients appreciate. We will keep it in type a short time for the benefit of those who would like some copies for themselves. Nothing like a good bill properly presented.

THE USUAL FEES CHARGED AT PRESENT ARE AS FOLLOWS:

Visit, City,	\$1.00
Visit and prescription,	1.25
Visit and prescription to country the same, with mileage one way, per mile,50
Office prescriptions,75
City business between 10 P. M. and 6 A. M.,	

and country business after dark not less than 50 per cent. extra.
Prescriptions unusually expensive, either in time or medicines, and surgical and obstetrical attendance, are charged extra.
All accounts must be settled quarterly.

<p><i>M</i>.....</p> <p>For Professional Services, etc., from</p> <p>..... 18.... to 18...., as follows:</p> <p>Received payment,</p> <p>.....</p> <p><i>EW</i> The items of this bill may be examined at any time at the office.</p> <p><i>EW</i> The fees can be changed to suit those ordering copies of this bill.</p>	<p>..... IND, 18..</p> <p>To S. A. R....., M. D., Dr.</p> <p>..... Visits and Prescriptions, - - - - \$....</p> <p>..... Office Prescriptions, - - - -</p> <p>..... Surgical Attendance, etc., - - - -</p> <p>..... Extra Medicines, Instruments, etc.,</p> <p>..... Total, - - - -</p> <p>..... Contra Cr., by - - - -</p> <p>..... Balance, - - - -</p> <p>I hereby acknowledge the above account, and agree to pay the same without relief from valuation or appraisal laws.</p>
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“I settle with my patients quarterly. If they have not the money. I instruct my collector to have them sign the acknowledgement on the bill, which at once transforms it into a negotiable note.

“For country practice, the above seems to work to the satisfaction of all concerned.”

We commend the observation given in this article to the careful attention of the younger members of the profession.

ON THE THERAPEUTICS OF PERTUSSIS.

After a consideration of the dangerous complications of whooping-cough, its often epidemic course and the tardy action of the usual remedies recommended, the doctor was brought to examine Bolle's treatment. Acting upon the idea that in epidemics of whooping-cough the disease factor might be of a parasitic nature, Bolle had chosen a parasiticide remedy, the *Mercurius sublimatus*, which he applied to the numerous ulcers that occurred upon the glossal ligaments during the course of the pertussis.

The discovery of the whooping cough fungus in the secretions of the mouth, nose, larynx and trachea, and in the mucous discharge in cases of the disease, brought later a fundamental basis for Bolle's theory.

Considering these things, I chose for the treatment of the paroxysms of whooping cough this year a complex proceeding. I gave to children the *Sublimate*, from the third to the first trituration (always the last for the older patients); and in alternation therewith, the proper Homœopathic remedy which most generally corresponded with the usual symptoms of the disease; later, *Lactuca virosa* was generally prescribed in the first dilution.

As examples, I will relate the course pursued with the children of a family, who, after they had passed safely through the measles the latter part of last year, were, at the beginning of the new year, attacked by whooping cough.

My experience with the different degrees of the disease, united in one family, shows the difficulties of the treatment.

There were three girls, blondes, the eldest eleven years, the elder seven years, and the youngest two years of age. The eldest girl was slender, and suffered the most; the attacks came very frequently day and night, and she vomited much mucus, but rarely any food. There

had developed a tolerably severe bronchial, gastric and intestinal catarrh. There was also catarrh of the nasal and conjunctival mucous membranes, and she had large defecations during the night. Such was her condition at the end of three weeks, when I was called to attend her, as her physician, an Allopath, had taken no measures for her relief.

In the two other sisters the mucous membranes were not so morbidly affected; the kidneys bore the brunt of the disease, as was easily recognized by the diminished urinary excretion. The paroxysms, however, occurred frequently night and day, and there was vomiting of mucus and food. I prescribed two drachms of the third trituration of the *Sublimate* and two drachms of the *Lactuca virosa* first, of which the elder girls received more, and the youngest less, to be given in alternation every two hours, but at night only after each paroxysm. The result was decidedly favorable. In the eldest girl the catarrh trouble abated very soon, the appetite increased, and the night paroxysms, after two days, became much less frequent—*omen faustum*. Vomiting still continued, but less severe. In the two other girls the urinary secretion became regular, and the night paroxysms soon declined in frequency, so that the mother could once more sleep properly.

After two weeks the cough had lost its spasmodic character entirely, the vomiting ceased, and soon after the catarrhal symptoms disappeared. I have observed favorable results from the mixed treatment in the second stage of several other cases of whooping cough. In the first catarrhal stage, when there is not yet an evidence of a specific cause, I adhere to the usual Homœopathic medicines. In this *Pulsatilla* and *Mercurius* even, are often indicated. Whether the great ulcer killers, *Salicylic* and *Carbolic acids*, have rendered any service in whooping cough—tried as they have been—is to me unknown.—*Hirschel's Zeitschrift*.

HÆMOPTYSIS FORETOLD.—M. Constantine Paul observed at the Société de Therapeutique, that a sure prognostic sign of hæmoptysis is found in the recurrent pulse. If, while the finger compresses the artery, at the wrist, a pulse is felt in the hand, we may feel certain that the patient will spit blood. During the last ten years that he has paid attention to the point, he has come to regard this sign as certain.—*Homœopathic World*.

WEATHER PROVING AND DISEASE TENDENCY.

BY BUSHROD W. JAMES, A. M., M. D., PHILADELPHIA.

Meteorological summary for December, 1879, by C. A. Smith, Sergeant signal corps, U. S. A. Highest barometer 30.651 (13th.) Lowest barometer 29.611 (6th.) Average barometer 30.184. Monthly range of barometer 1.040 in. Highest temperature 61 (4th & 8th.) Lowest temperature 11 (27th.) Average temperature 38.8. Monthly range of temperature 50. Greatest daily range of temperature 28 (22d.) Least daily range of temperature 6 (9th.) Mean of maximum temperature 46.2. Mean of minimum temperature 31.3. Mean daily range of temperature 14.9. Mean relative humidity 76. Total rainfall 4.69 in. Prevailing direction of wind S. W. Maximum velocity of winds 32 (N. W. 11th.) Total movement of wind 7.964 miles. Number of foggy days none. Number of clear days, 4. Number of fair days. 12. Number of cloudy days on which rain or snow fell, 11. Number of cloudy days on which no rain or snow fell, 4. Total number of days on which rain or snow fell, 13. Frost or freezing weather occurred on 18 days. About 2½ inches of snow fell during the month. Faint thunder heard on the 11th.

COMPARATIVE TEMPERATURE.

December, 1874,	35.7 inches.		
“ 1875,	34.7	“	
“ 1876,	25.5	“	Average for } 35.0. six years. }
“ 1877,	40.6	“	
“ 1878,	34.5	“	
“ 1879,	38.8	“	

COMPARATIVE PRECIPITATION.

December, 1874,	2.48	“	
“ 1875,	3.37	“	
“ 1876,	1.40	“	Average for } 2.66. six years. }
“ 1877,	0.83	“	
“ 1878,	3.19	“	
“ 1879,	4.69	“	

COMPARATIVE RELATIVE HUMIDITY.

December, 1874	67	“	
“ 1875	76	“	
“ 1876	73	“	Average for } 72. six years. }
“ 1877	73	“	
“ 1878	70	“	
“ 1879	76	“	

ANNUAL SUMMARY.

<i>Date.</i>	<i>Barm.</i>	<i>Temp.</i>	<i>R. Fall.</i>	<i>R. Days.</i>
1874.....	30.089	52.6	46.31	136
1875.....	30.059	50.3	40.12	154
1876.....	30.037	52.6	47.38	131
1877.....	30.048	54.2	37.26	113
1878.....	29.987	54.7	34.53	118
1879.....	30.773	53.1	36.75	128
Means.....	30.948	53.0	40.39	130

DISEASE TENDENCY.

The temperature for December has been considered higher than the average, and the average and humidity have been comparatively greater than for several years. The result of these conditions has been an unusual amount of croup, acute laryngitis, bronchial catarrh, pneumonia and rheumatism throughout the entire month, while very unfavorable depressing effects have been produced in the feeble and aged causing quite a mortality under the captions of debility and old age.

The increased number of cases of diseases of the heart has doubtless been due to the prevalent depressing atmospheric influences.

In addition to the general prevalent type of tendencies we have the more nominal ones to note as follows: At the beginning of the month facial and dental neuralgia, coughs and hoarse colds, pharyngeal sore throat and conjunctivitis.

Beginning about the 4th, diarrhoea, enteralgia and gastralgia also angina pectoris and an increase of heart cases, and old heart cases suffered more. Wakefulness at night was marked, and so were general debility, croup and catarrhal and diphtheritic tendency.

About the tenth we find tendencies to congestion of the lungs, paralysis, low fevers, diphtheria, sore throat, epistaxis and cerebral diseases; two or three days later we had an increase of diarrhoea with some cholera morbus, a gastric form of fever, and pleurisy. These tendencies lasted for nearly a week, then we had an increase of hepatic as well as gastric derangements attended with neuralgic pains and bilious vomitings; spinal congestions were more abundant with great restlessness and wakefulness at nights. Then succeeded fresh colds with coryza and catarrh, and a spasmodic form of bronchial cough. Hæmorrhages were particularly noticeable and likewise hives. About the 19th and 20th we had a greater tendency to lung trouble, conjunctivitis and spinal meningitis.

During a light snow and sleet storm on the 21st and 22d a rapid in-

crease of sickness was noticed, invalids were worse, and the mortality rates for old people were increased. Languor, drowsiness, asthma, depression of spirits, croup, pharyngitis, bronchitis, pneumonia, hæmorrhages and headaches were the supervening tendencies and as might be expected paralysis was a frequent result.

Very little change in the tendency, except an increase of neuralgic pains occurred during the remainder of the month, except the dyspepsia, the gastric, enteric and hepatic derangements induced by the excessive indulgence of the appetite for confections and improper food incident to the Christmas holiday season.

There was some scarlet fever prevailing throughout the month, and at Germantown, a suburb of the city, of Rubeola, was uncommonly prevalent.

Bryonia, *Ithus tox.*, and *Belladonna* have been three of the most prominent remedies used during the month

Surgical Department.

TRACHEOTOMY IN CROUP.

BY J. G. GILCHRIST, M. D., DETROIT, MICH.

“Tracheotomy for croup, or similar morbid action, is a somewhat different operation in detail from that performed for other purposes as the extraction of foreign bodies and the like.

“The first question to be decided, and one of some difficulty, is whether there be toxæmia to a degree sufficient to prejudice the success of an operation, as well as whether the morbid action has invaded the trachea or bronchia. Under either circumstances tracheotomy should not be attempted; it may hasten a fatal termination. As Erichsen says, speaking of operations in general, ‘in giving a patient a last chance’ for his life ‘we often take from him all that he had.’ The circumstances demanding it, and the promise of success good, proceed as follows: Provide an ordinary scalpel, medium size, a tenaculum, a director, artery forceps, ligatures, plenty of sponges, hot water, and two hairpins bent into a double hook. It will be necessary, also, to have a piece of fine gauze or cambric, soft and unsized or starched. Usually the child will be more or less uncon-

scious, at all events the sensibilities will be dulled; profound anæsthesia will not be called for, and if possible it had better be dispensed with altogether. Pin a strong towel around the child, confining the arms securely to the side, and have it held in the lap of an assistant, the head will naturally be thrown back, fully exposing the neck. The line of the incision in the integument had better be marked out before beginning, and as ink or pencil marks are readily washed out or obliterated by the blood, lunar caustic had better be used. The line should extend from the lower border of the thyroid cartilage, downward for three inches or more, pinch up a fold of the integument, between the finger and thumb of the left hand, and enter the curved bistoury on the line for the incision as low down as possible. Push it upwards until the point emerges, likewise in the line previously marked, as high up as possible. Rapidly incise the fold thus transfixed. Inserting the director in the wound enlarge the incision upwards as far as is desired to go, then carefully sponge the wound, and proceed no farther until all hæmorrhage ceases. When the bleeding has stopped, with the handle of the scalpel, gently separate the muscles, break through the areolar tissue met with in this region, and push the veins to one side or out of the way. If the isthmus of the thyroid gland is in the way, it may be divided, but it is better to avoid this if possible. The larynx is now reached and will be found to be in violent motion, 'pumping' up and down. If any arterial twigs spring, secure them by torsion, likewise the veins, if any are wounded and bleeding does not soon cease, the trachea being laid bare, suspend all further procedures until the hæmorrhage has completely ceased, and the wound is dry. The next step, is to open the trachea. This demands coolness, firmness and promptitude. Directing an assistant to hold the lips of the wound asunder by means of the handles of two teaspoons, take the tenaculum in the left hand, and the scalpel in the right. Hold the scalpel by the blade, the edge directed upward, and not more than a quarter of an inch from the point exposed. Watching for an opportunity when the larynx rises, with a single firm and rapid motion, hook the tenaculum in the intercartilaginous substance, and immediately insert the point of the scalpel into a similar space two or three rings below that transfixed by the hook. Rapidly cut upwards (never in the opposite direction) dividing two or three rings, throwing the knife away, keeping the tenaculum still in position, insert the bent hairpins, hooking them by the bent extremity one in each side of the wound, the assistant applying that on the left side. Withdraw

the tenaculum quickly to avoid lacerating the parts—the handle of the teaspoon to be likewise withdrawn—and secure the hairpin hooks by tapes passing around the back of the neck. The breathing will instantly improve, and the expression of the little patient will be correspondingly better. Now wet the cambric in warm water and apply it over the opening. This must be kept moist as it supplies extra moisture to the inspired air, and prevents the admission of irritating floating substances.

“The wound should be kept open until it is evident that there is no extension into the larynx, and the morbid action is abating in violence. As soon as this is evident, the hooks should be withdrawn, and the wound closed by a circular bandage of the neck. When the wound in the trachea has closed, that in the integument may be drawn together by adhesive strips. It has occasionally happened that a too early closing the integumentary wound has favored the formation of an aerial fistula by imperfect closure of the tracheal wound, for this reason leave the wound in the skin alone, until that in the trachea has closed. The opening in the trachea will rarely require to be kept open longer than twenty-four, or at most forty-eight hours. No tubes should be used, they are often productive of mischief.

“If the operation is not a purely improvised one, in place of the hairpin hooks, two flat nickel-plated hooks may be made with an eye to one end for the attachment of the retaining tapes.

“The subsequent treatment will depend upon circumstances. Ordinarily *Aconite* will be all that is required. *Rumex* has been found useful when the entrance of air into the trachea caused spasmodic coughing. When torsion has been applied to bleeding vessels, and no ligatures left in the wound, there will be no difficulty in closing the wound. Under other circumstances *Calendula* will be needed to hasten repair.

“The accidents that may occur are few and unimportant, in competent or careful hands. Hæmorrhage takes the first rank, but need seldom occur if the isthmus of the gland is not divided, and the tissues are separated entirely with the fingers or handle of the scalpel. Nearly all the veins, nerves, and other important structures are easily held out of the way, and the occasion must be rather infrequent for their division. Entrance of blood into the larynx should never occur; the tracheal rings should not be opened until all hæmorrhage has ceased. The trachea, however, will speedily relieve itself of coagula or such intruders, and no alarm need be felt.

“The operation *per se* is not a difficult one, sufficient anatomical knowledge will render it easy. It is only in the case of those deficient in anatomical knowledge, or who have not the requisite quickness and firmness in manipulation, that there are any special difficulties. The results, however, are not sufficiently flattering to recommend its frequent performance. The almost universal fatality attending upon such cases, is no doubt greatly due to the toxæmia and not strictly to the operation. Still lives have been saved, and as long as the lungs are not seriously affected, the swollen bronchia invaded by the exudation, or the blood loaded with carbonic acid gas, it is justifiable, supposing all possible means for relief have been instituted, and death seems imminent. Unquestionably many cases of failures are due to delay, but remedies given upon Homœopathic indications are so generally curative, that conviction of failure ordinarily comes too late for any hope of benefit from tracheotomy. The mortality may be put as high, I think, as 80 per cent.”—*From Part V. Diseases of Infants and Children.*

CORNEAL ULCERATION.

BY C. H. VILAS, A. M., M. D., PROFESSOR OF DISEASES OF THE EYE AND EAR, HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, CHICAGO.

We select from our clinical record the following case sent by Dr. E. S. Bailey, who has obligingly furnished the ensuing history :

C. D., aged thirty, brakeman on the steam railway. American. Married. May 23, 1879, he came to me, having suffered for ten days with a gradually increasing pain in the right eye. He continued his work until this morning. When he came to me his eye presented the following appearances: Palpebral and orbital portions of the conjunctiva very much congested; epithelial layer of the cornea hazy in portions; sclerotic zone of vessels round the cornea injected. Has suffered two days with intense supra-orbital pain at night, and marked photophobia. What threatened to be sthenic ulceration was readily foreseen.

Gave *Aconite* 3x each half hour during the day, with a compress applied at night, saturated with a solution of *Calendula* tincture. *Atropine*, two grains solution, one drop in the eye several times a day.

Second day two opaque patches, one on the corneo-scleral junction, and the other on the cornea, had made their appearance. Continued same treatment with use of warm water to wash out the secretions.

Third day very rapid degeneration of corneal tissue with large discharge of purulent matter. Gave *Belladonna*.

This deeply injected condition of the blood-vessels continued and together with rapid ulceration was the source of much alarm for the following week. Pain, meantime, had materially lessened. Margins of the ulcer were clean cut and ulceration constantly deepening. Patient consented to go before the class of students at the Hahnemann hospital.

The peculiarity of the margin of the corneal ulceration together with the history of the case for twelve days lead me to the diagnosis of

CRESCENTIC ULCERATION OF THE CORNEA.

We ordered hot fomentations to be applied and *Aconite* 3x to be given again for two days.

The hot fomentations were faithfully applied for five days, at the end of which time the progress of the ulceration and the destruction were entirely arrested. Then *Silicea* 6x and 200x were given in alternation every two hours. The healing of the cornea from below upward was rapid. In twenty-eight days from the onset of the attack the patient resumed "his run" on the passenger train.

On July 22d the patient came to the clinic. The large ulcer had entirely healed, the small one on the centre of the cornea had disappeared. During treatment his general health improved greatly, and he said that he had not been so well for months. The vision of the recently diseased eye was perfect.

This case was an interesting one, in that it was a well marked case of the dangerous crescentic ulcer. One horn of the crescent lay in the inferior-temporal quadrant of the cornea, the other reaching to the superior-nasal quadrant, the body of the ulcer lying in crescentic form between. The cure was prompt and marked, was accomplished without perforation of the cornea, or any operation being necessary.

VACCINATION.—An idea of the relative efficacy of *fresh lymph* and *preserved lymph* can be formed by the report of the army medical department. Of 10,358 soldiers vaccinated with *fresh lymph*, 4,717 had a perfect vaccine vesicle, 4,400 a modified one. *Preserved lymph* was used on 17,269, with perfect success in 5,346 cases, and partial success 6,432. Thus it will be seen that with the fresh lymph the failures were 119.8 per 1,000, while with the preserved lymph the ratio was 318.0.

CONVENIENT METHOD OF USING CHLOROFORM.

I send you an item for the readers of THE UNITED STATES MEDICAL INVESTIGATOR. I think the method worthy of trial because it diminishes the danger of the use of *Chloroform*, and certainly lessens the unhappy after-effects of large doses, to say nothing of its economy.

Having on one occasion a necessity to administer *Chloroform* in a surgical operation, and by accident there being only about half an ounce of the fluid at my command, I was obliged to devise means to economize it. Dropping on a handkerchief placed in single fold over the mouth and nostrils was inconvenient to the operator, and painful to the patient wherever it touched the skin. Seeing a child's rubber band comb lying on the table, I made a frame of it by tying the ends together and stretching a corner of a linen handkerchief over it, I sewed it by a cord making a smooth diaphragm, of such shape that it rested securely on the nose, covering both nose and mouth, the teeth of the comb allowing proper access of air through their interstices. By carefully dropping the fluid on this diaphragm, five to eight drops at a time, I succeeded in benumbing sensibility for nearly half an hour with less than one-half an ounce. Since that I always use the band comb diaphragm, and in minor operations find one or two draws quite sufficient for the purpose.

TORONTO.

D. S. OLIPHANT.

URINAL DILATATION OF THE URETHRA.

Toward the end of the last century (says the *Sym. Med. Record*.) Bœnninghausen recommended this method of dilatation which he claimed to be more easy and simple than that of bougies. To practice it the patient must simply compress lightly the urethra behind the glands with his finger whenever he wishes to urinate. The pressure must be such that the urine can only escape slowly, and after having remained some time in the canal; as a necessary result the canal will be more or less dilated through its entire length, in the constricted as well as in the healthy portion. If this be repeated every time the urine is voided, the same effects will gradually be produced as if the bougies had been used, while at the same time the inconvenience of the one avoided. M. Berenger Ferand has employed this method in his practice, and the following are his conclusions regarding it:

1. Dilatation of the urethra by the urine, repeated at each urination for a long time after a prolonged attack of gonorrhœa seems to prevent the formation of strictures.

2. In cases of moderate stricture it seems to have restored the normal calibre of the canal, or at least to have restored it sufficiently to render micturition easy.

3. After the operation of urethrotomy it will perhaps prove useful to prevent, or at least to retard notably, the return of the constriction.

4. In cases of varicose dilatations at the neck of the bladder, or in the membranous portion of the urethra, it appears calculated to be serviceable.

5. It seems to prove useful also in the case of partial or total hypertrophy of the prostate in old men.

Consultation Department.

A CASE FOR COUNSEL.

The patient is a child twenty months old, there is present in this case total paralysis of the lower extremities, the flesh on the same is flabby although the child has improved in flesh and general condition under my treatment. I have given *Gels.*, *Ign.*, and *Nux.*, three times a day in the order named.

S. B. T.

A SPHINCTER NOT A STRICTURE.

Permit me to say to G. J. W. that when he has the calibre to distinguish between a sphincter and a stricture when it is described as plain as I described it in my article of *THE INVESTIGATOR* of the 15th of October, it will be time enough *then* for me to answer his simple question.

J. K. EBERLE.

FOR R. WILSON CARR'S CASE.

Kidder No. 4 battery current B. D., apply positive to the sacrum, roll the parts in a wet cloth and apply negative to them for five minutes three times a week; remove your positive to the base of the cerebellum, and move your negative up and down the dorsal vertebræ at the same sitting. Operate fifteen minutes.

R. W. NELSON.

PRURITUS VULVÆ.

Will some of your kind and intelligent readers tell me what to do for a case of pruritis vulvæ of two years standing. It is evidently neurotic, as there is no eruption nor redness until chafed, generally worst on left side; worse from warmth either by exercise or in a warm room, is not relieved by chafing, but she cannot forbear rubbing because she has to do something. Sensation, crawling like very small fine worms with intolerable itching. Nervous temperament, quite fleshy, aged thirty-eight, general health good. H. CRATER.

DR. CARR'S CASE.

Page 46, January 1st, INVESTIGATOR. I would suggest that you try *Agnus castus*. Jahr says, "An absence of sexual desire with flaccidity of genital organs, drawing along the spermatic cord, etc." Hempel says: "To prevent getting children a man took for three months, morning and evening, twelve grains of the *Agnus castus*, by which the sexual parts were weakened to such an extent, that not only did the erections become deficient, but he lost his semen as he intended, and never begat children." Hence we recommend *Agnus castus* for impotence with the absence of erections, etc. H. M. B.

CURE FOR WORMS. (Vide "Clinical Assistant.—*Ascarides*.) CASE FOR COUNSEL.

W. O. Perry, case for counsel. Tincture *Senecio gracilis*, two drops in a tablespoonful of water before breakfast, dinner and supper, will entirely cure your throat and hæmorrhage. For the weak knees, Kidder No. 4 battery, current A. D., place your feet in metal bathtub, with a thin board under your feet, warm water enough to cover instep. Apply the positive to the loins, negative in the water, increase the power until you feel the current. Operate fifteen minutes every night for a week, then stop; dry well with hard friction from hip to feet. R. W. NELSON.

FEET HIGHER THAN THEIR HEADS.

On page 451 of your journal Dr. B. H. Cheney attempts to ridicule a symptom to which attention was called by another physician, viz; "desire of pregnant women to have their feet higher than their heads" and says that the symptom is not to be found in the first five volumes of Allen.

Look at Vol. V. *Ignatia*; symptoms 73, 91, 124, 131, 415, 590, 608, and 768, (799).

We cannot have symptoms made to order but all the above show that pains were relieved while lying on the back and seventy-three relief from having the head lower than the body. Many valuable symptoms, as originally found in the *materia medica*, come no nearer to what are recognized as "characteristics" than the symptoms referred to, come to the condition given. Further—in *Jahr's Manual* under "Female Sexual Organs" the following is marked as cured: "Uterine spasms with crampy pressing relieved by pressure, and in a recumbent position." (*Italics mine*).

But to cap all, in the *Cincinnati Medical Advance*, Dr. McNeil reports a case cured by *Ignat.* 30, where in a threatened abortion the very condition at which the doctor laughs, was present. C. B. G.

HOW WILL "DIET RULES" INCREASE BUSINESS?

"Anything to increase my practice next year, But how will they accomplish it? By making the children sick that follow the rules. I should think so from the advertisement, but *n'importe*." R. W. N.

[Is it the careless people or careful ones that keep us busy? The careless parents lose their children, while the careful ones save theirs for us to watch. Read "Diet Rules" carefully and you will see that "consult a physician" comes in about as often as it is possible without being a direct advertisement. When they come to follow the "Rules" up with the little book "How to Feed Children to prevent Sickness" you will find plenty to do. Of course the physician is supposed to know far more than the book about the food for individual cases, and here will come the business. Mother after mother will want to know if she is "feeding baby right." Get charge of "baby" and the family and friends must follow sooner or later. This is a flank movement that will help win all the children—and future generations—to Homeopathy. We hope none will overlook the importance of this food question and its results. The fifty pages on "Foods" in *Vol. I. Diseases of Infants and Children* was prepared with great care, anticipating just such a "run" on our "food knowledge." A word to all. Master the food question, scatter "Diet Rules," then send us ten per cent of the extra proceeds for 1880 and we will take a vacation, go "round the world," to study children feeding in all countries, and come back to give it all away to increase your business "boom." Will you do it? —ED.]

TO AID HEARING.

“Is there anything better than the common ear trumpet for those who hear with difficulty. I mean to attach to the ear?” C.

There are auricles that are worn in front of the ear. They are a miniature trumpet and are so arranged that they can scarcely be detected. The neatest device of the kind that has come to our notice is well shown by the accompanying illustration:



The Apparitor Auris is a powerful aid to the deaf in hearing, and has met with marked success in England and the Continent. Messrs. Geo. Tiemann & Co., have introduced it here at a price much below that attained in England, and of finer material and better workmanship. They are made of sterling silver with flesh-colored enamel. They are sold in pairs, one for each ear, and so shaped that they can be worn entirely within the concha, being almost unobservable on account of their close fit and flesh color. The advantage of this instrument over the well known cornet consists in having the canal elongated and overbridged, so that sound entering the aperture (A) cannot diffuse, but is conducted within the tunnel through the meatus auditorius (B) to the tympanum. The price is \$6.00 a pair in a neat case.

ANSWER TO W. H. N.

INVESTIGATOR, Vol. X. page 451. As your patient has been a man of intemperate habits, he may have dilatation, with or without valvular disease of the heart; but it is more probable that that organ is impeded in its movements by the pressure of excessive adipose. Since, however, the smothering and palpitation only come on at night while lying down it is probably that the fatty deposit would have given him little or no trouble as yet, were it not for the use of tobacco. It is my impression that in this case, hygiene can do more than medicine. In the first place, let him cease smoking, and he will be apt to find great relief. Then, in order to diminish the amount of fat, prescribe a large amount of active, but never violent, exercise, and a moderate diet, consisting in the main of fruits, vegetables (except potatoes), lean meats, and a small amount of bread; but, above all, restrict the amount of fluid taken into the stomach to the smallest quantity. He

can hardly take too little. At the same time you can give *Sac. lac.*, if you wish. If no relief is obtained in a short time try *Spongia* (not too low). To me at least a further account of the case would be interesting, with report of a thorough examination of the heart, and stating condition of normal sounds, and, if any murmurs exist, their time with reference to first and second sounds, and exact location of their greatest intensity.

W. P. ARMSTRONG.

LaFayette, Indiana.

NOTES ON REPORTED CASES.

The case of Dr. W. P. Armstrong (December 15th number), suggests some reflections.

1. No valvular first sound of the heart was heard; hence, no mitral regurgitation was demonstrated.

2. This impossibility of hearing the valves is equivalent to "muffled first sound."

3. Heart-clot or pericardial dropsy is to be inferred.

4. Pericardial dropsy agrees with general dropsy.

5. Acute rheumatism was long previous—was slight—had caused no sequelæ—was probably, therefore, harmless to the heart, so long after.

6. No inquiry into other causes of dropsy seems to have been made—no chemical or microscopical examination of the urine, etc. Hence, no differentiation from Bright's disease was possible. Urine scanty and dark.

7. The duration (previously) of illness, places the origin of it in the spring, the catarrhal season.

8. He probably died of unrecognized catarrhal nephritis—subacute Bright's disease, involving the serous membranes, etc., atonic inflammation—*hydropericardium*, œdema of the lungs and anasarca resulting.

O. S. H. Compare *Bell* then *Lyc.*

Dr. W. H. Hanfords's Case.

The following remedies agree with the "suffocation;" *Spong*, *Digit*, *Lachesis*, *Lactuca*, *Apis*, *Sambucus*.

Spong, if on the moment of falling asleep.

Digit, awakes when gasping.

Lachesis awakes, struggling to free himself of everything which binds the air passages; pushes himself up, out of bed covers.

Lactuca.—wakes suddenly and must bounce out of bed upon his feet.

Apis.—Thinks he shall not succeed in getting another breath.

Sambucus.—Roused about 2 or 3, A. M., with senses of stoppage of air-tubes, as by phlegm.

J. C. M.

Book Department.

SURGICAL THERAPEUTICS. By J. G. GILCHRIST, M. D. Chicago : Duncan Bros. *Third edition.* Royal octavo. 600 pp. Price, \$4.00.

In looking over this volume one is struck with the great progress made in the treatment of surgical diseases since the first edition of the work appeared ten years ago. The author has carefully gleaned the experience of the profession, adding his own, and brought this edition up to date at all points. We believe we cannot give a better idea of the very practical character of this work than by quoting the "authorities and references :"

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VICK'S FLORAL GUIDE. Of the many guide and seed and plant catalogues sent out by our seedsmen and nurserymen, and that are doing so much to inform the people and beautify and enrich our country, none are so beautiful, none so instructive as *Vick's Floral Guide*. Its paper is the choicest, its illustrations handsome, and given by the hundred, while its colored plate is a gem. This work, although costing but five cents, is handsome enough for a gift book, or a place on the parlor table. Published by JAMES VICK, Rochester, N. Y.

1880 is the nicest of all. Send for it and get all your lady patients to do likewise.

DISEASES OF INFANTS AND CHILDREN. Part V. \$1.00.

Another installment of this interesting work is now ready. The subjects treated in it are among the most serious the physician has to meet, viz., sore throat, catarrh, hay fever, diphtheria, spasmodic croup, membranous croup, spasm of the glottis, paralysis of glottis, tumors, atelectasis, capillary bronchitis, croupous pneumonia, lobar pneumonia, etc. An immense mass of valuable material condensed into a few pages. The appearance of this part is timely. Part VI will close this valuable work. Those who have Parts IV and V, if in good con-

dition, can exchange them at their full value, for the bound volume when it appears.

THE ART OF SINGING. BY PROF. F. LIEBER. Translated from the German by F. Seeger, M. D. New York: Wm. A. Pond & Co. Chicago: Duncan Bros. Price, \$1.00.

Dr. F. Seeger has done the musical and medical profession great service in translating this valuable work of Lieber's. Our profession will appreciate the chapter on hygiene of the voice, and will lead them to hope for something more from Dr. S's practical pen.

CLINICAL THERAPEUTICS. BY T. S. HOYNE, M. D. Part VIII \$1.00.

This is another installment of a large collection of clinical verifications of the therapeutic value of the following remedies: *Lachesis*, *Laurocerasus*, *Plumbum*, *Stannum*, *Cinicifuga*, *Æsculus*, *Æthusa*, *Agaricus*, *Agnus*, *Ailanthus*, *Cepa*, *Aloes*, *Ambra*, *Ammonium muriaticum*, *Anacardium crudum* and *Antimonium tartaricum*.

THE TEMPERATURE AND PULSE IN THE PUERPERAL STATE is the title of a pamphlet by R. LUDLAM, M. D., Professor of the Medical and Surgical Diseases of Women in Hahnemann Medical College, Chicago.

This is an analysis of a second fifty cases treated in the puerperal wards of Hahnemann Hospital. It will be some time before the mass of the profession will comprehend that the term "puerperal state" means the same as the Anglo-Saxon "lying-in." If any change is to be made from the familiar, although inaccurate one of obstetrical, why parturient should not have the preference we leave for gynæcologists or the obstetricians to decide. This pamphlet will go far to enlarge the list of diseases incident to parturition. The fact that the temperature is a good index of the condition of affairs, ought to be generally known and make the thermometer as generally used in obstetric practice as it is in the management of typhoid fever.

MODERN HOUSEHOLD MEDICINE. A Guide to Mode of Recognition and Rational Treatment (Homœopathic, Hydropathic, Hygienic and General) of Diseases and Emergencies Incidental to Daily Life. BY CHARLES ROBERT FLEURY, M. D. London: E. Gould & Son. Chicago: Duncan Bros.: 12 mo., pp. 616.

This is a small but comprehensive work for the people. Notwithstanding the singular title it is an out and out book on medical treatment of disease. The Hygienic and Hydropathic portions are not very prominent. The first part of the work is devoted to general



information which is very excellent; the rest of the work is devoted to diseases and their treatment. Then come a list of remedies, bedside directory, invalid dietary, etc.

This work reflects, no doubt, the practice of the author, and is a strong objection to most domestic works especially, as in this instance, where pure tinctures are so often recommended, *e. g.*, "Dropsy of the belly *Liq. Arsenic* tincture, etc.)" We should be afraid that the belly would disappear with the dropsy. In *spasmodic* croup, if severe, the throat is to be opened by a surgeon! The mother is directed to have the child's skirts constrict the abdomen rather than be hung from the shoulders. On the whole, the book is crude and peculiar, still it contains much that is valuable, and is a great improvement on Buchan, that it is intended to supplant. We hope that this author will revise this work in a future edition and give more domestic management and less medical treatment. What can common people do with 190 remedies, including such dangerous agents as *Prussic acid* 1st, *Nitrate of Amyl* pure, *Glonoine* 1st, *Strychnæ* liquor, etc. Better give them plain suggestions on how to care for the sick, and a few simple remedies that they can use, in the absence of competent medical advice. Or it should be plainly stated, that, in the absence of a medical man, the following treatment may be pursued. There should be an emphatic line between domestic and medical treatment. These are the books that should teach the people practical hygiene. The publishers part is creditable.

Materia Medica Department.

ANTIDOTES IN ALTERNATION.

In the August 15th number of *THE INVESTIGATOR*, Dr. Eaton in his article, "On Yellow Fever," calls attention to the merits of Homœopathic treatment in this disease. "It consisted," says the doctor, "of the giving of *Bell.* and *Aconite* in alternation (used by various physicians in different attenuations and intervals, but very generally in alternation.)" He observes that "the effect of this treatment was certainly good."

The question arises, how can two medicines which are the exact

antidotes of each other be effective when given in this way? Is it possible, as the doctor remarks, that "these remedies antagonize each other so that nature alone performed the cure; or did *Aconite* act to overcome the *Bell.*, and leave some energy to be exerted on the patient; or did the *Bell.* overbalance the *Aconite*, and make that inert, and have some strength left for the patient? But those physicians who do not alternate have been as successful as those who do, therefore it can not be said that nature unaided, as would be the case if the remedies antidote each other, performed the cure. Nor can it be true that the cure is made by a balance of power after the antidotal action, because the balance would not always be in favor of the same remedy since they are not invariably used in corresponding potencies. Sometimes *Bell.* 3x and *Aconite* 30, are used and *vice versa*. If this theory were true it would prove that the action of these two remedies is identical. Some other explanation must be sought, and I think it may be found in this simple statement: when two remedies are given in alternation with good results, *each has had time to produce its own peculiar effect before the other has been administered*. When *Ipecac* has cured a case of vomiting, no one supposes that *Nux vom.* 30 or 200 by antidoting *Ipecac* will re-establish vomiting. No one however much opposed to alternation hesitates to give a remedy because its antidote has previously been prescribed. Some drugs are supposed to remain in the system for a great length of time, but physicians go on prescribing without any reference to this fact. *Iron* is found in the blood, yet we get good results from *Mercurius*, *Cinchona*, etc.

Ipecac antidotes *Ars.*, but Hering says that *Ars.* follows well after *Ipecac*. How can a remedy follow its antidote and yet be an active agent in the cure of diseases? No one seems to find any trouble here however. It may be said that a remedy may follow well after its antidote, but not *immediately* after. Very well; but how long is one to wait in a dangerous case, when the symptoms have so changed as to clearly point out the remedy?

Every remedy has its own sphere of action. One acts especially upon the heart, another upon the liver, another upon the kidneys, etc. When a remedy has reached the organ or tissue upon which it acts, and has spent its force, then it no longer has any power to antidote another drug. Homœopathic doses soon reach their seat of action, leaving the digestive and circulatory system free from the medicine. Therefore when time has been given for a remedy to be thoroughly appropriated by the tissue for which it has an affinity, another remedy

will then find a free and undisturbed course to its own destination. Thus *Belladonna* and *Aconite* without loss of power may reach their own fields of action, and produce their own effects. Let us hear more on this subject, and if possible learn all the facts in relation to it.

ASHLAND, Neb.

E. T. CASSEL.

A NEW REMEDY.

In regard to the *Sulpho-cyanide of Potassium* my attention was first called to it by a chemist who in making it said the workmen had symptoms like a severe cold in the head and throat, frequent sneezing, at first dryness of the mucous membrane and then copious secretion, smarting and stinging in the throat and bronchial tubes; that whenever he felt the first premonitions of a cold he always took a little with great benefit. As you are well aware, Claude Bernard states that the *Sulpho-cyanide* is one of the constituents of the normal salivary secretion. I had only a few days before been reading this and was struck by the co-incidence. I obtained some and gave it in several cases with beneficial results. Of course I mentioned it to physicians whom I met, Dr. T. S. Scales of Woburn, among the number and he reported some cases to the Massachusetts Homœopathic Society, christening it "Dr. Chase's *Sulpho-cyanide*." I do not think the parentage of the baby can belong to me, but perhaps I may have helped a little at the delivery. I think it would repay the profession if a careful proving should be made. I have taken it some and developed some of the symptoms which I have mentioned.

H. L. CHASE.

[We agree with Dr. Chase, and hope some of our scientific young physicians will test it.—ED.]

LONGEVITY OF MEDICAL MEN IN OLD TIMES.—We find in the *Un. Medicale* note of a letter written in 1705, by Jean Jacques Baier, professor of medicine at Atladorf, under the title "De Longevitate Medicorum." He classifies the ages of 76 doctors of that day in the following figures: From 70 to 79 years, 10; 80 to 89 yrs., 40; 90 to 99 yrs., 10; 100, 1; past 100, 6; total, 76. Hippocrates lived to 104 years. Leoniceus, 108, Rhodes, 120, Marcus Gallas, physician to Charles V, to 129, and Averrhoes to 100.—*Medical Press and Circular*.

Medical News.

H. L. Sook from Newark to East Rockport, Ohio.

Geo. K. Donnelly from Quincy, Ill., to Joseph, Mo.

Drs. Van Norman and Baker have removed their office from 238 to 201 Pearl Street, Cleveland, Ohio.

A Swindler.—We are informed that a man calling himself "M. Picker, M. D.," is travelling in the south pretending to represent us and is receiving money from physicians under this pretence. We have no person in our employ by this or a similar name, and the party is undoubtedly a swindler. Beware of him and in the mutual interest kindly extend this information to any interested, and oblige,

Yours respectfully, CODMAN & SHURTLEFF.

A Medical Prayer Union has been established in this country, the members of which have agreed to pray for the profession, and all connected with it, physicians, colleges, students, hospitals and nurses, every Wednesday. (St. Matt. xviii:18.) Will you join us? We believe God will pour out His Spirit in abundance in answer to our united intercessions and that new means of usefulness will be given us, so that through the profession in future, a far more abundant harvest may be reaped for our loved Master, Jehovah Rophi, the Great Physician. (St. Luke ix:2.) If you will unite with us kindly send your name to the undersigned, and please to make the union known to as many christian physicians as possible.

Yours in the Master's Service,

224 ELLIS AVENUE, CHICAGO.

MISS ELLA BREEAUD.

Died.—In Syracuse, N. Y., November 26th, A. D. 1879, of apoplexy HARRISON V. MILLER, M. D. At the quarterly meeting of *The Central New York Homœopathic Medical Society*, Dec. 18, A. D., 1879, Drs. Hawley, Gwynn and Wallace, committee on Necrology, reported the following paper, which was adopted:

Since death has taken away our friend and long time faithful secretary, HARRISON V. MILLER, M. D., it is proper that this society, while it realizes and respects his often expressed aversion to the usual formalities of commemorating the dead, should put on record its appreciation of his character and services. Therefore,

Resolved, That HARRISON V. MILLER, as our secretary for the last ten years has been the life of this society, and has done more to extend its influence and promote its usefulness than any other member.

Resolved, That as a man he commanded our respect for his integrity and unflinching obedience to his own conviction; as a student, for his diligence, fidelity and exactitude; as a physician, for his sympathetic kindness, faithful and cheering attentions and close prescriptions; and, as a member of this society, for his uniform urbanity and his enthusiastic disposition to work for all that could extend its influence or advance the science of medicine.

Resolved, That to commemorate our respect for him, this tribute to his character shall be put upon our minutes, and published in the journals of the day.

Resolved, That we tenderly sympathize with his family in their loss, and give expression to such sympathy by sending them a copy of this memento. (Attest.) C. P. JENNINGS, Sec'y.

[Our readers will regret the loss from our ranks this able worker. We believe that his memory will be dear to many as it is to us.—ED.]

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series. VOL. XI., No. 3.—FEBRUARY 1, 1880.—*Whole No.* 255,

Surgical Department.

TUMORS OF THE INFANTILE LARYNX.

BY CHARLES ADAMS, M. D., PROFESSOR OF THE PRINCIPLES AND
PRACTICE OF SURGERY AND CLINICAL SURGERY IN
THE CHICAGO HOMŒOPATHIC COLLEGE.

[Read before the Chicago Academy of Homœopathic Physicians and Surgeons.]

Laryngeal neoplasms are of less frequent occurrence in children than in adults. They, however, include the same varieties (cancer excepted) and are discovered by the same or nearly the same symptoms. The frequent occurrence in childhood of diseases in which dyspnoea is a principal symptom, as croup, etc., leads quite often, we believe, to this form of trouble being overlooked, but a careful observation of some leading conditions should enable the practitioner to differentiate in the diagnosis of these and other lesions of the larynx.

As regards the nature of the growths, the records of cases already published show that about two-thirds of the entire number have been papillomatous or fibroma papillare, about a tenth pure fibromata, the remainder including myomata, adenomata, and cystomata in

smaller proportions. The seat and form of the growth may have important bearings on the development of symptoms, thus, a growth not directly in connection with the vocal cords may if sessile attain a considerable size before interfering with the voice, while a growth of small size on the cords may produce complete aphonia. Occasional dyspnœa or dysphonia may be produced by a pedunculated growth becoming temporarily engaged in the vocal cords, or, sudden intensity of symptoms may occur from nearly complete obstruction of the windpipe by the development of a growth beneath the cords. In the cases of papilloma in adults, we find that over-exertions of the voice in shouting, singing, etc., act as a powerful predisponent, the order of conditions being hyperæmia, catarrh, hypertrophy of vascular papillæ. In children these growths seem in a majority of cases, to follow any of the diseases of childhood which leave the larynx in a hyperæmic condition, as croup, diphtheria, measles, hooping cough, while it has been already shown that many of these recorded cases are purely congenital. Regarding the congenital nature of polyp of the larynx we may say that Causit is the only author who has placed the subject in as strong light as it deserves. Mackenzie, (*Essay on Growths in the Larynx*, London 1871) says:

“The congenital origin of these growths, though very probable, cannot, however, be said to have been established, because, in the fatal cases which have been brought forward in support of this view, the patients did not die until they were a year or two old; and where a laryngoscopic examination has verified the existence of a growth, the little patient has always attained the age of three years or more. It is very probable that cases of congenital neoplasm in the larynx do occur, but there is not a single case on record where a still-born child has been found to have a laryngeal growth, nor has such a growth been found to exist within the first month or two of infant life.”

Perhaps the comparative rarity of examinations of the vocal apparatus of new-born children may account for the absence of statistics but Mackenzie in his table gives notes of several cases which are headed *congenital*. Dr. Cohen in the last edition of his work (1879) says, regarding laryngeal neoplasms: “Some are congenital, others are developed in advanced life. My own experience includes cases apparently congenital.”

Lennox Browne (*Diseases of the Throat*, 1878.) says these growths “may even be congenital.” Von Ziemssen (*Cyclopædia of Medicine*, Vol. VII, Article, Larynx) says, “the period of early childhood was

formerly regarded as possessing considerable immunity. On the other hand Causit claims the specially frequent occurrence of laryngeal polypi during the first years of life and even congenitally."

Durham (Holmes System of Surgery) says: "One case has come under my observation in which it was evident that the growth had commenced before or immediately after birth."

Causit (*Etude sur les Polypes des Larynx*, Paris, 1867) beside collecting particulars of over forty cases in childhood, has given a detailed account of many cases of unmistakably congenital origin, and pointed out one or two important signs for their recognition.

From the foregoing it will be seen that, save Causit, none of the authorities quoted gives more than a slight allusion to the occasionally congenital origin of laryngeal polypi, and still less consideration to the matter of their diagnosis.

We consider all cases in which the symptoms have been persistent from birth, as fairly coming under the head of congenital, while those following the diseases already mentioned may be classed as acquired. We have no light on the question of causation in the congenital forms; in the acquired, undoubtedly the catarrhal condition of the larynx is the principle factor. The symptoms most characteristic are the disturbance of function as indicated by the character of the voice and respiration. A careful review of fifty cases in children shows that in every instance there has been more or less aphonia. In many of them it has been complete, or varied only by *an occasional utterance in a shrill tone*, while in others it has been of an intermittent character. Mackenzie (Op. cit.) refers to "a kind of dysphonia, which, when present, is very characteristic of growth cases. The patient whilst speaking in his natural voice, or in a slight hoarse or croupy tone suddenly becomes completely aphonic, and again, after a minute or two, recovers his hoarse or natural voice."

The character of the respiration has been observed to be changed in about one-half the cases before mentioned. In these the respiration during the intervals between paroxysms of dyspnœa has been noisy and jerky. Mucous rales over the larynx have been noted in some cases, while in others the sounds have been described as flapping (*bruit de drapeau*), gurgling and explosive, like cork drawing. As the cases progress the intervals between paroxysms of dyspnœa become shortened and the attacks themselves increase in intensity. Attacks of croupal respiration may be precipitated by exposure, over-exertion, or change of position, their severity varying with the size

and situation of the growth. Cough has not been noticed in a sufficient number of cases to constitute a symptom of value. When observed it has been croupal or from temporary embarrassment of respiration, by a mobile tumor, paroxysmal. Difficulty of swallowing as in adults does not show itself unless the tumor be attached to the epiglottis or of such size as to project into the pharynx.

Pain in children cannot of course be precisely estimated, and as it is not a constant or even frequent sign in adults, may be left out of consideration.

Before proceeding to the consideration of the *physical signs*, we may place under two heads the cases which call for an examination by the laryngoscope.

1. All cases in which from birth, or a period soon following, there are: Embarrassed respiration, persistent hoarseness, aphonia, complete or varied by occasional accessions of a high shrill voice.

2. Those cases in which any of the symptoms above enumerated occur after croup, hooping cough, diphtheria, or the exanthemata in early childhood.

The necessity for an early recognition of the exact nature of the affection is manifest in a glance at the tables of Causit, Mackenzie, Fauvel, and others, for in most of them, from the lack of knowledge as to the seat and extent of the neoplasm no remedial measures were adopted until repeated attacks of dyspnoea had exhausted the patient. Under such circumstances tracheotomy having been resorted to as a measure without alternative, although the operation has been prompt to relieve the distressing symptoms, in numerous cases the child has perished from sheer lack of recuperative power. An early appreciation of the exact condition of the larynx may enable the surgeon to adopt other methods of operative treatment than tracheotomy, while it is quite obvious that treatment by medicine, to be effective must be given during the early history of the tumor.

The examination of the larynx in childhood is a procedure of some difficulty, but with patience, skill and the confidence of the patient may be accomplished even in cases of very young children. When necessary an anæsthetic might be employed.

If a laryngoscopic image *can* be obtained, the diagnosis may be clearly made and such measures adopted as best suit the case. Digital exploration by means of the index finger is of no practical value in children. The sounds heard on auscultation have already been

noted. A diagnosis has been made in several cases by the results of microscopical examination of expectorated particles.

Should the laryngoscopic or other examination reveal the existence of a growth, a choice of treatment may be open to the practitioner. If the neoplasm be of small size and the papillomatous variety, the patient not being in danger of suffocation, remedies may be given, and for this purpose we should suggest the trial of *Alumina*, *Causticum Calcarea*. *Thuja*, [*Calc. phos.* or *Sanquinaria* might be as serviceable here as in polypi of the nose.]

If the patient be of sufficient growth to submit of manipulations through the mouth, local applications of *Acetic acid*, *Nitrate of Silver*, etc., may be made directly to the growth. This method has been eminently successful in a number of cases, but of course can only be employed by an expert laryngoscopist. Removal of the growths directly by suitable forceps can be accomplished with the aid of the laryngeal mirror. The tube forceps of Mackenzie, or the antero-posterior forceps of Fauvel will be found the best instruments for the procedure. The galvano-cautery has been used, but it must be borne in mind that the larynx is exceedingly intolerant of burns, and much risk is run of damaging the vocal cords by contact with the heated wire.

The greatest difficulty will be found, however, in dealing with these growths in the cases of children too young to undergo any sort of operation through the mouth. In such cases the existence of a growth being satisfactorily demonstrated by such symptoms as have been pointed out, and examination, unless the growth is amenable to treatment by remedies, the indication is to perform tracheotomy, the patient to wear the tube until the removal may be accomplished through the natural passages or by thyrotomy.

Too much stress can not be laid upon the injunction to operate early. The attendant must not lose sight of the fact that tracheotomy averts risk of death by *suffocation*, and in itself, is an operation of slight gravity when properly done. On the other hand, study of recorded cases shows that if the operation be postponed until after repeated attacks of dyspnoea have exhausted the ability of the patient to withstand the operative interference, it is only rarely successful. An early tracheotomy puts the case under control of the surgeon, who can subsequently adopt such measures as the age of the child or development of the growth may demand.

Children's Department.

THE CROUPS COMPARED.

MEMBRANEOUS CROUP. PSEUDO - MEMBRANEOUS LARYNGITIS,
CYANCHE TRACHITIS. PSEUDO-MEMBRANEOUS CROUP.

CROUPOUS LARYNGITIS. PSEUDO - MEM-
BRANEOUS ANGINA.

[CONTINUED FROM PAGE 66.]

Symptoms.—This disease generally comes on *gradually*, taking four to eight days to become fully developed. Its *first stage* is attended by few symptoms that could distinguish it from ordinary catarrh. Slight fever, drowsiness, suffusion of the eyes, and deflexion from the nose, attend it. The respiration is not perceptibly disturbed, and the cough, though frequent, presents no peculiar character. There is besides, occasional complaint of slight sore throat, or of uneasy sensation about the larynx, but so slight as scarcely to attract attention, and not sufficient to cause any alarm.

The duration of this stage is very variable; nor is there any regularity in the mode of its transition into the *second stage*. In the majority of cases, the transition takes place gradually; but thirty-six hours would seldom pass without the supervention of some symptom which to the well schooled observer, would betray the nature of the coming danger. Most symptoms may continue unchanged perhaps scarcely aggravated, but a slight modification takes place in the character of the cough, which now becomes attended with a peculiar ringing sound, difficult to describe, but when once heard not easily forgotten. This peculiarity in the cough very often precedes any change in the respiration and may sometimes be so slight as scarcely to attract the parent's notice at the time, and to be remembered only when the full development of the disease leads to inquiries as to how the attack came on. Soon after this modification of the cough has become perceptible or even simultaneous with it, the respiration undergoes a change. The act of inspiration becomes prolonged and is attended with stridor. It often happens that these two pathognomonic symptoms first come on, or at least first excite attention in the night, and that a child who at bed time was supposed to ail nothing or at most

to have a slight cold, awakes suddenly with ringing cough and stridulous breathing, frequently in a state of alarm with marked dyspnœa. Through the whole course of the disease, indeed, an obvious tendency exists to nocturnal exacerbations and to remissions as the morning approaches. In whatever manner these symptoms may have come on, they will not continue for many hours, without being attended by increase of fever, by acceleration and soon by difficulty of respiration. The skin becomes hot and dry, the face flushed, the breathing hurried, the cough frequent, the pulse full and quick, the child dull, fretful and passionate. For a few minutes it may appear cheerful, may turn to its playthings and breathe more naturally, though the peculiar respiratory sound never ceases altogether. Soon, however, the dyspnœa returns with increased intensity; the whole chest heaves with the inspiratory effort, which is more prolonged and attended with great stridor. During it, perspiration breaks out at every pore and the veins of the neck and face become greatly distended. Short and forcible expiration follows, and after this state of dyspnœa has lasted for some minutes, an interval of comparative ease succeeds. The child now falls asleep exhausted; but during sleep, the sound attending respiration is heard in an exaggerated degree. Though the drowsiness is great, sleep is uneasy, and frequently interrupted by violent startings, in spite of which the child may still sleep on. After some minutes he awakes in a state of terror, to pass through another paroxysm similar to the preceding one, though more severe. (West). The hoarseness increases and becomes more *permanent*. The cough which is at first shrill and short, becomes barking, and after awhile completely toneless. When the patient cries loudly, or has a violent fit of coughing there is still heard, however, a hoarse, barking sound, which now and then change from a bass to a high falsetto tone. (Steiner). This is due to the coming together for an instant of the swollen vocal chords.

The cough does not increase in severity in proportion as the disease advances; it is unattended by expectoration, or at most a little mucus is spit up but without any relief. Although the paroxysms of dyspnœa are not dependent on the cough, they are sometimes provoked by it, and the two or three inspirations next following an effort of coughing are often attended with increased stridor.

There is almost always much eagerness for drink and deglutition is generally well performed. The fauces are often red, though their redness bears no direct proportion to the intensity of the croupal

symptoms; and there is frequently considerable tenderness of the larynx. The tongue is red at the tip and edges, but coated in the centre and at the back with thick, white fur; the bowels are rather constipated and the appetite for food is entirely lost.

As the disease advances, the paroxysms become less marked, or rather the intermissions grow less distinct and the child is constantly engaged with the effort to breathe. The cough now sometimes ceases altogether, and the breathing frequently becomes sibilant rather than stridulous. The child throws its head back as far as possible, in order to increase the capacity of the trachea; the chest is heaved violently at each effort to inspire, during which its lateral region becomes flattened, and all the soft parts of its parietes recede indicating the inadequacy of the attempt to fill them; the larynx is depressed forcibly towards the sternum, while the abdominal muscles co-operate energetically in expiration. (West).

This symptom depends upon the rarefaction of the air within the thorax, when dilated during stricture of the glottis. When the air within the chest becomes rarified, the pressure upon the thoracic surface of the diaphragm becoming far lighter than that upon its abdominal surface, it yields, and is forcibly pushed upward, the xyphoid and costal cartilages being likewise drawn in by the inspiration. This is easy of comprehension, if we only bear in mind the mechanism of normal respiration. If the air can enter the air passages with freedom, the diaphragm, upon contracting, causes its *pars tendinea* to descend, but produces no incurvation of the ribs; for their resisting power is far greater than that encountered by the diaphragm in the elasticity of the lung, or in the feeble pressure of the abdominal viscera.

If, however, the tendinous centre be drawn up by the rarefaction of the air in the lungs, or if it be only fixed and hindered from moving downward, the inspiratory contractions of the muscles of the diaphragm must then of necessity, cause the arch of the ribs to curve inward. (Niemeyer). In addition the face is heavy and anxious, the eyes are dull, the lips livid, the skin dry and the extremities cold; or clammy sweats bedew the surface. The respiration is hurried, unequal and irregular and the pulse is very frequent and very feeble. Though no remissions now occur, there are frequent exacerbations, in which the child throws itself about and puts its hand to its throat, as though to tear away some obstacle to the admission of air, while helpless agony is depicted on its

countenance. In the midst of these sufferings the patient dies, or coma or convulsions come on and close the scene.

It is not always, however, that the *last stage* of croup is attended by such distressing symptoms. The treatment employed may seem to have mitigated the severity of the disease; the restlessness may give place to ease, the burning skin may grow moist, the respiration may become tranquil, the cough loosen with but little clangor; expectoration may be easy, and a wheezing attended with a very slight croupy sound, may be the only indication of the dangerous disease under which the patient is suffering. This apparent amendment may continue for a few hours, and then be succeeded by a return of all the former symptoms, and soon be followed by death; or the mitigation of the disease may be accompanied with great drowsiness, which, however, does not excite alarm, since it is very naturally attributed to the exhaustion, produced by the disease. During sleep, the respiration is deep and tranquil, like that of a person in a sound slumber; it is indeed attended by a kind of wheeze, but presents little of the croupy stridor; and when awake the child is quite sensible and even cheerful. After a time, however, it becomes difficult thoroughly to arouse him; the pulse grows more rapid, the moisture on the skin changes almost imperceptibly to a cold clammy sweat, and convulsive twitchings of the angles of the mouth occasionally disturb the repose of the features. Silently but surely the exudation has been making progress, and when the alarm is taken, it is too late; the stupor deepens and the child dies comatose, or rouses only to spend its last hours in the vain struggle for breath, and embittered by all the painful circumstances which ordinarily attend the suffocative stage of croup.

The diagnosis of croup is not difficult. The diseases which it may be confounded with are: false croup, diphtheritic croup and croupous pneumonia. The gradual onset of the disease, the absence of sore throat and of bronchial symptoms will serve to differentiate. The morning is the best time to make the diagnosis.

The duration is from three to thirteen days. Death has occurred in three days, but such cases are rare. Some contend that it takes nine days to develop the membrane.

The prognosis of croup must always be guarded, since the disease is one of the most dangerous to which childhood is liable. Much depends upon the patient being seen at an early stage of the disease; and the prospect of recovery is generally very small if no treatment should

have been adopted until after the full development of the symptoms. The presence of bronchitis, and, still more of pneumonia, adds greatly to the dangers of the affection, and would induce us to form a very unfavorable opinion of the chances of recovery. A second attack is generally less serious than the first; and cases in which catarrhal symptoms have preceded the seizure for several days are more amenable to treatment than those in which the premonitory stage has been short or altogether absent. Diminution of the dyspnoea in the intervals of the cough—a louder and looser cough, attended with expectoration or vomiting of muco-purulent matter, intermingled with shreds of false membrane—a less suppressed voice, less anxiety and less restlessness—all indicate that the disease is abating. Much caution, however, must be exercised in drawing a favorable conclusion from a diminution of the severity of the symptoms until such improvement has continued for twenty-four hours at least. In all but the most acute cases of croup the remittent character of the disease is very apparent; and it is well to bear in mind that the fatal termination usually takes place with extreme rapidity, when an exacerbation of the symptoms follows soon after a manifest remission of their intensity. The symptoms of extinction of the voice, suppression of the cough, the change from stridulous to sibilant breathing, and increased difficulty of respiration, all show death to be surely and speedily approaching. (West).

Treatment.—In my experience when the catarrhal stage is not arrested by *Aconite* or *Hepar*, or both, I give *Kali bich.* alone, or with *Aconite* if there is fever for several days. If spasmodic fits occur at night, *Spongia* is given. If the case grows no worse during its development but seems held in check, no change is made. I do not expect much loosening of the cough for three or four days. Then if the case increases in severity and no one remedy is clearly indicated (see *Brom.* and *Phos.*), Teste's advice to give *Bryonia* and *Ipecac* in alternation I have found serviceable. These cases are usually so clear that there is little difficulty in selecting the remedy, and it should be given persistently for days, for we are not treating a spasm to be relieved in a few hours, but an organic disease.

The special indications for the remedies are as follows:

Aconite.—Inflammatory period; high fever, dry skin, restlessness; the child is in agony, impatient, throws itself about; dry and short cough, but not yet wheezing, nor sawing respiration; cough and loud

breathing during expiration, but not during inspiration; every expiration ending with a hoarse, hacking cough; after exposure to dry, cold winds.

Antimonium tart.—Voice weak and changed; hoarseness in the morning; rapid, short, heavy and anxious breathing; must be supported in a sitting posture in bed; large quantities of mucus in the bronchial tubes but no expectoration; tough secretion of mucus from air passages; oppressed breathing and sensitive stitches in the left chest; danger of suffocation from paralytic state of the lungs; face cold, bluish, covered with cold clammy perspiration; pulse very frequent; prostration; collapse; severe forms of catarrhal croup.

Arsenicum.—Cough worse after midnight; the croup aggravates by spells; between them, the child feels comparatively easy, though still distressed; great prostration; restlessness; thirst, but the child takes only a sip; bloated face, covered with cold perspiration; especially suitable to children frequently affected with hives and nettle-rash, where there is hoarseness; feeling of burning and dryness of the larynx; cough, with sense of constriction and suffocation. Cough worse after drinking. Great exhaustion; least effort exhausts the patient.

Belladonna.—Sawing, whistling breathing; frequent, barking, croupy cough, skin dry and hot; face red; eyes congested; pulse full, sharp and frequent; tonsils red and swollen; patches of membrane on the fauces; great restlessness and irritability. The cough is hoarse, causing the face to flush.

Bryonia.—Tough mucus in the trachea, which is loosened only after frequent hawking; scraping sensation in the lower portion of the trachea, provoking a dry cough; voice rough and hoarse; hacking, dry cough, from the upper part of the trachea; single, forcible, spasmodic shocks towards the upper part of the trachea, which is covered by dry, tough mucus; cough, from a constant crawling upward in the throat, followed by expectoration of mucus. It works well after or with *Ipecac.*

Bromine.—Children with blue eyes and light hair. Spasmodic or suffocative croup; hoarse, whistling, croupy voice, gasping for breath; much dry, wheezing cough without expectoration; formation of a false membrane in larynx and trachea; much rattling in the larynx when coughing, and hoarseness and spasmodic closure of the glottis.

Causticum.—Catarrhal croup; sensation of rawness in the throat

when coughing, with sawing respiration; dry sensation in the air passages; irritation to cough, with easy expiration; dry, hollow cough with sore sensation in a streak down along the trachea, where it pains on every fit of coughing and almost prevents breathing; frequent attacks of suffocation during inspiration, as if some one grasped the trachea, arresting the breathing for the moment.

Cubebæ.— False membranes thick and of dark shade, principally in the larynx; respiration noisy and panting; sensation as if the head was choked up, with heaviness of head, danger of suffocation; voice harsh and wheezing; cough with coryza and hoarseness; during and after the cough cold sweat upon the chest and back with burning in the abdomen; respiration impeded, difficult, with crepitant rales; great fullness of chest; dyspnœa and sense of suffocation, barking and croupy cough, with feeling as of a foreign body in the larynx; throat dry and parched; respiration hurried and noisy; face red and pale by turns; contractive and pressive headache with drowsiness, but without sleep; uneasiness, anxiety, cannot remain in bed; constant need to swallow the saliva to relieve the dryness and suffering in the throat and larynx.

Hepar.— Croup after exposure to dry, cold wind, with swelling below the larynx; great sensitiveness to cold air; red face, high fever, hoarseness and rattling of moist mucus, which the child is unable to get rid of, but still little or no difficulty in breathing; aggravation after midnight or towards morning; sensation as if there was a fishbone in the throat, or of internal swelling when swallowing; stitching pain from ear to ear when swallowing or turning the head. The child chokes with every coughing spell.

Iodine.— Black-eyed children; roughness, painful pressure and stitches in larynx and pharynx, as if swollen; pain in larynx, with discharge of hardened mucus; constriction and heat in the larynx; increased secretion of mucus in the trachea; dry, short and hacking cough; soreness of the throat and chest, especially when in bed, with wheezing pain in the throat and drawing pains in the lungs (the child grasps throat and chest with his hands); hoarseness, the voice becoming continually deeper; tracheal and bronchial croup, with tendency to torpor; moist cough with expectoration; morning aggravation; expectoration of large quantities of mucus, frequently blood streaked; constant desire to change position, without anguish. Plastic exudation. Coldness in the face of very fleshy children. Voice has a deep, hoarse, rough sound.

Ipecac.—Catarrhal croup, convulsive evening cough; expectoration of mucus, with metallic taste; spasmodic cough, with constriction and danger of suffocation; shocks on falling asleep; rigidity of the body, followed by jerking of the arms towards each other; nausea and vomiting.

Kali bich.—It suits best fat, chubby children; gradual and insidious onset; at first only slight difficulty of breathing when the mouth is closed; as the disease progresses there is fever and increased difficulty of breathing, hoarse voice, constant cough at intervals; cough hoarse, dry, barking metallic; deglutition painful, tonsils and larynx red, swollen, covered with a false membrane, difficult to detach, with expectoration of tough stringy mucus; finally breathing performed only by the abdominal muscles and those of the neck and shoulders; head bent backwards; breath offensive, diminished temperatures prostration, stupor and death from asphyxia if not relieved. The air sounds as though it was passing through a metallic tube.

Kaolin.—Croup seated in lower part of larynx and upper part of trachea; husky voice; metallic rasping cough; paroxysms of suffocation. The child is very hoarse and breathes with difficulty.

Lachesis.—Croup in children subject to inflammatory rheumatism; decided aggravation after sleep, after a short nap; the children as it were, sleep into the croup, and, when thoroughly aroused breathed more freely; the child cannot bear anything touching the neck; patches of exudation in the fauces, extending downwards on pharynx and larynx; commencing paralysis of lungs; left side of throat particularly affected; sensation as if there was something fluttering above the larynx; cough excited by sensation as if a crumb of bread were sticking in the throat, causing frequent hawking and swallowing. Arouses with a paroxysm of choking. Almost loses its breath and is sometimes convulsed.

Lactic acid.—Dryness, scratching and burning in the throat; tearing in larynx and trachea with hoarseness; difficult expectoration of gray, tasteless mucus, or so tough that air can hardly pass through it; croup sound not heard.

Lycopodium.—Hoarseness remaining after croup or with it loose cough in daytime and suffocative fits at night, or, in general, or when suffocative fits alternate with free catarrh; dryness in wind pipe with hoarseness; feeling of rawness in the trachea with increased expectoration of mucus; cough in the evening before going to sleep as if the larynx were tickled with a feather, with scanty expectoration; tickling cough; gray, salty expectoration and difficult respiration.

Phosphorus.—Catarrhal and inflammatory state; painfulness of larynx to touch; hoarseness and aphonia; shortness of breath; the child is hoarse and croupy at night; better towards morning; croup with tendency to relapse, especially in tall slender, nervous children. When hoarseness remains after croup and when there is a tendency to relapse.

Sanguinaria.—Pseudo-membranous croup; chronic dryness of the throat with expectoration of thick mucus; aphonia with swelling of the throat; steady severe cough without expectoration, with pain in the head and circumscribed redness of the cheeks; tormenting, exhausting cough.

Spongia.—Children with fair complexion; great dryness of the larynx, with short, hard, barking cough; embarrassed breathing, as if the larynx and trachea became narrower; pain in the larynx when touching it; slow, loud wheezing, and sawing breathing, and suffocative fits with inability to breathe, except with the head bent backwards; sawing sound during remission; the child wakes with suffocation about the larynx on falling asleep early at night; always worse before midnight and croup does not extend below the larynx.

ON MEMBRANEOUS CROUP.

BY G. H. G. JAHR, M. D.

“The treatment of membranous croup is not as difficult as is commonly supposed, provided we do not lose our presence of mind, and proceed coolly and with proper discretion.

“At the onset of the disease, if the child loses its cheerfulness, shows symptom of fever, passes a urine that looks as if it had been stirred with flour, and utters the first characteristic sound of a barking, ringing cough, the danger is not yet very great, for we may yet have four or five, and even eight days before the really suffocative symptoms belonging to the period of exudation, set in.

“If, at this stage, we assail the little patient with big doses of *Spongia*, *Iodine* or *Brom.* or even with these three remedies in alternation, in a purely empirical fashion, or with alternate doses of *Bryonia* and *Ipecac* as was done by a Paris Homœopathic physician by the advice of a clairvoyant, and nothing more is done than to give the medicines in increased quantities—if, in spite of this horrid

medication, the suffocative symptoms set in nevertheless increasing in violence the longer this insane method is continued, there is indeed little chance of saving a patient thus abused; and I have seen more than one case where the child perished after this so-called Homœopathic treatment had been continued for a week, and the disease had been "*borne down upon with the most massive doses.*"

"In croup, likewise, success does not depend upon the quantity of heroic remedies but upon their quality, that is to say, upon their truly-specific relation to the case before us, and, as far as I am concerned, I do not see why those who only believe in the saving power of the most energetic remedies and doses, do not all at once pour a whole bottleful of smoking *Sulphuric acid* into their patient's throat; this would not only burn all the pseudo-membranes but a good deal more, and nobody could reproach them with not having acted with sufficient energy.

"In treating a case of croup, I generally proceed as follows: If I am sent for at the commencement of the attack, I give *Aconite* 30, three globules in a few spoonfuls of water, of which solution I give a teaspoonful every three hours until the fever and the croupy, ringing sound of the cough have disappeared, and it is evident from the resonance that the cough has assumed a catarrhal form. *Aconite* 3, ten drops in half a glass of water, a dose once an hour till perspiration sets in, to be followed by *Hepar*, has been my rule.

"But since experience has taught me that nothing is more insidious than the first or inflammatory stage of croup, and it often happens that, after the cough has almost entirely disappeared, and not a sign of fever is any longer perceptible, and the children play about on the floor and seem quite bright and cheerful, the disease sometimes breaks out again, all of a sudden in the dead of the night, with every symptom of exudation; I continue the *Aconite* even if the croupy sound of the cough has been removed, at longer intervals, until the cough is quite loose, and has been transformed into a loose mucous cough, or a free catarrhal discharge from the nose has made its appearance. In pursuing this course I have seen these two last-mentioned changes, with whose appearance every danger may be positively considered removed, set in on the second, third and fourth day, and in other cases, where I was not sent for at the commencement of the attack, only on the eighth day of the disease, without having had to use any other remedy than *Aconite* as long as the dis-

ease remained in its first stage and no suffocative symptoms had set in.

“ If paroxysms of suffocation set in, but only at night, at long intervals, and the little patient remain tolerably cheerful in the daytime, I continue and adhere to the *Aconite* until no more suffocative paroxysms occur, and, if they cease, continuing the same medicine until the disease assumes a catarrhal form as previously described.

“ If, in spite of the use of *Aconite* the suffocative paroxysms break out again, but chiefly at night, and we may infer from this fact, not that the exudative process is making full headway, and simply, as Hering very properly observes, that the mucous lining swells up evening and night in the form of nettle-rash, returning again to a more normal condition in the daytime, I give *Spongia* 30 in the same manner as I had given *Aconite*, more especially if the cough is dry and ringing, and the inspirations have a *crowing* sound, and continue the *Spongia* as long as it seems to have a good effect; but if it does not effect any improvement within twenty-four hours, and the cough has a rattling, sawing sound, I change to *Hepar*, which I administer in the same manner as *Spongia*, continuing it as long as it acts favorably.

“ If *Hepar* does not improve the case I then give *Arsen*. [Jahr would have resorted to *Kali bich.* at this stage had he known its value], not only if the children had been affected with nettle-rash shortly before, but likewise if the weakness and anxiety during the paroxysms reach a very high degree; after giving *Arsen.*, the disease sometimes remains stationary, so that *Hepar*, *Bell.*, or *Phosph.* will now complete the cure. If the patient does not come under my treatment until the third stage has set in and exudation is under full headway, patches of false membrane are raised, the patient looks pallid as in death, and the face assumes a livid appearance during a coughing fit, I resort either to *Spongia*, *Hepar*, or *Kali bich.* according as the symptoms should indicate; and if neither of these remedies effects the least sign of improvement in twenty-four hours, I have recourse to *Phosph.*, which has produced splendid effects in my hands in this stage of croup.

“ I cannot sufficiently warn against the use of large doses in this stage of the disease. Large doses, instead of promoting the cure by absorption, as our small doses generally do, cause most generally a detachment of the false membranes, which may not be a very bad result as long as the disease is confined to the larynx, trachea and the

larger bronchi, from which the detached patches can easily be expelled by cough.

“ But if the finer bronchial ramifications are invaded, as we know from post-mortem examinations that they may be, the patient, even if the membranes are detached dies nevertheless in consequence of the stoppage of these delicate tubes by the detached membranes that cannot be coughed up.

“ For this reason I never resort to *Arsen.* or *Bryonia* in this last stage of exudation, since these two remedies, when given in diphtheritis or pharyngeal croup, which is so nearly analogous to laryngeal croup, only effect a detachment of the pseudo-membranes, but not, like *Phos.* and *Apis*, their absorption.

“ How rapidly the process of re-absorption goes on in these diseases, has been shown to me more than once in pharyngeal croup, provided I had given the right remedy, and it is for this reason that I do not despair of the good effects of *Phos.* even in the most extensive croupy exudation.

“ As regards *Apis*, I have not yet had a chance to try it in croup; I would request my colleagues, if a case of croup comes to them in the third stage, never to omit a careful exploration of the chest, in order to ascertain how far the croupy exudation extends and to shape their prognosis in accordance with the results of their examination.

“ If the more delicate bronchial ramifications are invaded and *Phos.* does not help in a few hours, the case is beyond our means of cure. Finally, if the croupy inflammation, in whatever stage it may be, has been changed to a simple catarrhal irritation, and the following remedies have not yet been made use of, I give for fluent coryza, *Merc.*; for dry cough, *Cham.*, *Bryonia*, *Aconite*, or *Ipecac*; for the hoarseness which sometimes remains for a long time, *Phos.*, *Hepar*, *Bell.*, or *Carbo veg.*; if the hollow cough returns, *Bell.* or *Spongia*, and for a long-lasting mucous expectoration, *Hepar* or *Phos.*

“ In the case of children disposed to a return of croup, if the following remedies have not yet been used, I have obtained good effects from *Sulphur*, *Calc.*, and *Phos.*, giving each remedy at long intervals.”

Gynecological Department.

PURPERAL PHLEBITIS. PHLEGMASIA DOLENS.

BY PROF. J. C. CUMMINGS, M. D. ST. LOUIS.

Read before the St. Louis Homœopathic Medical Society.

I think the puerperal form of phlebitis a distinct disease from varicose veins of the earlier stages of pregnancy. The former is septicemic in its origin, and is usually confined to one leg. It is an exceedingly painful disease—and may prove fatal, and often leaves its effects for months; developing ten days or two weeks after confinement, classifies it in the family of puerperal diseases. In order to get a clearly defined idea of the cause of puerperal phlebitis, it is necessary to investigate the allied puerperal diseases. For instance uterine phlebitis is often the cause of phlegmasia dolens. Rockytansky gives among the causes of these diseases, “ Defective and irregular contraction, and involution of the uterus. Flabby condition of the womb, effects of paralysis from exhaustion—or bad effects of instruments. The fundus may be in an excessive state of contraction, whilst the inferior segment is in a state of atony and collapse. Paralysis of the placental part of the uterus, giving rise to hæmorrhage several weeks after confinement. Uterine phlebitis originates in the open mouths of the veins at the insertion of the placenta; extending along the iliac and crural veins to the cutaneous veins of the lower extremity.” Thus developing phlegmasia dolens. It is also the opinion of Dr. Robert Lee, “ that the inflammation commenced in the uterine branches of the hypogastric veins, and from thence extended to the femoral trunk of the affected side.” Though Drs. Lee and Watson are of the belief, “ that inflammation of the iliac, and femoral veins give rise to all the phenomena of phlegmasia dolens. But its pathology is very far from being settled, according to Meadows. The lymphatic vessels and veins both being obstructed add much to the gravity of the disease, as well as complicating its pathology. At one time the absorption of pus was thought to be the prime cause of phlegmasia dolens, but Virchow has proven that this cannot be the sole cause. According to this great authority, pus cannot pass through a lymphatic gland, as pus—it is carried by the lymphatic vessels into the lymphatic gland, there the watery portions of pus pass through, while the pus cells form a cheesy mass

which may cause an inflammation, and breaking down of the gland, but this is a new inflammation, and the pus would be obstructed by the next lymphatic gland. But as pus, it may come to the surface, or find its way into some cavity, the bronchi or bowels for instance, and be discharged in that way. The white corpuscles were for a long time mistaken for pus, and as these corpuscles are often in great excess during the parturient period, they readily give rise to the pus theory of puerperal diseases. The psychological causes seem to be ignored as far as I am able to ascertain the opinion of authorities on this subject.

Yet we read of a prominent accoucheur, who was so unfortunate in the great number of puerperal fevers in his practice, that he absented himself from home for some time, and when he returned, before attending a case of confinement, he bathed and dressed himself in new clothes from head to feet; and yet his first patient had puerperal fever. This does not prove that there was nothing in the patient herself predisposing or causing the disease, but it does demonstrate that it was not caused in this instance at least, by the doctor's clothes. It is clearly shown by numbers of cases, that puerperal fever may be excited by erysipelas, or *vice versa*. Then if puerperal fever can be caused in this way why may not phlegmasia dolens be caused in the same way? I think a very frequent cause is the attending physician tearing away the placenta, and not waiting for the uterus to contract, and throw it off, and close the patulous vessels at the same time.

Rupturing the perineum may be another indirect cause. I think it more essential to know how to prevent diseases, than to cure them; and especially is it desirable to know how to prevent a disease attended with so much suffering as the one under consideration. It is necessary to keep away depressing influences, such as despondent people, and injudicious subjects. Keep the mental sky always clear. The close relation between the brain and stomach is known to all physicians. That between the mind and the uterus, has not been so closely or often observed. We know that sudden shocks often kill the fœtus in utero; and they must injure the mother to a great extent. Of the sequelæ, the most dangerous are blood clots lodging in the pulmonary arteries. Simpson relates a number of such cases, the patients dying suddenly two or three weeks after being able to walk about. This may happen in non-puerperal cases. Paget reports seventeen such cases. Simpson thinks "that sometimes the natural plugs in the veins are carried directly to the pulmonary arteries," without there

being any phlebitis whatever. Phlegmasia dolens may be mistaken for rheumatism. But the case following close after confinement, "the preternaturally white, firm, hot and shining appearance of the limb, sometimes only involving the calf of the leg; not pitting on pressure. Tenderness along the course of the femoral vein. Loss of power of the affected limb, and the high temperature compared with the other members of the body," will enable us to make a correct diagnosis. The treatment is very unsatisfactory. *Pulsatilla* controls the inflammation of the veins slowly. *Arsenicum* relieves restlessness, and prostration, and prevents gangrene in many cases, and is one of our best remedies. Should mortification ensue, *Lachesis* and *Secale cornutum* must not be forgotten. Dr. Meadows "first, envelopes the whole limb in a hot turpentine stupe, to be repeated for half an hour, two or three times a day, and the leg to be kept in the interval wrapped up in hot linseed meal poultice."

I think a better plan is to apply the hot turpentine for ten or fifteen minutes and then wrap the limb with flannel saturated with fluid extract of *Hamamelis*. The turpentine burns so the patient will not let it remain long at a time, and if repeated too often, will blister the leg. As the pain is confined mostly to the calf, it may be better to restrict the turpentine to this portion of the limb. Also a very soothing, and beneficial application suggested by Dr. Collisson, is a liniment composed of *Chloroform*, *Glycerine* and *Rhus tox.*

After the acute stage, a bandage applied from the toes to the hip, will give great relief, and hasten recovery.

DISCUSSION OF DR. CUMMING'S PAPER.

Dr. Collisson—I think this is a subject of considerable interest. In the treatment of this disease I have been successful with hot fomentations at first; and *Chloroform* liniment referred to.

Arsenicum is the main remedy internally. *Pulsatilla* has little effect, until the condition is that, as known as milk leg. *Veratrum viride* is good in the inflammatory stage.

There is much controversy on the pathology of this disease. My theory is, that it is caused by the pressure upon the vessels in the latter part of pregnancy, obstructing circulation in the lower extremities.

Patients usually complain of being lame in the limb, before the attack. I do not think it is caused by clots, or by tearing away the placenta, or by judicious use of instruments. I think it results from

the slow, inflammatory condition which exists before labor, and some fault in delivery or constitutional trouble may be added causes.

Dr. Comstock—I believe the disease is very frequently traumatic; that many of the cases are the result of meddling midwifery. Few of the doctors who graduated over twelve years ago, understood the mechanism of labor. They committed many sins of omission and commission, and many post-partum troubles were the result of officious examination. One of the common errors was the early rupture of the membranes, which I think is a very unwise proceeding, but which has been advised by high authorities. Only two years ago, two eminent doctors in a British medical society declared themselves in favor of rupturing the membranes, when the os was dilated to the size of a silver dollar. This opinion or instruction as it really was, was published and was allowed to go unquestioned. In my practice, I very seldom rupture the membranes, whatever may be the amount of the dilatation, so long as the labor is progressing and the woman doing well. I do not wish to be understood as saying that I never rupture them, because I do, when I think I have a good reason: such, for instance, as paralysis of the uterus, from overdilatation of the waters; but I think it is better not to do it at all, unless actually necessary. Another cause productive of much mischief at the present time, and one indulged in by many doctors, and all midwives, is that of pulling away the placenta, if it is not expelled within five minutes after the birth of the child. All that is necessary in most cases, where there is any delay in the expulsion of the placenta, is to excite contraction by pressing the hand on the fundus of the uterus, without ever examining to see if the placenta is coming away.

If necessary, I continue the pressure one half an hour, or an hour, and I have the placenta delivered by uterine contraction if it is possible. When this is done, there will be no subsequent trouble in ninety cases out of a hundred.

As I have said, I think this disease, phlegmasia dolens often results from traumatism. I think it may also result from improper involution with deranged lochia. In nearly all cases there is a stoppage or derangement of the lochia. Also a lingering labor might cause it.

In the treatment I have used *Turpentine, Ham., Chloroform liniment* and *Aconite* externally, and *Ars., Aconite, Bell. and Mercurius* internally. It is a serious disease, and apt to be chronic.

Sometimes a pain in the knee lasts for years.

Dr. Parsons—I would like to ask if peritonitis ever complicates this disease? and I would like to know whether Dr. Comstock ever uses intra-uterine injections in its treatment.

Dr. Comstock—Where there is little or no lochia discharge with a fetid smell, I use a solution of *Phenol-sodique*, a preparation of pure *Carbolic acid* and *Soda* introduced by French pharmacists. I use it in the proportion of from 1-50 to 1-100 with water.

When the os is widely open, there is no particular danger in injections carefully given. Years ago I used simply *warm water*, *Chamomila tea*, or infusion of *Cinchona*.

Dr. Parsons—There are facts which indicate that phlegmasia does not begin at the uterus; the disease generally seems to begin at the bottom of the limb, and to extend upward.

Generally there is no tenderness at the femoral ring in the beginning of the disease.

Inflammatory troubles ordinarily extend in the direction of the circulation, and not against it. If this inflammation begin in the uterus I should expect it to extend the other way. Still there are cases that I have no doubt do begin there. Cases sometimes occur in the non-*puerperal* state, that cannot be distinguished from ordinary phlegmasia, except from the absence of uterine complications. During the prevalence of this disease, the secretion of milk is sometimes diminished and sometimes not. It does not always begin with the secretion of milk; it sometimes commences earlier; sometimes later.

In the treatment mentioned, nothing has been said about position. I always elevate the limb in the *puerperal* or non-*puerperal* patient. Less blood enters the limb, there are less pains, less exudation, and less swelling.

In regard to the medical treatment, I have nothing to add.

Sometime since I read an account of a chronic case that was cured by ligating the femoral artery; an operation also recommended for elephantiasis.

Dr. Bahrenburg—I recall one case of milk leg; the woman had been delivered twice with instruments. Her abdomen and leg had been enlarged for months; *Turpentine* and *warm clothes* were applied locally, and *Sulphur* was given one week, and stopped for a week, then *Sepia* was given. *Phos.* 3x was given to finish the case; the woman entirely recovered, was delivered a third time, by a midwife, and has had no subsequent trouble. She was formerly plethoric, but after the use of the remedies, she was diminished in size.

"THE POST PARTUM BANDAGE."

BY R. D. CONNELL, M. D., COLUMBUS, OHIO.

This is the heading of an article in July 15th number, 1879, by R. W. Nelson, which I wish to review. It would seem the doctor takes the ground in favor of the bandage, if by his article we are to judge him. The doctor starts out, that "the uterus is a strong muscular body containing within it the growth of the future species, until it is ready to come forth, and live by its own vital organs; and as the foetus grows, the uterus has to expand and its muscular power increase developing; it is, therefore, as it were, constantly on the strain." Now I take exception to his conclusions as the act of gestation is a natural process, as much so as the growth of man, and not necessarily any strain, but development by laws of nature, and if we are to draw any conclusions, better prepared to resist all outside influences. Nature first prepares the house all through the natural world, and we are to infer the uterus first undergoes the changes, and the foetus afterwards, not the reverse, as the doctor would have the reader to understand. Finally the process of evolution is complete, nature's work done if not interfered with, and the last stroke is to be enacted; there is a process of dilatation and contraction of the fibers composing the uterus, and the contents expelled by it, with the aid of the voluntary and involuntary muscles. From this he goes on and states "it is the same as any other overwrought muscle, while though it may be able to sustain its tonicity, yet with a properly applied bandage it can do it a great deal better." Now I ask the question, does nature provide herself with its needs? if so, are not the uterus and parts prepared for their work? And "no maybe" about it, I answer yes. And only as nature is interfered with and thwarted by doctors and nurses, meddlesomeness as well as the patients abuse of herself, do we have trouble. It being an abnormal instead of a normal condition, a result of nature's laws, and instead of lack of tone we ought to expect and do get "tone," as we never get in overwrought muscles; one is a natural phenomenon, the other is unnatural. Now how, through what process, does the bandage assist nature to overcome the lack of tone of the parts if it should occur? Is it because, like physicing, bleeding, etc., having been the custom of medical men in the past, who looked at all men who advanced a new thought as quacks and fools? Is that the reason? If not, what

is? What are the physiological conditions? In what way does it assist to tone the parts, or rather in what way may it not overcome the tone? The doctor makes the broad assertion, but we want proof or at least a plausible reason; perhaps a "*properly applied bandage*" will let him out, by applying it for instance to the bedpost. "*Paraceteses abdominis*" he gives as proof; let us see. In that trouble we get a weakened condition, a want of tone, a flabby state of all internal organs; they are being supported by the fluid, that being held in place by the walls of the abdomen. It is now removed, and until the parts accustom themselves to the change there is to that extent collapse; in the other the opposite is the result. You have a uterus in the natural condition weighing one and one-half to three ounces, now weighing from one and one-half to three and one-half pounds, filled with the richest blood the system is able to give; the bowels are also working with increased vigor as well as all internal viscera, instead of an *increased*, you wish a *diminished* action and must get it, if the patient does well, a condition to continue to the end of absorption. Therefore, there is no comparison in the two states or conditions, the results to be obtained in one case will not answer for the other. With one *decreased* muscular strength, the other *increased*; also that it will expel clots and prevent others forming.

I again ask how? Let us for a moment consider the anatomical relations of the parts. In health you have the fundus of the uterus about level with the brim of the pelvis looking downwards and backwards at right angles with the superior strait held in place by the round, broad anterior and posterior ligaments. The three last set of ligaments only folds of the peritoneum; the other or round set of nervo-muscular fibres passing downwards and forwards and lost in the labia majora; the bladder in front, the rectum behind. What are the conditions to be aimed at and what are the conditions to fear? In the first place, is it not to get perfect contraction and tone of all ligaments? and in the last to prevent all misplacements and weaknesses? If the first is desirable, will you be as likely to have favorable results by mal-position of parts as without? *Can* nature work as readily interfered with as without? And does the bandage so interfere with nature's work? Let us see. The walls of the abdomen are increased, the amount of adipose tissue in the omentum the same, the uterus very much enlarged as in fact all internal organs for the reason they have had the economy of two beings to provide

for instead of one. The bandage is applied, it is over a cavity, the result of expulsion of fœtus and appendage; parts are loosely placed in opposition but the bandage is drawn tighter and tighter, and as a result the parts brought closer and closer until all the parts are crowded into each other; the uterus is thrown into a distorted mass; perhaps, at its mouth a pouch is formed, or it is crowded against the neck of the bladder, and retention of urine follows to still occupy space and push the uterus back against the rectum, which in turn refuses to pass its contents; one complication paving the way for another. Where are your clots? The way for their escape is prevented, being held in uterus by conditions mentioned, the uterus made unnecessarily large, contraction prevented, and as a result hæmorrhage follows, only to increase the troubles already too great.

But I think I hear some one say, apply the bandage so as to press up, instead of downwards; if pressure is made at all, the parts all being yielding they must yield in every direction. And I here deny that any bandage will do anything else than what I have stated. Some may press worse than others, but all press so as to crowd the whole contents of the abdomen together and out of place, instead of lying loosely as nature intended, so as to get rest for the reabsorbed. Man comes in with his wisdom and sets nature on the back seat and attempts to drive for her, by the world's wonder, "the bandage." But how about the patient's feeling? They feel so much more comfortable for a time; that may be so, for there is quite a change; before, the parts were snug together; now, loosely placed one with the other, but just as nature intended. And it is no more of an argument than giving *Morphia*, being a friend in disguise, an enemy in the end.

But its power to reduce the form, the popular belief handed from mother to child, from doctor to patient, is too absurd to be laughable. That a person can get reabsorption by any such means, but lay it on the camel's back "not properly applied." Well said, for if applied at all it is true, and the sooner the medical world drops such an idea the sooner will it command respect from those who reason from cause to effect, for the bandage can only force the uterus down into the pelvis when it ought to ride above, for a time producing prolapsus, induration, and hypertrophy, with all their train of misery and suffering. And as to enlarged form, all will not be alike, some will be larger than others, for the reason reabsorption and contraction of muscular system as well as the adipose tissue is not carried on to as full an

extent, but if my reasoning is right, they all will be smaller than if we use the bandage, for it can only weaken and distort as far as it is possible for such a thing to do it. And I think experience of those who do not use the bandage will demonstrate the fact, at least that is my experience in cases I have noted. And all hail the day when it will not only be "fashionable" but the *only practice* in the human family as in the animal ræ, to discard the old time honored and much "improperly applied bandage."

ON GYNÆCOLOGICAL MANIPULATIONS.

In the last number of *THE INVESTIGATOR*, pages 21 and 22, is an article on "Gynæcological Manipulations," which in my opinion requires a careful scrutiny, if not a total dissent from the method of treatment therein explained.

If such "manipulations" are not a part of a trick to act upon the credulity of innocent patients, then, in my judgement, the practice of medicine does not furnish any. What absurdity for a doctor to manipulate a lady patient in that manner and claim that he is "stretching the contracted cords" of the "uterus!" It is plain enough that by this means and the "rubbing" further described that "doctor" must have spent a good share of his efforts on the clitoris and external genitals with what result can be easily imagined.

Such a "doctor" may pass for a time as a "powerful magnetic healer" but he is a fraud. They sometimes come this way and manipulate many patients for a time. They are called "paw doctors" and their popularity is not lasting. If, as your correspondent says, "many have tried to learn of the doctor but he never found one yet that was willing to continue the practice." It is a credit to his students and their sex as men.

Whatever the "success" of that doctor may be, I hope he will find no imitators in our school of practice.

A case in point: Some time ago a medical acquaintance treated a young lady for prolapsus by these, or similar, manipulations. Each time she experienced a sensation which, as she described it, seemed "like a streak of lightning going through her." The patient is said to have made, together with medicines, a speedy recovery, but on the parents of the patient being informed of the method of practice, it was

considered abuse, and the doctor censured by them and his professional colleagues.

If no better adjuvants to the treatment of our patients than this can be found, it is best to discard them all and adhere to the old land-marks.

E. R. E.

College News.

AROUND THE COLLEGE WORLD.

CLEVELAND HOMŒOPATHIC HOSPITAL COLLEGE.

Cleveland is an enterprising, independent city. We arrived as they were extinguishing the electric lights that render Monument Park as light as day. This is an innovation characteristic of the city that has the second Homœopathic College in the world; established in 1849, having added to our ranks over 1,000 physicians.

Professor Sanders and pleasant family gave us a very cordial welcome to his elegant home. He has a very choice practice but took time to show us the sights.

The new hospital looms up as the central figure in Cleveland. It is certainly a model in its way. Professor D. H. Beckwith, who has made hospital construction a special study, took great pride in pointing out to us its peculiar features. The arrangement differs entirely from anything of the kind we ever visited. Its chief features are the ventilation, heating and isolation possible. It is more like a large convenient home than a hospital. It was not quite completed. Prof. Beckwith promised us a full description of this model hospital.

One of the conveniences we found in friend Beckwith's very convenient office is for numbering prescriptions so that he can tell the remedy always. Here is his list of remedies with their sign number :

1	<i>Æsculus hip.</i>	12	<i>Arnica.</i>	22	<i>Bryonia.</i>
2	<i>Atropine.</i>	13	<i>Apis, mel.</i>	23	<i>Bichro pot.</i>
3	<i>Acid mur.</i>	13½	<i>Apocynum, con.</i>	23½	<i>Cactus grand.</i>
4	<i>Acid natric.</i>	14	<i>Arsenicum.</i>	24	<i>Calc. carb.</i>
5	<i>Acid phos.</i>	15	<i>Aurum.</i>	24½	<i>Calc. acet.</i>
6	<i>Acid sul.</i>	16	<i>Aloes.</i>	24½	<i>Calc. phos.</i>
7	<i>Aconite.</i>	17	<i>Baryta c.</i>	25	<i>Camphor.</i>
8	<i>Alumina.</i>	17½	<i>Baptisia tinc.</i>	26	<i>Cannabis.</i>
9	<i>Ant. tart.</i>	18	<i>Belladonna.</i>	27	<i>Cantharis.</i>
10	<i>Ant. crud.</i>	19	<i>Bromine.</i>	28	<i>Capasicum.</i>
11	<i>Ammon c.</i>	20	<i>Borax.</i>	29	<i>Carbo a.</i>

30	<i>Carbo. v.</i>	53	<i>Glonoine.</i>	81	<i>Phosphorus.</i>
30½	<i>Caulophyllum</i>	53½	<i>Hammelis.</i>	82	<i>Platina.</i>
31	<i>Causticum</i>	54	<i>Hepar sul.</i>	83	<i>Pulsatilla.</i>
32	<i>Chamomilla.</i>	55	<i>Helleborus.</i>	84	<i>Plumbum.</i>
33	<i>China.</i>	55½	<i>Hydrastis.</i>	85	<i>Prot. hg.</i>
34	<i>Chelidon.</i>	56	<i>Hyosegamus.</i>	85½	<i>Prinos.</i>
35	<i>Cina.</i>	57	<i>Ignatia.</i>	86	<i>Podophyl.</i>
35½	<i>Cinnibaris.</i>	58	<i>Ipecac.</i>	87	<i>Rhus. tox.</i>
36	<i>Acuta.</i>	59	<i>Iodine.</i>	88	<i>Rheum.</i>
37	<i>Cocculus.</i>	59½	<i>Iod. of Pot.</i>	89	<i>Ruta.</i>
38	<i>Coff. a.</i>	59¾	<i>Iris vir.</i>	90	<i>Sabina.</i>
39	<i>Cinnamon.</i>	60	<i>Kali carb.</i>	91	<i>Sanguinari.</i>
40	<i>Colechicum.</i>	61	<i>Kreasotum.</i>	92	<i>Santonine.</i>
40½	<i>Clematis.</i>	62	<i>Kali bich.</i>	93	<i>Sambucus.</i>
41	<i>Colocynthi.</i>	63	<i>Lachesis.</i>	94	<i>Secale.</i>
42	<i>Conium.</i>	64	<i>Ledum.</i>	95	<i>Sepia.</i>
42½	<i>Copaira.</i>	64½	<i>Leptandra vir.</i>	97	<i>Silicea.</i>
43	<i>Cuprum.</i>	65	<i>Lycopodium.</i>	98	<i>Spigelia.</i>
43½	<i>Coral. rub.</i>	66	<i>Laurocercus.</i>	99	<i>Spongia.</i>
44	<i>Crocus. sat.</i>	67	<i>Lobelia.</i>	100	<i>Stannum</i>
44½	<i>Croton tig.</i>	67½	<i>Macrotin.</i>	101	<i>Staphysagria.</i>
45	<i>Digitalis.</i>	69	<i>Mercurius sol.</i>	102	<i>Stramonium.</i>
45½	<i>Dioscorea.</i>	70	<i>Mercurius cor.</i>	103	<i>Sulphur.</i>
46	<i>Drosera.</i>	70½	<i>Mercurius deu.</i>	103½	<i>Succinum.</i>
47	<i>Dulcamara.</i>	71	<i>Mercurius viv.</i>	104	<i>Terebinth.</i>
47½	<i>Eupatorium.</i>	71½	<i>Mercurius dul.</i>	106	<i>Thuja o.</i>
48	<i>Euphrasia.</i>	73	<i>Mezereum.</i>	107	<i>Urtica u.</i>
49	<i>Felix mas.</i>	76	<i>Natrum mur.</i>	108	<i>Verat alb.</i>
51	<i>Ferum.</i>	77	<i>Nux vom.</i>	109	<i>Verat vir.</i>
51½	<i>Gelsemium.</i>	79	<i>Opium.</i>	110	<i>Zincum.</i>
52	<i>Graphites.</i>	80	<i>Petroleum.</i>		

Prof. Baxter piloted us through the convenient college building. We were arrested by the fascinating lecture by Prof. J. Edwards Smith on *Salts*, their chemical composition and microscopic appearance.

We were introduced to the large fine class of 150 earnest men and women, and we must make "a speech." What better illustration of the necessity for a good knowledge of chemistry than in the study of *Alkaline vs. Acid Children* and their food. Acidity means decay, so the effort of the physician is to get his thin scrawny acid children into a plump *alkaline* state. We sketched the chemical difference and tried to make a point, that while the selection of the food was guided by *contraria*, the selection of the remedy was governed by *similia*. Adhering to *contraria* was conclusive proof that our Allopathic friends are not out of hygiene—children in therapeutics governed by their "tastes."

By the way Prof. Smith is a microscopic hero of no small repute. He is known in all microscopic circles in all countries as being able to get out of a microscope more than was deemed possible. It is well known that a revolution has taken place in microscopes. They are cheaper

and better. A 1-6 objective is now more valuable for work than a 1-16 or 1-25 was years ago. This is a saving to the buyer of from \$50 to \$100 or more. Prominent in bringing about this change has been Prof. Smith, who championed the cheap and effective lenses and who "fought objectives" with the most noted in the land. He has prepared a work, "How to See with the Microscope," that tells all about this subject. It will be a practical work and one that every physician should read, as it differs from any book yet printed. We have arranged to publish it.

Prof. Jones followed with an interesting clinical lecture. Clinics abound in this college. Two dispensaries furnish plenty of material. The ladies, under the skillful management of Prof. Bigger, conduct one very large dispensary. The faculty promised our readers some clinical lectures, which will doubtless be interesting as well as valuable.

Cleveland has two pharmacies, Witte's and Pettet's. Enterprising Witte manufactures *Sugar of Milk*. Pettet is well known as the "*Vaccine Virus* man." Cleveland has an able body of earnest Homœopaths. The medical atmosphere is stimulating. QUILL.

Consultation Department.

ANSWER TO CASE.

In answer to Dr. deVilleneuve's case of ascarides I would state that *Ether* has never yet failed me when given by enema in the proportion of from one to three minims to eight ounces of water. I think that if the operation is thoroughly performed it will never fail; otherwise it should be repeated in about fifteen or twenty days.

M. R. CULLISON

ANSWER TO CASE.

Page 90 January 15th INVESTIGATOR, 1880, case for counsel by S. D. T. There is nothing given in this case by which one could select the remedy with any degree of certainty. The time the child has been paralyzed does not appear. Nor does he give us the probable cause of the paralysis. I should mistrust some spinal trouble, and would call attention to *Rhus tox*, *Hypericum per*, *Calcarea carb*, or *Calc. phos*.

E. L. ROBERTS.

"CURE FOR WORMS."

In reply to A. B. de Villeneuve's request for a remedy for "*ascarides*," I would state that I have obtained more satisfaction from *Urtica urens* than from any other of our remedies. Five or ten drops 1st dec. attenuation, according to the age of the patient, given at one dose, will often afford relief for *months*; and if repeated at long intervals, would frequently seem to remove the trouble altogether.

J. A.

BENZOIC ACID IN ENURESIS.

Allow me to thank J. W. M. for information on page 114 February number. Not being able to get the tincture I used the first decimal trituration three or four grains in half a glass of water. A teaspoonful every three hours, cured a girl of sixteen who had "always wet the bed," and secured me the lasting gratitude and the future practice in the family. Several Allopathic physicians (?) had given the case up. It took a month to cure her.

LONG ISLAND.

THE ASTHMA CASE

for council in December 15th number, calls for *Argentum nitricum*, but it should be given not lower than the 30th. "Short breathing with deep sighs; much oppression; violent attacks of dry spasmodic asthma, forcing him to rise and walk about." "Spasms of the respiratory muscles; great constriction and stitches in the epigastrium; cannot talk; drinking suffocates; even a handkerchief before the nose impedes breathing; agony, thinks of killing himself." "Awakes with attacks of suffocation." see that invaluable work — Guiding Symptoms — which should be on the shelves of every Homœopathic physician. We all owe a debt to Dr. Hering which we cannot pay and the least we can do is to buy his books to show that we appreciate his self sacrificing labors for nearly fifty-four years.

C. B. GILBERT.

ASCARIDES.

On page 45, of THE INVESTIGATOR, Jan. 1, 1880, A. B. de V., asks "What is the curative treatment for ascarides?" my treatment and cure, is, to stop the cause, and treat the effects. It is an observed fact, that they breed once in four weeks or every moon. If removed from the patient there are none to breed. If the patient is not fed food that produces the pest, there will be none. First stop the use of all candies, sugar, and sweets of all kinds, feed three times a day, and no luncheon, on good wholesome food. Give *Teucrium*. 2x dilution No. 35 pills four-

times a day for two months. When the child complains. "Turn them up," and the mother or nurse can remove the "wigglers," with the finger, then drop a few drops of sweet oil and use a little salt and water, and when they bite again, remove them and so on till the child is relieved which operations may have to be repeated for two or three nights, when all will be well till four weeks, when the same treatment is necessary. I have never had to repeat but twice usually once.

W. W. FRENCH.

SUGAR IN DIPHTHERIA.

Did you ever use white sugar as a topical application in diphtheria? Paget says, I believe, "that in fibrinus exudates the deposit is thrown out from nucleated blastema" and "cellular exudates from nucleated cells" following the law of the greater the supply, the poorer the quality, where the exudate is very profuse it is a soft plutaceous mass, can hardly sustain its vitality, so portions of it die, and, like other cell matter, suffers putrefaction; and in this putrifying state, there is plenty of room for the micrococcus, etc., but as common white sugar will destroy excessive granulation and "melt away proud flesh" better than any thing I have tried, why can it not destroy, this exuberant cell growth that comes from the same nucleated cell but with diminished vitality, and by so doing destroy the "Pyine" principal that poisons the system by absorption more and more. Do not understand me as thinking this a local disease, it is a hæmatotoxic disease and by its specific influence causes an inflammation of the throat. This deposit (excretion) is a result of this inflammatory process, and the putrescence, a result of the low vitality of the matter exudated, and the low vitality is due to the abundant formation, and what a splendid nidus for "Micrococcus" to bask under the swaying branches of the "Penicollium Glaucum," or to serenade Mrs. Bacteria, who has been rocked to sleep upon a pus cell or playing hide and seek within the darkened borders of the "diplosporium fuscum" with the gentleman from New York. With a microscope, these Exudates are called "tritoxid" how natural that a hybocarbon should destroy and sugar I believe is the thing, of course it is *conjecture*, and I ask your attention. I have only treated three cases after this plan, all recovered. They all liked the sugar the first two or three days then it made their throat smart and needed some coaxing to take it. This may be an old idea but I have never heard of it. It is certainly worth trying with sugar at ten cents a pound and funerals a hundred dollars apiece. C. W. H.

WHAT WILL CURE ?

My wife aged fifty, medium height, plump, hair dark, eyes blue, weight in health from 180 to 196 pounds, not much inclined to corpulency ; temperature *nervo-sanguine* ; appetite not very good ; bowels at times costive, at other times about normal. She has practiced midwifery for the last twenty years, up to about the last five months. She had to stop, on account of her flooding after each case attended to. Her menses have been irregular for the last four or five years ; sometimes every two weeks, sometimes every three, scarcely ever, going to the fourth ; at times she would almost flood to death, without any warning. For the last two and a half years her feet and legs would swell up to her knees, in daytime, would go down partially at night. I concluded it was the change of life working upon her. In September 1878, she had an ovarian abscess of each ovary ; both broke and discharged their contents into the abdominal cavity ; she immediately became delirious ; a cold death-like perspiration set in immediately over the entire body. Her pulse ran up to 140 beats per minute ; her heart's beat could be heard in any part of the room ; she vomited a green bile every time any fluid was drank. We reduced the heart's action with the cold sheet and other seemingly indicated remedies ; we succeeded in taking her through that trying ordeal of septic poisoning. She enjoyed moderate good health during last winter up to June ; we discovered a sort of a pitted ulcer on the anterior left half of the cervix and os uteri, which has grown slowly at each monthly, becoming very small under my treatment between the monthlies, but in spite of my best treatment will increase again in size at the month. Her menses are at present regular every four weeks ; when they come they last about six days. The ulcer projects about from one-half to three-fourths of an inch ; it has a granulated head ; some of the first pits filled up with granulation and healed up ; other granulations appear to remain about the same. For the last three months at the menses she has had a severe, ovarian neuralgia ; pains from either and both ovaries, direct to the sacrum. The left is somewhat enlarged and indurated and remains so from one month to the next. There is now a small lump, growing and increasing in size, about opposite and on the left half of the promontory of the sacrum and on the edge of the same ; she complains of a constant, dull, aching pain in the same. Her urine at those times almost dries up, with a constant desire to pass more ; when she does pass a little probably not more than two or three tablespoonfuls, she complains of a

terrible pressure at the orifice of the urethra ; urine voided, at times clear as usual, at another passage in perhaps one hour, a grayish pus-like sediment will be deposited on the vessel ; no two voidings are of the same color at times. Perhaps I might do better if it was not the wife of my youth that I have to treat. Now any one of our school that can and will assist me with their counsel, stating medicines, potencies. etc., will confer a lasting favor. The results will be reported through THE INVESTIGATOR. H. C. HULLINGER.

CASE FOR COUNSEL.

Mrs. S., widow aged forty-nine, medium size, good form, brown hair and eyes, nervo-bilious temperament, has been ailing for a number of years. Complains of a bad feeling in her head and the whole length of her back, and by spells an undescribable feeling all over which may last but for an instant, or at times it lasts for an hour or two, and when it does is accompanied by terrible headaches which extends from the eyes all over the head and down the spine, and at the same time a disagreeable feeling in the stomach, sometimes amounting to a severe pain. (*Ant. crud.* relieves this pain). Appetite good, bowels regular, urine normal in appearance but has not been subjected to critical tests. Generally sleeps well nights, but is miserable as soon as she wakes. Can not confine herself to reading, writing, work, or even close thinking without causing such a confused feeling in her head, blur before the eyes, and an "undescribable feeling" (she calls it) all over. Her gait is somewhat impaired ; walks like a drunken man, seems as if she would tip over ; her feet and lower limbs feel queer, not really loss of motion or sensation, but feel as if they were not hers. Has been under Allopathic treatment for past ten years, for the pains in her head and back. Has had her back blistered the whole length with *Cantharides*, *Tartar emetic*, etc.; has had it painted with *Iodine* and cupped, etc. (No benefit). Previous to ten years ago she had used freely for a long time a hair dye, made of *Sugar of Lead*, *Cantharides* and *Sulphur*. One other symptom I forgot to mention, an intolerable itching at the anus, which troubled her mostly just at night for which she found no relief until she used locally *Hydrate of Chloral* dissolved in water 1 to 50. Has been under my treatment for about two months, and the best indicated remedies so far have only given palliative relief. Opinions in regard to diagnosis, prognosis and treatment would be thankfully received. Has the hair dye anything to do with the present troubles ?

J. E. S.

"MALE LEUCORRHOEA."

Is there such a thing as male leucorrhœa? Mr. E., has been under my care for a long time, troubled with what our physicians call "male leucorrhœa." My patient is a man aged thirty-eight years, rather under medium hight, very chunky and weighs a hundred and eighty pounds, hair dark brown, clear eyes, clear healthy features, very actively engaged in his business, not the least inclined to hypochondriasis, or sedentary habits; principal vocation, speculator, or as we call it in the west, "trader." He has been married thirteen years. During the war, and while in the service, had a slight attack of gonorrhœa. When he came home, had a very bad case of what I suppose, from the description, to be gonorrhœal ophthalmia, and was cured in "the good old way," by blistering the whole length of the spinal column. Never was addicted to self abuse in any shape, is perfectly temperate in everying except using tobacco, (chews all the time.) Has had several severe attacks of urethral calculi, with all the excruciating pain that could possibly accompany such a disease; and when it would attack him it lasted from two to three months at a time, by the help of the "regulars." Has always been treated by Allopathic physicians, except the last four years, he has been under my care and has not suffered from the urethral calculi since I first treated him for it. Ever since he has had the urethral calculi, he has been troubled with a discharge more or less all the time, like he had chronic gonorrhœa. The discharge is yellow, sticky and puslike; and there is always some of it to be seen at the end of the penis. Is it male leucorrhœa, and what is the remedy? I have used *Cannabis sativa*, also injected *Calendula*, and *Hydrastis can.* in connection with a thorough hygenic treatment. I forgot to mention that, he has a burning sensation at times, seeming to be from the neck of the bladder to the end of the penis, also a symptom as of a bug crawling in the region of the prostate gland. He has always been troubled with pin worms. Riding horse back will very much aggravate the discharge and pain. His wife has, ever since she was married, been troubled with leucorrhœa, sometimes very bad; this is the symptom that his old physicians hinged their diagnosis, and they may be correct, what say you?

E. M. HARRISON.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

SHENANDOAH, Pa., Jan. 13.—We are having a very open winter which is hard on chronic pulmonary cases; have scarlet fever, malignant type. *Aconite, Bell.* and *Carb. ammonium*, cure most of cases. Wishing you a happy New Year. E. C. H.

MONTICELLO, Ind., Jan. 16.—Healthiest season known for years. Many suffering from severe colds at present. A few cases of pneumonia scattered over a wide range of territory. Remedies indicated: *Aconite, Bell., Bry. alb., Phos.* J. B. DUNHAM.

MECHANIC FALLS, Me., Jan. 20.—Prevailing diseases are: Bronchitis, pneumonia and tonsillitis. Remedies used: *Aconite, Bell., Bryonia, Merc.* and *Sulph.* W. WATERS.

BRINTON, Utah, Jan. 16.—Prevailing diseases are: Pneumonia, influenza. The health of our country is generally good, with the above exceptions. Remedies used for the first, *Gels., Bapt., Phos., Verat. vir.* For the second, *Allium cepa, Euphrasia, Verat. vir.* H. C. HULLINGER.

SWANTON, Vt., Jan. 20.—We are having what is called an "open winter," scarcely any snow as yet; changes in the weather are very sudden, a great deal of south wind accompanied by rain. The prevailing diseases are colds, with more or less sore throat, and in some cases diphtheritic deposit. Two children have died with the croupous form of diphtheria. One, a boy nine years of age, son of an Allopathic physician; the other was a child, aged four years. This form of the disease seems to prove fatal in the majority of cases. Can any one recommend a satisfactory treatment in these cases? C. J. FARLEY.

GREAT BELT, Pa., Jan. 23.—The prevailing diseases are: Diphtheria, malignant and mild; many cases of the latter are made malignant and fatal by Allopathic medication; this time only five died out of ten children in one family. I lost my first case out of nineteen, or rather I was selected to prescribe for this fatal case. In an active practice of nearly seventeen years this is the only loss in

diphtheria. The nineteen are recent cases. Scarlatina came ushered in with fourth patient in a family having diphtheria; the scarlet color warned me on first sight.

P. S. DUFF.

CASES FROM PRACTICE.

CASES OF DIPHTHERIA (four).

Fauces vivid *red color*; deposits, thick grayish-white exudation; loss of strength; chills; nasal discharges; *pain in the limbs and back*; brilliant eye; dry hot skin; no appetite; dyspnoea; membranes formed into casts. Pulse quick and feeble. Remedies, *Bapt.*, *Merc. cyan.*, *Phyt.*, *Kali perm.* Temperature, 99° to 104°.

CASES OF DIPHTHERITIC SORE THROAT (eight cases).

Fauces dark red, motly hue; deposits, muddy-grayish exudation; full strength; light catarrhal fever; pulse full, but small; *pain in head and throat*; tonsils swollen; bowels confined; cool skin; deposits reappear when gargled off and bleed, *deeply eaten in*; pain in ear. Temperature, 90° to 94°. Recovery, 97° to 98°. Remedies, *Ars chin.* 3x, *Bell.* 1x, *Phyt.*, *Kali perm.* gargle.

℞ *Aqua pura* ℥iv } *Cochl. parv.*
Sp. Ferments ℥j } omn. quadr. hor.

DIPHTHERITIC SORE THROAT.

Complication cum rotheln, Ars chin., Rhus tox. Temperature, 94° to 97°; *cum scarlatina, Bell. 1x, Aconite 1x, Phyt. 1x.* Temperature, 91° to 104°. (Four cases).

J. I. O. MEADE.

CLINICAL MEMORANDA.

Cicuta virosa has proven very useful to me in cases of neuralgia at the nape of the neck, with tendency to drawing of head backward and of dull occipital headache, both of which are so common in malarious districts. It has for a long time been my intention to write out a comparative study of this remedy and its relative, *Conium maculatum*, but want of time prevents. The latter drug was styled by Bernitz and Goupil some years ago. "the opium of the female genital organs," and although it has become something of an aphorism to Homœopaths that it is "especially suitable for old men," so far as my experience goes it has seemed to be equally a remedy for woman in various disorders of

the sexual system, notably multiform ovarian disturbances, and cases of mammary tumors at their beginning. Several cases of the latter, of suspicious or at least doubtful character have entirely disappeared under the use of the *Conium*, and this with no local or other treatment whatever, except the injunction to prevent pressure of the clothing, pads, etc., upon the gland. It may be said that these tumors were shown to be benign by the result, and very likely they were. But the appearance of any "lump" in the breast is certain to give the patient no little anxiety, and she is very glad to be rid of it.

I have always used the 30th, or a higher potency of these remedies, and am governed by the concomitant symptoms in their choice.

B. H. CHENEY.

Medical News.

Banquet.—The third annual banquet of the Alumni Association of the Homœopathic Medical College of Missouri will be held on the evening of the college commencement, March 11. Desired information may be obtained of the secretary.

W. B. MORGAN, 3726 N. 10th St., St. Louis.

Drs. C. T. & M. C. Harris has removed from Ypsilanti, Mich. to Syracuse, N. Y., on account of climate. Dr. H. is author of *The Nurse*, a practical man, and a *large* addition to the fraternity of Syracuse.

Homœopathy Ahead.—Quite a breeze was created in the California Legislature when the name of C. W. Breyfogle, M. D., came up for confirmation as member of the State Board of Health, but Homœopathy came out ahead on a vote of 25 to 11 to confirm the Governor's appointment.

Bureau of Pædology.—The bureau of pædology of the American Institute of Homœopathy, has selected the "Diseases of the Digestive Apparatus," for papers and discussions, at the meeting in Milwaukee next June. The following is the order of arrangement, viz: W. H. Jenney, M. D., of Kansas City, Mo., Chairman, acute gastritis, causes, anatomical characteristics and diagnosis; W. A. Edmonds, M. D., prevention and treatment of same; J. C. Sanders, M. D., stomatitis, causes, diagnosis and anatomical characteristics; A. M. Cushing, M. D., treatment and prevention of same; R. J. McClatchey, M. D., gastromalacia, anatomical characteristics, causes and diagnosis; W. Danforth, M. D., preventive and treatment of same; T. C. Duncan, M. D., thrush, anatomical characteristics, causes, diagnosis and treatment; S. P. Hedges, M. D., gangrene of the mouth, anatomical characteristics, causes, diagnosis, prevention and treatment. Mary A. B. Woods, M. D., dietetic rules to be observed in the treatment of diseases of the digestive organs.

The Homœopathic Mutual Life Insurance Company.—This company have now arranged to issue policies on good lives from \$100 to \$10,000. We believe the fluctuations in real estate the last few years have demonstrated that life insurance is the surest investment a man can

make for his family. Cumbered real estate is not a very desirable legacy. "Life policies of \$100 to \$1,000 with short payments" is a feature that every physician can commend to his patrons. This company has issued a lot of valuable pamphlets that we can freely distribute to help our business, and we ought to reciprocate by helping the only Homœopathic Life Insurance Company.

The "Index Catalogue of the Library of the Surgeon Generals Office" I am advised, is in the hands of the printer, and the first volume is expected to be out the last of December 1880, to be distributed *only* to public libraries, institutions, and those who have contributed largely to the Library, and as it will be but a little additional expense, while in type to strike off a larger edition for a more extended distribution I would suggest that every physician immediately write their member, asking Congress to make an additional appropriation for a larger edition under a hope that they may be fortunate enough to obtain a copy of this valuable publication, believing they can in no other way further the objects of said distribution better. J. S. KIMBALL.

Died.—As we go to press we are called upon to record the sudden death from diphtheria of our colleague, W. H. Woodyatt, M. D., who is well known to our readers. We esteemed Dr. W. as an earnest, noble, kind-hearted gentleman, a thoroughly scientific physician, and an oculist of the first rank. We deeply lament his loss and unite with the family and friends in mourning for our brother. A fuller notice will appear in our next.

Dr. W. Doolittle.—At a meeting of the Monroe County Homœopathic Medical Society, the following was adopted:

In commemoration of the death of Willard Doolittle, M. D., secretary of this society, it is proper that our expression of esteem and sorrow be placed upon the minutes, therefore,

Resolved, That this society has sustained the loss of a member who has commanded our respect as a man of unswerving morality and a gentleman of character.

Resolved, That we recognize in him the elements of a true physician; among the foremost of which was faithfulness to his calling, even to the sacrifice of his life, which occurred by his assiduous attendance on a case of diphtheria.

Resolved, That with deep sympathy for his widow and child, we extend to them all the aid and protection in our power to render.

Consolidation.—I would suggest that the *American Homœopathic Journal* and others be consolidated with THE UNITED STATES MEDICAL INVESTIGATOR and make that a weekly, and raise the price accordingly, because one good reliable journal is worth three or four small ones, and will give far better satisfaction to all subscribers. Try it and see if it can be done. S. R. B.

[Much in little space is the order of the day. Some years ago we consolidated the Chicago journals into one, and tried to effect the same plan with others. No sooner is one journal out of the field, however, than up springs another, and the new journal, like a new baby, attracts attention for a time. The stringency of the times brought into the field several cheap journals and carried others out.

We have always tried to conform to the times and average wishes of our readers, and have therefore increased the size of our journal for this year about 200 pages, but shall not call this a new volume. Nothing would suit us better than to make THE UNITED STATES MEDICAL INVESTIGATOR a weekly, i. e., double the size, at \$5.00 a year. If 1,000 of our subscribers say "go ahead," we may take the risk next year. The profession can easily consolidate the journals, if they will concentrate on two or three of our own journals. The profession can make our journals what they choose.—ED.]

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series. VOL. XI., No. 4.—FEBRUARY 15, 1880.—*Whole No. 256*

Surgical Department.

THE RADICAL CURE OF HERNIA.

BY J. G. GILCHRIST, M. D., DETROIT, MICH.

It has become quite an established principle in surgery, to avoid any instrumental interference in the case of ancient incarcerated hernia unless it should become strangulated. The authorities are quite unanimous in the matter, and it is only under somewhat exceptional circumstances that they admit the propriety of operative treatment. A case has recently occurred in my practice, which in addition to possessing several important therapeutic indications, will well serve to illustrate the fact that Old School authorities should not be considered as implicitly to be relied upon when our *materia medica* enables us to convert what to them would be a defeat into a brilliant victory; to ward off recognized dangers, and to reduce the inevitable sufferings to the minimum of intensity. None who have intelligently pursued the art of surgery can doubt the potency of our remedies in the various concomitants of traumatism; even the dreaded peritonitis becomes something very manageable. It is not that such experience is novel in my practice, or that others have not similar opportunity that the case below is reported, but that we may add

something to the experimental knowledge of the Homœopathic therapeutics of surgical conditions. For some years the writer has refrained from reporting "cases" in the journals, but on looking over his case book for the past year, find such a wide field had been covered, and so many lessons of value were deducible therefrom, that the rule has been broken, and the first case falling under the eye has been selected for comment.

CASE. Jacob R—, aged forty; residence Detroit. Two years since, when working at his trade, that of a stone-mason—he felt a sudden pain in the left inguinal region, followed by a swelling, proving a hernia. A truss was prescribed, but owing to some defect in its construction, it failed in its object, and the tumor became constant, and was pronounced incarcerated hernia. The tumor for a time increased in size, and ultimately entirely incapacitated him for work. Many surgeons of repute examined the case, and all declined instrumental treatment unless strangulation should occur. He visited Germany, and met with no better success, the surgeons whom he consulted likewise declining interference. In October 1879, he came under the professional care of my esteemed friend and colleague, Dr. Jas. D. Craig, of this city, who called me to the case in counsel. It was determined to attempt an operation for the reduction of the hernia, and at the same time endeavor to prevent a recurrence of the protrusion. November 6, 1879, with the assistance of Drs. J. D. Craig, and Wm. M. Bailey, the following operation was performed. The tumor was on the left side, and measured thirteen inches in its long circumference, and eleven in the short. A long incision was made, reaching from the external ring to the base of the scrotum, and the tunics, which were intimately blended together by plastic adhesions, were successively raised on the director and divided. The hernial tumor was found to be composed of omentum and mesentery, and not only firmly attached to the surrounding parts, but even to the columns of the inguinal ring as well. The adhesions were all broken up, mostly with the handle of the scalpel and the fingers, and the protruded intestine returned within the abdominal cavity.

The hernia being thus reduced, there was revealed what before had been concealed, a large hydrocele, with the walls of the vaginal tunic quite thickened. The sac was opened by a long incision, removing an elliptical portion of the tissue. One or two points of

suture with carbolized cat-gut were now introduced, and a single stitch placed in the ring to reduce the size of the opening. The hæmorrhage was trifling, but one vessel, a branch of internal pudic — requiring ligation. The external wound was loosely approximated, and held by a few stitches of silk.

At the close of the operation the pulse was 65, and the temperature 3° below normal, or 95.6. The parts were covered with a compress wet with dilute *Hypericum*, and the same remedy given internally, at intervals of two hours. As is usual in all cases in which I have used the *Hypericum*, which is a constant practice — there was entire absence of pain, notwithstanding the incisions were made in extremely sensitive tissues, according to ANDRALL (COPLAND's *Med-Dict.*), and the incision of the abdominal rings is known to be (LISTER) exquisitely painful. On the fourth day, the scrotum was enormously enlarged, of a dark color, and the left side of the penis correspondingly affected. The pulse was 105, and temperature 101°. Under *Arsenic* this condition rapidly improved, and pulse and temperature remained normal until the eleventh day, when there was another rise to a slight degree, and suppuration became pronounced. The abscess was evacuated, and to the close of the case, on Dec. 5, 1879, improvement was uninterrupted. There is some slight tendency to protrusion of the hernia, but in other respects the condition is all that could be desired, and better than many would have expected or even hoped for.

The particular points of interest in this case are: The freedom from pain following the employment of *Hypericum*; the favorable result of an operation generally deemed unwarrantable; the value of *Arsenic* in traumatic gangrene, or threatened gangrene; and the scientific character of Homœopathic therapeutics, which furnishes data, in the majority of instances, for an accurate prognosis.

COLOGNE WATER.—A case is reported in the *Brit. Med. Jour.* where a lady in perfect health had some cologne water spilled in her nasal passage, pharynx, larynx and trachea. On the second day there was two small ulcers on the pharynx, and in four days time a perfect cast of the larynx, trachea, and left bronchus was expectorated with immediate relief. The nasal mucous membrane was also covered with membrane which was not cast off until the seventh day.

Children's Department.

ASPHYXIA NEONATORUM—APNŒA—SYNCOPE.

This is a condition in which the respiratory muscles after delivery do not contract at all, or only imperfectly. It may be due to three causes, viz., apnœa, asphyxia and syncope.

Apnœa or want of breath is perhaps the most common form of defective respiration and is usually diagnosed asphyxia apoplectica. The child presents a red bloated face; mouth blue, body warm and red with mottled spots here and there. The infant is large and well developed.

In *asphyxia* proper, or asphyxia suffocatoria, respiration is obstructed from the profuse amount of mucus blocking up the nasal passages, or larynx. The face and lips are blue, eyes protrude. There may be partial respiration at first, but from inhaling some of the discharges with the first rush of air the bronchial tubes become finally closed, especially if the nurse does not facilitate the ejection of the mucus. The cry in these cases is hoarse and rattling. The children are usually large and fat.

Syncope or faintness is really due to impeded or arrested circulation. This form of suspended respiration is found in cases of compression of the cord, rupture of the cord, or premature separation of the placenta, as in multiple births. Prolonged and forcible contractions of the uterus may bring about this faintness. In a case of triplets all were born in a state of syncope from prolonged labor. The last was beyond the power of resuscitation.

Treatment.—The management of each of these forms of asphyxia will radically differ.

In apnœa proper, asphyxia, apoplectica, the pressure of blood to the brain is so great as to produce stasis of the blood, and paralysis of the respiratory muscles. Allowing the cord to bleed will often relieve. Placing the body alternately in hot and cold water will tend to contract and relax the capillaries, and thus relieve the pressure upon the brain, and at the same time stimulate the respiratory muscles to contract. In these cases respiration is ushered in, usually, with a gasp. Artificial respiration by placing the child alternately in the sitting

and recumbent posture, should be resorted to. Blowing into the mouth and thus forcibly dilating the air vesicles will help to start the respiratory act. Pouring cold water over the head sometimes works nicely.

In the suffocative form where mucus obstructs the air passages at any point, this must be removed before the normal entrance of air will be facilitated. The finger may be introduced into the glottis and the occluding mucus removed. Holding the child by the heels will by the force of gravity tend to clear the larynx and trachea. Blowing into the mouth, after having put a drop of *Alcohol* on the tongue, may stimulate absorption of the mucus, and contraction of the air vesicles and lesser bronchi.

In a case of triplets still-born, the author was enabled to start respiration in two of them by blowing in the mouth about six times a minute. The third infant was exsanguinated, from, I think, exfoliation of the placenta some time before birth. A more rapid labor would doubtless have saved this child, although they were all less than eight month fetuses.

One precaution should always be taken; Not to blow too forcible into the mouth of the child. A catheter passed into the trachea may be used. Eberle, p. 79, records a case of rupture of the air cells by this means. The steady respiration of health should be simulated. Vogel says: If we succeed at all in saving an asphyxiated child, we usually accomplish it in one or, at the most in two or three hours.

The management of apparent death from syncope demands prompt recourse to position. The child should be suspended by the heels as in syncope from anæsthesia, until the face becomes turgid by the force of gravitation filling the capillaries of the brain, then artificial respiration should be resorted to for a few moments, then if the face becomes pale, again the head should be lowered and artificial respiration again protracted until the normal respiration is fully established. If the cry is feeble, it will be best to keep the head dependent, as we would in a case of severe hæmorrhage in childbed. Gravitation must help keep the brain properly supplied with blood, until the system has manufactured enough to make up the loss, or if there has been no loss until the nervous energies are fully recovered, and the nerve centres properly supplied with their appropriate food by a steady current of blood.

Aconite should be given when the child is hot, purple, pulseless and breathless or nearly so. Apoplectic form.

Belladonna would be preferred when the face is very red and the eyeballs injected, pupils dilated. Apoplectic form.

China will be called for in cases of syncope or where profuse hæmorrhage has been the cause.

Tartar emetic.—In the suffocative form where the child is pale and breathless, although the cord still pulsates.

Ipecac is recommended by Hartmann in these cases.

Camphor may be given instead of either of the above remedies, and especially in cases from syncope, also after *Tartar emetic*.

The efforts at artificial respiration should be persevered in for some time. Cases are on record where success has occurred after two hours constant effort.

Signs of returning life are: Slight twitchings and tremulous motions around the mouth, contractions of the pectoral muscles, which at first may be very slight, returning warmth and redness of the lips, motion of the froth at the mouth, and at last audible respiration.

In these cases of asphyxia respiration is usually feeble for some time. Then it should be treated as directed under the head of *Asthenia* or *General Feebleness*, p. 127. and *Atelectasis*.—*Part V. Diseases of Infants and Children.*

EXPERIENCE WITH SCARLET FEVER.

If there is one disease that demands ability, patience, quick perception, sound judgment, and close surveillance that disease is scarlet fever, and especially does it annoy the physician of limited experience; the various forms, the varied surroundings, the rapidity of its changes, the dangerous sequelæ, all combine to make it dreaded by the lay people and profession.

How are we to treat it? Some say, "select the similitum and prescribe it high;" others, "select your remedy and give it low;" others give *Bel.*, *Aps.*, *Cinnabaris*, or *Chloride of Lime* or *Carbolic acid*, or a thousand and one other things that they have used, and thought good, and in many cases too many of these things are tried for the welfare of the patient.

I have had a large experience in the treatment of this dreaded disease. I have not had the universal success that many claim to them-

selves for some of the little sufferers have died while under my treatment, as I believe they will under any form of treatment where the type of the disease is anything like severe. Now, I claim that it is next to impossible to select a perfect similitum in many cases; the ignorance of the nurse, the impossibility of the little patient describing its peculiar sensations and conditions, render "guessing" at a portion of the picture necessary.

I expect to receive some censure, and perhaps severe criticism from some; and perhaps be ostracised as a Homœopathic physician. I am not writing this to those who know more about the treatment of scarlet fever than I, but for those who know less, so I beg you, seniors and professors, to "draw it mild," should you after reading the article, kick over your table and curse your hostler because such stupid fellows write for the magazine; use your own plan, and those who do not know, will thank you if you will tell them.

Assuming that I write this to the juniors, let me say: Do not try to cure scarlet fever in a day; do not try to "break it up;" your province is to guide it to a successful termination; you will find indicated in the beginning, *Bell.*, *Apis*, *Ailanthus*, or perhaps *Aconite*, which will be easily determined by objective symptoms.

Aconite 3x.—Case of a very mild type, or if roseola prevailing; rash, if it has appeared, is rough, or irregular; rarely indicated except at the beginning.

Apis 3x.—Absence of thirst, skin smooth, slight blushes in patches, or small, red spots coming and going; spots about the size of a bean with moderate gastric catarrh, or diarrhœa.

Belladonna.—General indications: Rash smooth and livid; congestion to head; delirium moderate, restless, nosebleed, etc., in scarlatina anginosa.

Ailanthus glandulosa 6x.—Very violent gastric catarrh; violent and continued vomiting; speedy development of the rash; rash livid or dark; great prostration.

One of these medicines is usually selected to begin with, continuing the one selected every two or three hours, as long as the patient is no worse, and conditions remain the same; should an infiltration of the cellular tissue of the neck take place, *Rhus tox.* will relieve; if glandular enlargement, *Merc. sol.*; if diphtheritis supervene, *Merc. prot.*; giving these remedies in connection with the one selected at the beginning, and as long as the patient is no worse, I am happy; watching for unfavorable symptoms and divergence from the normal

run, the first indication of diphtheritis is the thin, watery discharge from the nose; it has no smell and attracts no attention from the nurse, unless inquired after; this is usually controlled by *Kali bich.* 2x; if not controlled in twenty-four hours, give *Arum tryph.* 3x, a capital remedy in scarlatinal coryza. If constant pain in the ear, evinced by crying and moaning continuously, give *Pulsatilla*; if spasmodic pain in ears, evinced by screaming at intervals, and reaching to the ear, *Kali bich.*, or *Silicea*. When the rash begins to peel off, give *Sulph.* 30th every three or four hours; or, if infiltrated cellular tissue, give *Rhus tox.* in alternation with *Sulphur*; if cervical glands very hard, *Baryta carb.* 6th trit.; if the pulse remain frequent, watch your case closely, you may be sure there is some sequela to come; the sequelæ most likely to present are, dropsy, pericarditis, or œdema pulmonum. Cardiac complications require the same treatment as if not in sequence of the fever.

Dropsy.—I begin the treatment as soon as œdema of the face presents, with *Arsenicum* 3d to 30th, according to age and constitution, and continue it at intervals, through the whole case. Other remedies are given notwithstanding.

Apis mel.—Absence of thirst; waxy paleness; red spots on the body 3x, 2 or 1, until it makes an impression on the case, then higher.

Helleborus nig.—Scanty brown urine, smoky color; rolling of the head, or lifting it up from pillow.

Apocynum can.—Great thirst, drinking at once large quantities of water; ascites or anasarca; urine scanty, usually not a bad color.

Colchicum.—Urine bloody, or very dark, like coffee.

Now do not forget *Zincum met.* in the course of the case, one of the most valuable remedies, where the brain seems threatened or invaded, evinced by the expression of the face; pearly whiteness around the mouth; starting, jerking of limbs, or twitching of single muscles; screaming in sleep; constant motion of feet.

If pulmonary œdema, I should think of *Crotal. hor.* or *Jaborandi*. This latter ought to be a grand remedy.

Regime.—You will meet this monster in the mansion and hovel; in places where everything they wished for can be had by asking, and where there is not enough to keep a well child comfortable. With the one, you will have to see it is not stuffed with good things to its disadvantage, or over-fed on articles allowed; with the other, that they have sufficient support; give them milk and water, as a beverage, or the juices from stewed dried apples, which, being slightly acid,

coagulate and remove the mucus accumulated in the fauces; do not keep them too much wrapped up, and bathe them sufficient for cleanliness.

For the violent coryza, during and after a severe attack, *Arum tryph.* is the best remedy. Smoked bacon, if not too salt, rubbed over the child, will relieve the terrible itching which deprive the patient of all sleep.

OLE MOSES.

Medico-Legal Department.

MEDICAL EDUCATION.

BY PROF. J. S. MITCHELL M. D. PRESIDENT OF THE CHICAGO
[HOMŒOPATHIC COLLEGE.]

Education is the panacea for human woes. In the evolution of man we are at times on the crest of the wave again in the trough of the sea. Some snik, others gain the crest of the succeeding wave and so on until they reach a firm foundation. It must not be argued because some who have had every advantage of education are lost that it has no power to save. The papers chronicle that one graduate of Vassar sadly fell from the noble state of pure womanhood, but it does not change the fact that the influence of the higher education of woman Matthew Vassar provided affects favorably this whole nation. If any thing really lifts a man above his fellows it is education. Emphatically is this true in medicine. Who are the men in our annals who have left their impress upon these times. What do our medical biographies teach? Clearly and by overwhelming data that they were men who had thorough preliminary education and whose medical studies were well pursued. I interested myself one day in the biography of Homœopathic physicians of the United States I found such the case with nearly all of national reputation or sectional. These are the men who lead our thought, who devise new instruments, who open new fields of diagnosis, who methodize the intricate maze of therapeutics, who venture upon new operations, who unfold the wonders of chemistry, who develop and simplify histology and throw new light on disease by divining its causes.

It is true of all schools of medicine. Tell me what a man has done in

medicine and I will tell you by that alone what his previous training was. I believe in all kinds of education. I respect the self educated man. I even respect the educated thief above the common pilferer. I mean educated in his profession not the back slider. What a man does let him do well. It was a shrewd thing in him who saved his life when he had accidentally fallen among a gang of counterfeiters by claiming to be a prince of the craft. They would have killed him that his secret might perish. Defly tossing a bogus coin that was cleverly made he told how much better he could fashion one. They demanded urgently who he was. Uttering the talismanic name of the most celebrated of all counterfeiters the effect was such that he did not even have to endure a test and soon escaped.

The sentimentalism over great criminals has its main spring higher than appears superficially. The world respects ability. The present danger to our institutions is the ability which now a days often characterizes fraud. But the reaction from this will come. It is only a step which has to be as a prelude to another utterly different.

In this country where a flat-boatman may one day be president every man is in the line of promotion. There can be no doubt if the advantages of such conditions in hastening the onward march of civilization. If we trace the history of medical education in this country we shall see that it has followed inevitably the genius of our institutions.

At first, quite servilely, we made our medical schools after the fashion of our English ancestors. The two colleges, one at New York and the other at Philadelphia, which existed before the revolution, were patterned after the University of Edinburg. They required preliminary examination. Three years' study and one course lectures gave the Bachelor's degree; another full course admitted a candidate twenty-two years old to examination for the doctorate. Medical education began to change with the commencing prosperity of the great nation. In the early part of the century we commenced what was most emphatically the American plan. The attentive student of history must learn that it is useless to stem the tide of popular sentiment. The country was growing with marvelous rapidity. Medical schools also grew in numbers to correspond. In 1825 there were sixteen, in 1850 about forty, now there are seventy-five, unless new ones were established last evening. This is exclusive of some thirty which have been organized and discontinued. With this large number came a marked lowering of the standard.

Preliminary qualification was no longer required; a short term of study was demanded; examination was less severe. To make a long story short, 75,000 graduates have triumphantly held diplomas certifying they were learned in medicine and surgery—since the beginning of this era in American medical education. One great disadvantage it is claimed of this era, is the rapid multiplication of medical schools.

The same may be said of other educational institutions. Denominational colleges have sprung up rapidly. Normal schools abound in many districts. Each state fosters its own educational interests. We have only 343 universities in the United States, Ohio leading with thirty-four. President White, of Cornell, in an address delivered at Detroit, pointed out very clearly the disadvantages of our many colleges.

Who is to limit them? To whom shall we entrust the right to say no more shall be established? Even if this could be, would it be wise? Would concentration into two or three or a half dozen schools after the European methods be well? Competition, not co-operation is our guiding principle; it is unquestionably developing. The two Old School medical colleges in Chicago result in better teaching; the same may be said of the two Homœopathic colleges. Faculties are roused to their best energies by competition; it may be assumed that in the long run the best will succeed. Temporary success may follow very questionable methods, but still water runs deep. The strong, practical, honest sense of the profession will find the right in time. The disposition to multiply inordinately will be kept in check by the certain actual difficulties that attend the establishment and maintainance of a medical college. Time, labor, and money are required; these are not long forthcoming minus success. A weak college, and one on poor foundations will soon be numbered among the things of the past.

We can trust to the survival of the fittest. We have just entered upon the third period in the history of American medical colleges; it is a hopeful one; there is no denying the fact that a deep undercurrent has set in in favor of a higher standard. It cannot be stayed. It will increase steadily until it is a torrent. The colleges that keep pace with it will alone stand; the others will drop by the wayside.

One of the features of the new era is a disposition to return again to legislative interference. Whether that will aid us or not, depends upon the honor and intelligence of those to whom these vital inter-

ests are entrusted. Anything that interferes with liberty is to be deprecated. When, however, license usurps its place—it is competent and advisable for the state to interfere. It seems hardly necessary to refer to the fact there is such a thing as civil rights. The public weal requires due protection of its health. A course pursued by a medical college that jeopardizes this must and will be reached by the strong arm of law. When this great commonwealth of Illinois, which, beginning in the rich rolling prairies about this beautiful little city of its northern limits, slopes down like one grand terrace to the caves along the Ohio, grants a charter to a medical college, it is its people who really act. No matter whether the charter calls for specific action in the party of the second part or no. The implied obligations are binding. They are simply that the college shall give to its students a fair education, not after the highest standard, but after the one ordinarily recognized. It is always easy to determine that. Woe to the college that does not regard this plain truth.

We hear much said about the cause of Homœopathy. What is Homœopathy? The science of therapeutics, *i. e.*, the science of medicine, for there can be no scientific application of remedies until we are versed in diagnosis, pathology, and in fine, all departments of medicine. The immortal Carroll Dunham has clearly shown us these relations. I accept then for Homœopathy the broad, definition *scientific medicine*. It follows that just so far as our colleges impart high education, they advance Homœopathy; just so far as they degrade medical education they discredit Homœopathy. We may ask ourselves here what should be the relation of the profession and societies towards our colleges? The answer is a more fostering interest. The colleges on their part should be more open to the general profession not run in any sense as conclaves. Their methods should be more closely scrutinized. They should be more related to each other. Plans might be adopted similar to those in classical colleges of friendly contests in an intellectual way. As doctors, we need more outside stimulus in our lives. The lawyer comes in contact with men with keener, more incisive minds than his own and he grows. If we could have state society meetings every week we should develop much faster than we do. Let student life begin with more competition, more direct contact of mind with mind. Give us more public examinations. Let the profession interest itself to attend them. Then instead of judging from a rose-colored announcement which college to attend, the student would be more

likely to select the one where the best teaching was to be found. Above all let our medical instructors remember the grandest words of Daniel Webster :

“ If we work upon marble, it will perish ; if we work upon brass, time will efface it ; if we rear temples, they will crumble in the dust, but if we work upon immortal minds, we engrave on these tablets something that will brighten through all eternity.”

Book Department.

HOMŒOPATHIC TREATMENT OF DIPHTHERIA. BY DE FOREST HUNT, M. D., Grand Rapids : Eaton, Lyon & Co. Chicago : Duncan Bros. : 12 mo., 102 pages, \$ 1.00.

Perhaps no disease has been more frequently written up than diphtheria. Some works are clinical, some didactic, some partial essays, and some deal only with its therapeutics. Good as all these works are they do not satisfy the profession, chiefly because they are not systematic, thorough and progressive. Any one who has been in active practice for the last fifteen years well knows that no disease has differed so much in its symptoms from year to year, as this one. In 1877 the dyspnœa from the pharyngeal inflammation was the most serious phase of the disease, while in 1879 and 1880 muscular atony seems the dangerous feature. While *Bell.* was a prominent remedy in 1877, *Arsenicum Kali*, *Lach.* and *Gels.* are prominent remedies this year, especially during convalescence.

The author of this little work has dissected the subject something after the method in Ziemssen's Cyclopædia, and as the various parts are briefly treated it makes the work seem disjointed. The symptoms of the remedies are given as in the materia medica without regard to order of appearance or type of the disease. Singular that *Belladonna* is omitted altogether. Our first, and we believe most value remedy, except *Merc. bijod* in this disease. We do not wish to say that this work is of no value for it is a useful compilation. There are a few errors we would like to see corrected, e. g. where astute Wagner is charged with esteeming croup and diphtheria as “ identical.” The point he makes is that the croupous form and membranous croup are identical, which clinical experience corroborates. We have confirmed

the experience of Dr. Bennet on this point. Another point is that the tongue presents no characteristic appearance. The broad, flabby, *beef-steak* tongue, carrying a brown coat is to us very diagnostic, and serves to distinguish from sore throat or tonsillitis, which has a broad, flabby, *pale* tongue. We know of no disease that needs more careful diagnosis, or more prompt treatment. Our management is usually to give *Bell.*, then *Merc. bijod* or other remedies as indicated. Sustain with liquid food, like beef tea, and above all enjoin strict *quiet*. We believe that no one can read this little work without profit.

AN ELEMENTARY TEXT BOOK OF MATERIA MEDICA : CHARACTERISTIC, ANALYTICAL AND COMPARATIVE. By A. C. COWPERTHWAIT, M.D. Professor of Materia Medica in the Homœopathic Medical Department, State University of Iowa. Chicago : Duncan Bros. 8 vo., Cloth \$3.50. Half Morocco \$4.50.

We received some days ago a copy of this really valuable work from the publishers, Messrs. Duncan Bros. The book pleases the eye for the paper and print are good and the typographical errors not very numerous. Taken altogether it is just the book needed by the student of Homœopathy. The characteristic symptoms of one hundred and forty-five remedies are given, and in the main we have no fault to find with them, but our good friend Cowperthwaite will pardon us if we offer a few criticisms. What the author terms "grand characteristics" are printed in italics. The moment, however, a symptom becomes a "grand characteristic" of a dozen remedies it is valueless as a diagnostic point. Vertigo is marked as a grand characteristic of *Aconite*, *Apis.*, *Bry.*, *Cycl.*, *Dig.*, etc. Why not also a "grand characteristic" of *Bell.*, *Chin.*, *Nux. vom.* and a number of other remedies which we always think of before *Aconite*?

We notice many symptoms mentioned as grand characteristics which are entirely new to us. Under *Natr. mur.*, for instance, grand characteristic, "inflammation, redness and lachrymation of the eyes." Why not *Acon.*, *Bell.* etc? "Violent unquenchable thirst" is another grand characteristic of this remedy, mentioned by the author. This we have always considered one of the best indications for *Aconite* or *Arsenicum*. The *Natr. mur.* patient has thirst, usually, but it is seldom violent and unquenchable. We notice the omission also of one of the most important characteristics of *Natr. mur.*, viz., chronic sensation as of a hair upon the tongue,—a symptom which Prof. S. A. Jones analyzed and explained fully some years ago.

How easy it would be to practice Homœopathy if one could place entire reliance upon a grand characteristic like this, for instance: *Nitric acid*, "Diphtheritic membrane on tonsils and fauces extending to mouth, lips and nose." Why not *Merc.*, *Kali. bi.*, etc.?

Under *Mercurius* we find grand characteristics starred and double starred, but no explanation of this marking is vouchsafed to the reader.

Under *Rheum* we find, "Cool sweat on face (*Verat*)," which is really misleading to a student as *Veratrum* has "Cold perspiration on the forehead." We also find "Child smells sourish," and look in vain for the symptom under *Hepar.*,—which only has "sour smelling stools."

Our old friend *Calc. carb.*, is presented under a new name, viz.: *Calcarea ostrearum*, which may be proper but we all rather like to have old friends retain the same name through life. What is really the most characteristic symptom of this drug is bodily thrown over to *Silicea*, viz.: the head is wet from profuse sweating at night.

Taking the examples we have mentioned and a few others that might be criticised, and all that can be said against the work is told. It is undoubtedly, we repeat with emphasis, the best book on the subject for the student.

T. S. HOYNE.

This book is the work of a thoroughly conscientious Hahnemannian. It has been compiled carefully from what the author considers as trustworthy sources, and will be of value to the student and busy physician who has not time in ordinary cases to study the great Encyclopædia of *Materia Medica*.

It differs somewhat from the several other volumes which have been written to satisfy the demand for something like a "boiled down *Materia Medica*." The author prefaces each remedy with a brief general analysis of its method of action, its tissue and organic affinities. Then come the "Mind," "Brain;" and other portions of the body after the old Hahnemannian schema. At the end we find the conditions of aggravation and amelioration, and finally the "Therapeutic range."

If any one symptom resembles a symptom possessed by other remedy or remedies—they are mentioned in parenthesis. This is a good plan, for it facilitates the student in his hunt for affinities. We find the general and special characteristics are usually well chosen. They are the time honored ones, verified by the best men of our school.

The chief thing to regret about the book is that it contains only 145

remedies, and that many of them could have been omitted and others of more real value put in their places. But as no two physicians place the same estimate upon the same 100 medicines, this can be excused. In this work there are symptoms which cover all those to which "flesh is heir to,"—if they are reliable. Who shall say they are not? Until every physician who reports verifications of symptoms is a master of the natural history of disease, we shall never know whether our symptomology is to be relied upon or not.

Take it all in all, I would rather place my faith on the symptoms here given than those of any other author.

But I could not practice Homœopathy with this text book alone. I should feel lost without Allen's Encyclopædia. It would have improved it if a copious clinical index had been appended.

Typographically it is better gotten up than many other works recently issued and is an honor to the publishing firm of Duncan Bros. It is a large octavo of 400 pages, on good paper and fair type, a little too small for any but young, sharp eyes.

The whole shows that Western authors and publishers can, if they try, compete with those of the East.

E. M. HALE.

REPERTORY TO THE MORE CHARACTERISTIC SYMPTOMS OF THE MATERIA MEDICA. Arranged by C. LIPPE, M. D. New York: Bedell & Bro. Chicago: Duncan Bros. 8vo., pp. 322. Cloth \$4.50.

The first expression on seeing this book is "its a small book for the money." The next will be after using it "there is a great deal in it for the size." The paper is thin and the type is fine. It is solid gold and like gold is done up in a small compass. Unlike many books from Gotham it is not an armful of paper, but whether the profession will appreciate the gold currency is a question. We say this so that the work will not be misjudged.

We are informed that this work is based on the repertory to the manual published in Allentown in 1838 by C. Hering. To this have been added selections from Boeninghansen's works, Father Lippe's *Materia Medica* and the works of Bell, Guernsey, Hering and Jahr. This is in fine, a selected or characteristic repertory. It is therefore reliable as far as it goes. As this is the first repertory that has appeared for years it is worth while to explain what place a repertory fills. Some think that it is an index, clinical or symptomatic and are disappointed. It is to many "a puzzle" that they cannot put together, therefore with a large mass of the profession repertories are very

unpopular. Well what good are repertories any way? Repertories are comparative, condensed materia medicas. To illustrate; what other remedies besides *Aconite* has vertigo as a prominent condition. To find out in the materia medica, (unless it is a comparative one like the Elementary Text Book), we turn to remedy after remedy to find which has a vertigo. Well how do they differ, all vertigos are not alike? Again we go through the book and compare them. All this has taken much time and more patience than many physicians possess. With this repertory we turned to sensorium, (an obsolete physiological term), and on page 17 find "vertigo" and six columns of variations, causes and conditions by which we may make comparisons and selection of the remedy that has the similar vertigo. We may take this symptom as the key to the remedy and then turn to the materia medica and compare this remedy with our case. Or we may look up in the repertory two or three more prominent symptoms of our case and perhaps find that we have three remedies to compare in our materia medica before we can select the simile. It will be seen that the repertory can be a great help to the physician who desires to select *the* similar or Homœopathic remedy for his cases.

Repertories were more used in the early days of certain symptomatic prescribing than in the subsequent era of similar pathological guessing. *
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Eye and Ear Department.

PRIZE ESSAY ON AMAUROSIS.

NOTE.—In accordance with my custom, as Professor of Diseases of the Eye and Ear in the Hahnemann Medical College and Hospital, of Chicago, of annually offering a prize for the best essay on some subject within my department, the subject of Amaurosis was selected for the title of the essay for the session of 1878-79. Dr. J. G. Russell, now of Chicago, was the successful competitor, furnishing the following essay. While by no means exhaustive of the subject and sometimes erroneous, it is well written and presents an interesting subject so condensed as to repay a perusal.—C. H. VILAS.

Amaurosis, as its Greek derivation signifies, is obscure vision; so also might we say that the term itself is obscure in meaning. At

least it is very inclusive and vague in the medical literature of the present day. Although many times it may be regarded as a disease *per se*, yet again in other cases it might be used, and very appropriately singly as an adjective; in fact it is often a symptom of other diseases and dyscrasiæ. The term amaurosis, practically signifies loss of vision, partial or total. The expression, amblyopia is sometimes used to express the former condition; it is the first stage of the amaurotic condition. It seems to us that in the present state of ophthalmic literature that we need seldom employ such an inclusive expression, but be able to assign in nearly every case, some existing cause for the impairment of vision. Various different names and expressions have been used at different times to express this same condition, as black cataract, nervous blindness, optic anæsthesia, etc.

Various classifications are made of the causes of the amaurotic condition. We mention but one classification, constitutional and local. These causes may be predisposing or exciting, functional or organic. In making this classification we appreciate the fact that it is not admitted or at least not in accordance with the views entertained by authors that we have reviewed, they generally, confining the causes to morbid changes within the eye, extra-ocular, or to causes within the cranium, intercranial. And whenever this condition of amaurosis exists from causes constitutional as diabetes, drugging, poisoning, pregnancy, etc., it is regarded, and correctly, simply symptomatic. From views that we have expressed above we would as soon regard amaurosis resulting from retinitis merely as symptomatic as when it resulted from a toxical condition of the blood.

CONSTITUTIONAL CAUSES.

Among these we mention as most prominent repeated and protracted determination of the blood to the head and eyes by unusual physical and mental exertions; pregnancy, violent vomiting; masturbation, unbridled anger, grief and other passions, abuse of stimulants, suppression of natural and habitual secretions, excessive indulgence in venery, abuse of different stimulants such as, *Opium*, *Lead*, *Belladonna*, *Hyoscyamus*, *Stramonium*, etc., abuse of bitter medicines as *Quassia*, *Chinchona*, *Chamomilla*, *Chicory*, etc.; exercise in hot sun; general debility, derangement of digestion; the depressing emotions and the pressure of tumors upon the blood vessels of the neck in such a manner as to prevent the return of blood to the brain.

LOCAL CAUSES.

We include among these, morbid growths within the orbit; mechanical injuries of the eye; sudden transition from darkness to bright light; lightning; frequent use of optical instruments, like the telescope and microscope; exostosis within the cranium; sanguineous effusion upon the brain; injuries of the head. We might make another classification which perhaps would give us a broader view of the etiology of the affection.

First.—Predisposing. Among these, hereditary disposition, dark eyes; forced mental or physical exertion; excess of passion; pregnancy and the puerperal state; habitual stooping; indigestion; abuse of stimulants; suppressed discharges, menstrual derangement; gout, rheumatism or scrofula; retrocession of eruptions; habitual constipation; chronic diarrhœa; typhoid fevers; use of snuff; long continued grief; nursing long continued; leucorrhœa; masturbation; excessive use of sight on minute objects or in a bright glaring light; strumous ophthalmia.

Second.—Exciting. Very bright light, working with minute objects by lamp or gas lights at late hours, strong shocks of electricity, as lightning; long-continued over excitement of the eye; mechanical injuries producing contusion, or concussion of the retina; *Belladonna* or poisonous fungi; epileptic or other convulsions; apoplexia or paralysis; injuries to fifth pair of nerves; hypochondriasis; accumulation of bile; fright; neuralgia with or without carious teeth; drying up of old ulcers; cessation of menses; typhoid fever or scarlatina; metastasis of gout or rheumatism; syphilis; and abuse of *Mercury*.

DIAGNOSIS.

Amaurosis is generally distinguished from cataract by the loss of sight being sudden or partial, presenting the appearance of fly-spots, or motes covering parts of an object. In cataract, difficulty increases very slowly, and loss of sight is proportionate to the opacity of the lens, and sight is better in a dim light; while in amaurosis the loss of sight is greater than the disturbance would warrant, and sight is better in the morning after a refreshing sleep, and in a good light. Pupil is generally circular, movable and not dilated in cataract. In amaurosis it is immovable, not quite round and dilated. On examination, we find in cataract a convex grayish opacity immediately behind the pupil. In amaurosis, a concave, dirty, smoky opacity deep in the fundus of the eyes, sometimes absent. In amaurosis, with

glaucoma the opacity is concave, but deep in the fundus, and nearly always of a greenish shade. In incipient cataract it is grayish. In the former the eyeball is firmer than natural. In the latter it is of the usual firmness. In the glaucomatous form loss of sight progresses slowly, occupying several years. In cataract sight rapidly declines.

SYMPTOMS.

The partial or total loss of sight which particularly characterizes this disease is principally dependent upon a diseased condition of the optic nerve and retina, although other structures occasionally participate in the disease. Amaurosis occurs at all ages, and in both sexes, but is most common at cessation of menses in females, and at the age of forty or fifty in males. Amaurosis may be perfect or imperfect. In the former there is total loss of sight. In the latter, partial loss of sight. In former patient cannot distinguish day from night; in the latter the patient sees as through a gauze, or but half of the object, or double, or only when the eye is in a particular position with respect to the object. The signs of the approach of the disease are, pain in the forehead and temples, diminishing with the advance of the amaurotic condition, and ceasing when it has become complete; vertigo, weakness, and cloudiness of vision apparent when looking at distance and minute objects; also sparks and motes or *muscæ volitantes* float before the eyes annoying the patient and impairing sight; in reading and writing, a stronger light than usual is demanded. After these precursory symptoms the loss of vision becomes gradually more complete, until after months or years there remains a condition of settled and more or less perfect amaurosis. In other instances the disease advances with rapidity, and terminates in a partial or total loss of sight in a few days, and it is not uncommon for it to occur instantaneously, leaving the patient in profound darkness. When either of these latter conditions obtains, there are generally few signs which indicate the presence of so serious an affection. The principal symptoms would be only a dilated and movable pupil, and a loss of contractile power in the iris, and occasionally a slight strabismus. But these symptoms are not always present. The shape of the pupil is not quite round. We sometimes meet with the affection in an intermittent form depending upon a peculiar state of the system, as in pregnancy, disordered menstruation, hysteria, etc. It is a point worthy of note that black eyes are far more subject to amaurosis than blue or gray eyes. Baer supposes that where one blue

eye becomes amaurotic, at least twenty-five or thirty black ones suffer.

PATHOLOGY.

First, amaurosis is perhaps always dependent upon some physical change in the structure of the eye, though this is not always perceptible on dissection. Functional amaurosis, says Baer, proceeds from direct depression of the vital sensibility of the eye, or from inordinate excitement, and consequent exhaustion of this property. Mackenzie thinks that in all these cases there is a certain degree of organic derangement, even when dissection does not reveal it.

Second, congestive or inflammatory state of the retina and adjoining parts; varicose state of the vessels; unusual injection of the minute arteries of the adjoining coats of the retina; complete retinitis; exudations of lymph under the choroid; inflammation of the external surface of the sclerotic coat, injection of the choroid and adhesions of the retina to it; thickening morbid density of the retina, change of color and ossification or wasting, of the retina.

Third, "the optic nerve may be compressed or otherwise affected by structural changes in parts contiguous to it." (Coplands Vol. I.)

Fourth, diseases of the brain or its membranes may cause amaurosis by impeding functions of the optic nerves, although the structure of these nerves be uninjured. The most common of these are: Organic lesions of the pineal and pituitary glands, sanguineous and serous effusion, tumors, abscesses, softening of the brain.

PROGNOSIS.

[When] the cause of the disease is evident, and one which can be removed, the patient young, constitution good, partial or entire recovery may be looked for. When it has suddenly been induced; the pupil being more nearly the natural form, and the eyeball not altered in structure, the prognosis will be more favorable than when the pupil is fixed in a state of either expansion or contraction, or when the eyeball is either soft or preternaturally hard, or when the back part of the eye presents a greenish opacity. When the attack is sudden there may be disease in the brain. If the symptoms have been developed in succession, there may be a tumor, cyst or exostosis within the cranium, and in all such cases the prognosis must be unfavorable; and also in cases where the cause has been long in operation, the loss of sight gradual the constitution is much impaired, and the cause cannot be speedily removed.

Amaurosis depending on morbid growth within the orbit or cranium is considered incurable. A favorable prognosis may commonly be entertained in those recent cases which depend on congestion of the optic nerve, retina or thalami nervorum opticorum, arising from general plethora, suppressed menstruation, or hæmorrhoids. The effect also of mechanical injuries, laceration, contusion and blows upon the eye, it may frequently be cured.

TREATMENT.

This must of course depend upon the cause of the amaurotic condition; in one case drugs, in another electricity, may be employed; and in all, as far as practicable, the state of the patient's health should be attended to. This can be done best by individualizing each case and choosing the proper Homœopathic remedies. The remedies deserving of particular attention in this affection are as follows:

Aurum mur.—Sudden attack after scarlet fever and during child bed, with cold perspiration, small pulse, quick, irregular breathing.

Belladonna.—After suppressed scarlet eruptions, with cerebral symptoms.

Gelsemium.—With desire for light after apoplexy, congestion of the head.

Nux vomica.—In consequence of habitual use of intoxicating drinks.

Phosphorus.—Previous illusions of sight, and after sexual excesses.

Secale cor.—With photophobia; suppressed secretion of tears; stitching pain in the eyes; dilated pupils; blue and fiery dots flying before the eyes.

Sulphur.—After suppressed itch.

Veratrum vir.—Immense circles of green color around the candle, which on closing the eyes turn red; vertigo; after loss of vital fluids.

Zincum.—Suddenly coming and going, with headache; contracted pupils.

Consultation Department.

PRURITUS VULVÆ.

H. Crater will find his case is suffering from "ascarides." Give rectum injections of *Carbolic acid* one to thirty in water, and apply hot poultices of tansy leaves to the parts. R. W. NELSON.

MALE LEUCORRHOEA.

E. M. Harrison, in number for February 1, 1880, asks some questions in reference to "male leucorrhœa." I presume the term means urethritis, acute or chronic. Like leucorrhœa in women, there is a cause; in this case I think careful exploration will show some prostatic trouble (as hypertrophy), or a vesical stone, probably from the retention of the "urethral" calculi referred to. By all means interrogate the prostate and sound for stone.

J. G. GILCHRIST.

WHAT WILL BE THE EFFECT?

Will some one of the readers of THE INVESTIGATOR please inform me what the effect will be on the system from giving *Chloroform*, one-half drachm administered at once? Will it injure the constitution by administering by inhalation so as to bring the system under the influence of it once, twice or three times per day for two or three days and then every other day for two or three, then two or three times per day again for six months, will it constipate the bowels?

M. D. LANE.

ANSWER TO CASE.

For Dr. Hullinger's case on page 136 MEDICAL INVESTIGATOR we advise *one single dose* of *Thuja* CM. (Fincke), and then wait. Give this dose to the patient in the morning as soon as she rises, dry upon the tongue eight or ten small pillets. Patient must not use coffee or tea during the treatment. Chocolate or cocoa can be used if liked, and also milk freely if it agrees with the stomach. Must give up practice for the present and use moderate exercise outdoors. Better walk than ride, if former is not overdone. When we say *wait* after the one dose we mean *wait*, giving the drug ample time to declare its action.

C. CARLETON SMITH.

MORE WORMS.

I have a patient affected with ascarides since his birth, he is now thirty-four years old and still constantly suffering with that terrible itching, awaking nervous and worn down; have tried *Ipecac*, *Verat*, *Lycop*, *Cina*, *Merc. cor*, *Culcarea*, *Ignatia*, *Ratanhia*—high and low. As long as he is under the influence of either he is no more annoyed with the itching, but as soon as he stops a day or two the intolerable itching comes back. Have given also *Indigo*. Please let me know the late pathology of ascarides with its curative treatment.

A. B. de VILLENEVUE.

[Will Dr. Lippe "draw a bead" on this?—ED.]

IS IT TRUE?

"The return of frost was the signal for the return of the Memphian Hahnemannians to their unfortunate city. When the plague set in the Homœopaths found it convenient to retire, notwithstanding the boast of their ilk that *similia similibus* is effectual, even to the curing of yellow fever. Of the forty-six resident regular physicians thirty-six stood manfully at their post, and some of them went to their reward." —*Michigan Med. News.*

If the above is true we ought to know it. Let us have unimpeachable testimony from the Memphis Homœopaths themselves. Let them defend themselves. Give us your names gentlemen.

A. F. RANDALL.

FOR J. E. S.'S HEADACHE CASE.

The case of J. E. S., in *THE INVESTIGATOR*, page 187, is one that needs early relief or it will end seriously. The patient is evidently suffering from cerebral congestion and possibly the spine is also congested. The symptoms given are rather meagre, but they point to *Kali brom.* and *Secale cornutum* as the principal remedies. It may be necessary in this case to use the constant electric current, and in that case I would advise the doctor to get Dr. Butler's *Work on Electro-Therapeutics and study it.* Of course she should avoid everything that would tax the mental powers, such as reading, thinking deeply, etc., and should on no account use stimulants of any sort, particularly anything of an alcoholic nature and *Opium.*

J. D. CRAIG.

CASE FOR COUNSEL.

A lady, aged thirty-six, black hair and blue eyes, below medium size, weighs from ninety-five to one hundred and ten pounds, married fifteen years but never had children. Fifteen years ago she became constipated and would go a week without defecation. Later diarrhœa would follow constipation until she was constantly troubled with diarrhœa and constipation alternately. The last five years she has been troubled with diarrhœa most of the time, though it checks up occasionally and sometimes becomes constipated. Discharge is quite thin and brown colored. Has griping pains before bowels move and then feels easy but very weak. When diarrhœa is bad a watery leucorrhœa sets in which checks when bowels are better. Diarrhœa and leucorrhœa go together. At present diarrhœa comes on in the morning before daylight is better remainder of day. Has constant tickling in

throat with cough. At times has throbbing pain over right eye. Has aching pains in region of liver and pain along the lower inner angle of both shoulder blades. Bowels and feet generally cold. Tongue clean and appetite fair. Has taken considerable medicine but not much physic.

W. H. HALL.

MORE TAPE WORM EXPERIENCE.

“Is tænia a disease?” It seems to me to be as much a disease as any foreign substance in the body might be called a disease, and the only way to cure the disease is to remove the foreign body when the cure will take place spontaneously, and there can be no health while this foreign body remains disturbing the equilibrium of the system. I agree with Dr. Pearson’s article in January 15th number. Patient, a man twenty-six worked in wire mills, began to run down, pain and distress in stomach and bowels, passed segments of tape worm, food did not do him much good, ambition gone. Here is the prescription and the result:

B. *Punica gratum radix* ℥ ss.
Aqua Ojii.

Boiled down to two pints, to be taken in two doses one half hour apart. With last dose take

℞. *Jalapa* ʒj.
Oleum anise gtt v.

To be taken on an empty stomach. This patient took this at one dose. In one hour he had one hundred and nine feet of tape worm, head and all.

This was over a year ago, has had no signs of tape worm since, is now well and hearty. Does not result justify the treatment?

D. G. SHELDEN.

CASE FOR COUNSEL.

Mrs. B. aged about twenty-seven, had about six years ago an attack of erysipelas and was treated Allopathically, had local applications of *Sugar of Lead* water. After getting over the erysipelas her hands began to show unmistakable evidence of lead poison, and are now much distorted, the wrist and finger joints being decidedly in the condition noticed in lead poison cases; the strength of fingers and whole hand generally is greatly diminished, she handles her fingers awkwardly and uncertainly. About a year after the erysipelas she was married. Has had one child, now about two and one-half years old. Child at birth

was pretty large, still she had a comparatively easy labor, no rupture occurred. Before the birth she had her full share of sexual instincts and desires, but since then has lost them all—she dreads and even has a sickening aversion to an embrace—this has become worse gradually and she experiences positive pain at such times. Even the slightest touch of the clitoris produces pain which she cannot describe. The clitoris appears to be very small and shrunken, in fact can scarcely be detected at all. Her husband, a most exemplary man, has respected her condition and for many months has entirely abstained from sexual intercourse.

About five months ago, after getting worn out in attendance upon her sick mother, she had a severe attack of ovarites, (right side), was delirious for two days but made a good recovery, but with an extensive external and internal ulceration of os and cervix uteri. The discharges from this was acrid and excoriating. Three or four local applications of fluid extract of *Hydrastis*, together with *Kali iod.* 30th a few doses followed by *Bell.* 200th, have entirely cured this ulcerated condition, and she now is in pretty good health generally. There remains however the dread of sexual intercourse, which both she and her husband are anxious should be removed. Suggestions will be thankfully received. "P."

Therapeutical Department.

NOTES ON THAT HEART CASE.

On page 94, (January 15th number), Dr. J. C. M. bestows some thoughts on an article of mine published in the number for December 15th (page 432), in which I have described a case of mitral regurgitation with suppressed murmur in the last stage. Such criticisms are often beneficial, as they tend to stimulate us to closer study and greater care. The numbered sentences in quotation marks are his.

"1. No valvular first sound of the heart was heard; hence no mitral regurgitation was demonstrated."

Now the valvular element of the first sound is produced by the closing of the mitral and tricuspid valves, but, mostly the mitral, the tricuspid being but faintly audible. This is a fact now universally rec-

ognized, and I trust, needs no proof. The sound produced is in all probability the direct result of the sudden tension of the valves and chordæ tendinæ, as the former close and arrest the backward flow of blood at each ventricular contraction. If, now, the mitral valve does not close perfectly what is the result? Evidently the sudden tension is diminished and the sound correspondingly modified, while we have an accompaniment, a systolic apex murmur from mitral regurgitation. If the valves do not close at all, but, in consequence of their crippled condition, merely make a stiffened awkward movement in the direction of the opening, there is no sudden tension and consequently no valve sound, while the murmur of mitral regurgitation takes its place. The murmur is then said to be substitutive. Accordingly, the *presence* and *not* the absence of the valvular first sound, would have argued against the existence of mitral regurgitation. As further evidence, permit me to quote: "Mitral lesions impair the mitral portion of the valvular element of the first or systolic sound, other things being equal, in proportion to the extent of the injury to the mitral valves, which the lesions have occasioned." (Flint, Diseases of the Heart, p. 231). Again, speaking of mitral regurgitation when the valve is utterly incapacitated. "In such cases the systolic or reflux murmur is substitutive, in other words, it replaces the first sound, or by depriving it of its valvular elements reduces it to a simple impulse sound." (Hayden Diseases of the Heart and Aorta, p. 233).

"2. This impossibility of hearing the valves is equivalent to muffled first sound." Genuine "muffled first sound" is perhaps most frequently met with in pure hypertrophy of the left ventricle. Considered alone, however, it possesses but little diagnostic value.

"3. Heart-clot or pericardial dropsy is to be inferred." Heart-clot is far more frequently found on the right side than the left; (Hayden, Schroetter), and in that case would only serve to intensify the first sound, both (mitral) valvular and muscular. It is more likely to occur during the last few hours of life, and, in fact, generally hastens the fatal end. "Muffled first sound" would hardly suggest pericardial dropsy without failure of the mitral valve, as in that condition the valvular element predominates over the muscular. If the valvular element is feeble the muscular element is more so. "On auscultation the heart sounds are heard *clear and distinct*, but not loud," (Forthergill, pp. 247-8).

"4. Pericardial dropsy agrees with general dropsy." Very true, but general dropsy is a natural, and, I might say *necessary* consequence

of the general venous congestion arising from the complete failure of the tricuspid, which in this case was consecutive to mitral failure.

“5. Acute rheumatism long previous—was slight—had caused no sequelæ—was probably, therefore, harmless to the heart so long after.”

You will see by my article that I did not say it had left no sequelæ. Rheumatic endocarditis is very commonly unrecognized, and is not usually a dangerous affection, save through its sequelæ. These sequelæ consist of such distortion of the valves, and most frequently mitral, as to give rise to obstruction or regurgitation, or both. If regurgitation alone results the patient will, in most cases, suffer little or no inconvenience for some time at least, and many live for years without any knowledge of the existence of any cardiac difficulty. In fact, it is not usually recognizable at this stage except by a physical examination. The left ventricle very soon becomes sufficiently hypertrophied to enable it to meet the increased demands upon it without effort; hence there is no palpitation and dyspnœa. Sooner or later, however, dilatation comes to predominate over the hypertrophy, and the heart struggles and palpitates, especially upon exertion, but is unable to carry the blood away from the lungs; these become engorged with the blood, there is ever increasing dyspnœa which is worse when lying down and often even compels the patient to sit up. This pulmonay stagnation interferes with the emptying of the right ventricle, and it in turn becomes dilated and somewhat hypertrophied, and finally the tricuspid valve gives way, the blood regurgitates into the right auricle and even into the venæ cavæ, and we have pulsation in the veins with every contraction of the right ventricle, and engorgement of the entire venous system with impairment of function in every organ of the body, and yellow-jaundice skin. The pressure upon the veins is so great that general dropsy ensues; first in the feet, and afterwards extending upwards until death comes to the sufferer's relief. During this time the kidneys have not only participated equally with the other organs in the impairment of function from the general venous congestion, but even previous to the tricuspid failure, there has been some deficiency in the amount of urine secreted, in consequence of the diminished arterial tension from failure of the mitral valve and left ventricle. After the tricuspid fails the arterial tension of course becomes still less, while that upon the veins is increased. If at any time the heart walls can be strengthened, the

arterial tension upon the kidneys is increased with a resulting increase in the quantity of urine.

Such, in brief, is the history of a case of mitral insufficiency resulting from rheumatism, and I suppose I need not substantiate it by any quotations. The fact that the acute rheumatism occurred several years previous will then have no weight as against my diagnosis. Again speaking of rheumatism; "I am much more inclined to side with Vogel and others who do not recognize any such distinctions between severe and slight cases as regards their influence on cardiac complications," (Rosentine, Dis., of Endocardium, p. 85). My own experience has been similar.

"6. No inquiry into other causes of dropsy seems to have been made—no chemical or microscopical examination of the urine, etc. Hence no differentiation from Bright's disease was possible. Urine scanty and dark." The patient and friends had no knowledge of any renal symptoms ever having been present with the exception of the scanty and highly colored urine, which, they said, first showed itself after the dropsy began. This symptom, as we have already seen, is a natural consequence of heart failure, and, although it had in all probability, been present to a limited extent before the giving way of the tricuspid valve, it had at that time escaped their observation.

"7. The duration (previously) of illness places the origin of it in the spring, the catarrhal season." No more appropriate time could be found for the over-worked left ventricle to lose its compensatory power and give way in ever increasing dilatation, with consequent palpitation on exertion, pulmonary engorgement, and dyspnoea. Observe, then, that in my description of the case I said: "The patient's illness had been of several months duration, the first symptoms observed having been shortness of breath, with palpitation on exertion."

"8. He probably died of unrecognized catarrhal nephritis—sub-acute Bright's disease, involving the serous membranes, etc., atonic inflammation—*hydropericardium*, œdema of the lungs and anasarca resulting." The italics are his, although *hydropericardium* is a common attendant of the last stage of cardiac disease, the amount of fluid in this case was certainly not great. When the quantity of fluid in the pericardium is considerable, the impulse is generally imperceptible except when the patient is either lying on the face or sitting up with a more or less forward inclination, and then only the apex is perceptible, while in this case, although apparently feeble, it could as well

when the patient was leaning back on pillows, be distinctly felt over a large space extending from near the sternum to considerably beyond the left nipple, thus showing extensive enlargement of both ventricles, which is a natural consequence of valve failure.

In Bright's disease the first symptoms would most likely have been *renal*, as pain and tenderness over one or both kidneys; in this case the first symptoms were *cardiac*, the symptoms of beginning heart failure and of valvular insufficiency, palpitation on exertion, dyspnoea etc. In Bright's disease, the dropsy would likely have begun about the *eyes* or perhaps the *genitals*; in this case it began in the *feet* and extended upwards, as in cardiac disease. In Bright's disease the skin would have been *pale and waxy* (Buckner and others); in this case it was of a very decidedly *jaundiced* hue, as in the last stages of valvular disease. In short, the entire history of the case, and the totality of the symptoms at the time of the examination, in my judgement, fully warranted the diagnosis which I then made, and would be compelled to make now. The only difficulty would be found in the absence, at that time, of the systolic apex murmur, for; "Murmur is the most distinctive, the only pathognomonic sign of mitral regurgitation." (Hayden, p. 980). But my article in the number for Dec. 15th was not written as a positive evidence of the occasional suppression of a murmur in the last stage of valvular disease, but merely as a *reminder* of such suppression, and in order to remove, if possible, a fruitful source of error not only in diagnosis and prognosis, but especially in therapeutics. That tricuspid failure and cardiac debility occasionally cause the murmur to cease (the regurgitation still persisting), there can be no doubt. "Murmurs often become audible when the heart's action is improved by treatment which were previously inaudible," (Forthergill, p. 26). Again: "Another fact not be overlooked, and that is the absence of murmurs in left side valvular disease after the tricuspid valve has become affected." (Same p. 375).

I do not doubt that had Dr. J. C. M., been present with me at the examination he would have arrived at the same diagnosis as myself. Distance is often responsible for errors, and mistakes in diagnosis are made at a distance of a thousand miles when they would not have been made at the bed-side.

LAFAYETTE, Ind.

W. P. ARMSTRONG.

SYPHILIS VS. HYDROGENOID.

In the August 15th number of THE UNITED STATES MEDICAL INVESTIGATOR, a correspondent quotes a case of his own, which he styles *hydrogenoid*, and finds fault with Dr. von Grauvogl with regard to his theory of hydrogenoid, because our writer had not been able to cure a certain case of chronic gonorrhœa of seven years standing, on the very theory of *hydrogenoid*. He asserts, by the way, that his patient had all the symptoms given by Grauvogl as indicative of the so-called *hydrogenoid* constitution, which was claimed to be the soil on which gonorrhœa flourished, and whereon *syphilis* would not develop, etc.

To that I would make the following reply: The evidence of a *hydrogenoid* constitution is by no means furnished by the mere assertion that the patient was the bearer of such a constitution, so long as the correspondent does not state precisely the essential symptoms of the same. The simple fact of an existing gonorrhœa, either acute or chronic, is not sufficient proof in itself of the real existence of such a disposition. Grauvogl never maintained that the "*flourishing* of a gonorrhœa," as the writer expresses himself, would occur exclusively on the soil of a *hydrogenoid* organism. On the other hand, Grauvogl declared explicitly that the *lues gonorrhœica* or *general infection* of the human system, by means of the *gonorrhœal* or *sycotic* poison, may only take place in a decided *hydrogenoid* organism.

A stricture of the urethra of a small or large calibre is *per se* no sign whatever of a *universal infection*, nay, it is as such solely a *local affection*, and requires a *local* treatment either by medicinal or surgical remedies, and does not depend at all upon a *general causa morbifica*. Therefore, *Natrum sulph.* and *Thuja*, the vaunted specific agencies for the *hydrogenoid* constitution, as well as the *general sycotic* infection, could not display the least curative power towards that obstinate case of a urethral stricture; and even suppose that a *hydrogenoid* condition was actually given, the *Natrum sulph.* would surely have cured it without touching the *local* suffering. If the patient had been laboring still by the evident symptoms of a *hydrogenoid* nature at the time when the article above mentioned was written, it should have been impossible for him to "*contract syphilis three times within two years,*" for he could never have performed such

a feat *once*, and still less *three* times. By the strict term *syphilis*, I comprehend, according to modern pathology, the *indurated* primary ulcer and *indurated* bubo, with or without secondary or tertiary appearances; the *soft* chancre or *chançroid* with its consequences being definitely excluded therefrom, belonging as it does, together with the gonorrhœal virus, to the term *sycosis*, in accordance with the terminology ruling in our Homœopathic profession.

In a *logical* point of view the case presents this aspect: The patient was either affected with the *hydrogenoid* constitution for some time, and was afterwards cured of it by the appropriate medicines, or he was never possessed of it during the whole period of his seven years' treatment, so that he was fairly enabled to contract *syphilis three* times within *two* years, and thus to exhibit to the professional and unprofessional world the astounding spectacle of a real *master* on the royal road of *syphilis*. We need not be so very stingy with the epithet of a *master*, as Webster in his famous Dictionary defines this expression; "a man highly skilled in his occupation, art, science, etc." The predicate of *infallibility* is not required at all for a *master*. Therefore Hahnemann and Grauvogl are rightfully called *masters*; others may also claim this honorable title in medical science and in our Homœopathic department, although with a grain less distinction. However, in the particular skill of *contracting syphilis three* times in *two* years like a regular foreman or contractor, under so unusually trying and at times even maniac circumstances, the palm may justly be attributed to that distinguished laborer — the *hydrogenoid* or *oxygenoid*, or somewhat confounded, though not altogether infallible, desperate *master-workman of syphilis*.

Reading "Mills' Elements of Logic," without properly digesting such reading, is certainly of no consequence. Logic must be studied profoundly; a mere reading of it, like a novel or story, is very far from being sufficient. A great deal more important, however, than all the theoretical study of *logic*, is an intellect well educated by a classical training of several years' duration, so that the reasoning mind may possess some *instinctive intuition* and *correct sensation*, as it were, of the manifold laws of thinking in the *abstract* (*in abstracto*), without being exactly conscious of the various theoretical rules thereof. Such an *instinctive intuition* and correct *tender feeling* of the reasoning power may be exclusively acquired by a long-continued exercise of the mind and its vehicle — the cerebral substance.

At this juncture I can not avoid referring to an article published on

page 396 of December last of this periodical under the caption of "Saltiness," by a contributor signed with the initials D. K. M. Citing a couple of sentences printed on page 467 of a former number, which contain a very sample of confused thinking and high falutin writing in a striking *illogical* manner, he puts the most pertinent query: "Why is it our journals are filled with such nonsensical jargon?" Endorsing every word of that frank and outspoken writer, I would venture to give the appropriate answer to it in these humble and unassuming words: "But then no one ever hinted to the author of the article of 'Hydrogenoid,' nor to the composer of the article of 'Saltiness'" in the person of our respectable colleague, D. K. M., the essential and only pathological reason of such medico-physical phenomena. Not a thorough search of this subject alone, but also a superficial glance at it, shows in an unmistakable manner that at the bottom of those mental disorders are spread out nothing else but *strictures of the brain of large and small calibre*, which are frequently more obstinate and difficult to cure than the strictures of large and small calibre of the urethra of the male sexual organs. Hence the various writing of big and little articles in our journals, arising from such a source and presenting the palpable nature of *cerebral strictures* in the light of pathological anatomy.

In all foreign countries without exception, a physician must invariably undergo some classical learning of several years, before he is admitted to the professional study at a high school, in quite the same way as a candidate of other learned professions, jurisprudence, theology, etc. A student of medicine, who has occupied himself with the study of Latin, Greek, and the critical reading of its authors, of mathematics, logic and philosophical sciences, etc., is at any rate much better qualified, in the average, than a tyro, who has never exercised his brain in a particular way, and who has been engaged in manual labor, or has been inactive most of the time previously.

In like manner a person set to hard physical work about the years of twenty, the first time in his life, will not be able to endure the same degree of muscular strain and show as much dexterity as a man who has been performing the same, or a similar kind of physical labor, for some years previous.

In view of such facts, it is quite easily explainable, why a distinguished professor of Hahn mann College once remarked in a certain article of his, printed in this journal, that he would oftentimes

make the greatest efforts to raise some students to the rank of physicians, with very little or no success. If the words are not exactly identical with his utterance, they would surely convey that idea. Now it is self-evident that our prominent colleague, like the rest of all teachers of the Homœopathic and other colleges within the United States, should be spared an immense amount of labor, if he together with the whole number of medical teachers had to deal exclusively with students of such a mental cultivation as to be found in all foreign countries unexceptionally.

Regarding the quantity and quality of the vast number of some sixty thousand examined medical practitioners in this country, it is a serious matter of the gravest importance, involving the dignity and livelihood of the medical profession, as well as the welfare of suffering mankind, to take into rational consideration, without delay, whether steps ought not to be taken directly, to reduce gradually that disproportionate and enormous number of the followers of Esculapius, and by so doing to elevate the educational standard of our medical schools and physicians simultaneously.

According to reliable statistical reports, there are about *three* times as many examined physicians on the sacred soil of this country as in Great Britain and France, *four* times as many as in Austria, *five* times as many as in Germany, in a comparative proportion to the population. One-half as many colleges and doctors of medicine as we actually have already, the former with twice as much time for practical teaching, and the latter with twice as much learning in general, might promote the dignity and material interest of the medical profession, and also protect at the same time the people afflicted with sickness, in a by far more satisfactory manner.

CHICAGO, January 1880.

MEDICUS.

CANCER SUFFERERS.

BY J. B. DUNHAM, M. D., MONTICELLO, IND.

Having in a comparatively short period of practice met with an unusual number of cancers, and having felt how utterly helpless we are in the treatment of this malady, I have decided to ask that you request such unfortunates to send me their address. I in return will send them a list of printed questions, the same to be returned to me as soon as possible. The ultimate object of thus collecting from

numerous cases will be to discover the prodromic symptoms. A consumptive diathesis may be discerned before tubercles are present in the lungs. A scrofulous constitution makes its presence known even in the early stages by unmistakable symptoms. But with a cancerous diathesis it is different. Such a condition is only spoken of after the cancer makes its appearance and at a stage, in the previously occult malady, where the most skillful can only hold the enemy in check for a time by severing one of his many arms. And yet the grim monster often evacuates one field, but to intrench himself more stongly in a less accessible one. At present all we know is to remove in the most practicable manner this objective symptom. May we not, however, by careful study of a large number of cases, during years, be enabled to destroy the enemy ere he has begun his final work of destruction ?

This is no advertising dodge to enable us to gain the addresses of cancer patients; but a *bona fide* attempt on our part to study these cases for the benefit of posterity. Of course, I as well as you, shall treat these cases if they are presented in the best and only manner known at present, viz., by a removal of diseased parts in the most practicable manner. Any information gained through this source that may be of general interest will with pleasure be placed before you in this journal.

NOTES FROM PRACTICE.

SICK HEADACHE.

I have been quite successful of late in mitigating and often in breaking up altogether sick headache by prescribing *Gelsemium semp* 2x on the approach of premonitory symptoms. In the majority of cases however, *Nux. v.* gives me the greatest satisfaction, particularly is this true in the male who is in the habit of using tobacco, strong tea or coffee. *Ipecac* has served me well in many cases where nausea and vomiting were present, *Septia* and *Silicea* in some conditions with the female work admirably.

NURSING SORE MOUTH.

Mrs M. applied through her father for medicine for the above complaint. I sent her *Eupat. arø.* 3x *Baptisia* 3x. In a large majority of cases these remedies are sufficient for a cure. I am in the habit how-

ever if the case is any way complicated of prescribing as a wash *Hydr. can.*

DUMB AGUE.

I always cure and that speedily with a few powders of *Nux in Salt 2x.*

CHOLERA INFANTUM.

Child eighteen months was taken with nausea and vomiting, rice water evacuations, cold extremities, cold sweat on forehead and to all appearances, death was not far off. A few doses of *Arsen. and Veratrum vir.* changed the condition at once, and the child made a rapid recovery. F.

Medical News.

Hahnemann Medical College Commencement will be held February 27, Prof. Hawkes valedictorian.

G. C. McDermott, M. D., oculist, of Milwaukee goes to Cincinnati to succeed Prof. Wilson.

Prof. T. P. Wilson, has removed from Cincinnati to Ann Arbor to accept the chair of Theory and Practice. The *Advance* is still at Cincinnati.

Prof. Chas. Gatchell has resigned his chair in the Homœopathic Department of Michigan University, (and the triangular fight) and returned to Milwaukee to resume the practice of medicine.

Who are the Secretaries.—Can you give me the address of the secretary of the Western Academy of Homœopathy, also of the American Institute of Homœopathy? C. C. PILLSBURY.

C. H. Goodman, M. D., St. Louis, is secretary of the Western Academy, and J. C. Burger, M. D., of Pittsburg, of the American Institute.

Married.—Dr. Solon Ross, a graduate of Chicago Homœopathic College, 1879, was married to Miss Lena Follette, at the residence of her father, Dr. Follette, of Normal, Ill., Feb. 10. About forty friends were present. Dr. Ross and his bride goes to Beloit, Kansas, where he locates, going into partnership with, Dr. Gliddon. In this double partnership we wish the doctor much success.

J. H. Buffam, M. D., resident physician of the New York Ophthalmic Hospital, has been elected as Prof. W. H. Woodyatt's successor

in the Chicago Homœopathic College. We cordially extend to Prof. Buffam a western welcome. Our readers are familiar with his name in connection with the monthly reports of the Ophthalmic Hospital. We are sure they will be pleased to read some of his valuable gleanings from experience.

Dr. Brown Sequard delivered a course of lectures in Chicago under the auspices of the Chicago Medical Press Association, on Paralyasis and Convulsions, as effects of diseases of the base of the brain. While they might be peripheral at times he thought they were chiefly centric. His treatment consisted of counter irritants, *e. g.*, electricity, actual cautery, etc., and large doses of *Strychnia*. From one-thirtieth to one-tenth of a grain, and in some cases keeping the patient rigidly stiff for days. Produce spasm to cure spasm, that is crude Homœopathy surely! His treatment is based on his theory of the disease. When some of these acute observers or sage reasoners, having abandoned the law of diet—*contraria*—rediscover the law of cure—*similia*—and enter the study of our provings, they will find that there are many remedies for these symptomatic affections.

Prof. W. H. Woodyatt's death, as was announced in our last, occurred suddenly January 31. His illness was brief, beginning as tonsillitis, it rapidly assumed the malignant type of diphtheria and he died from heart failure. Dr. W. came to Chicago in 1871 and was our first Homœopathic oculist. His zeal, scientific acumen and genial good nature drew about him a host of friends both in and out of the profession. At our society meetings he always had something new, practical and scientific on remedial action. He was a close student of medical effects and had collected a mass of data that would cover Homœopathy with glory in the field of ophthalmology. Fortunately these are all carefully recorded in his case books and we hope will be given to the profession as a monument more enduring than marble. He was one of the founders of the Chicago Homœopathic College. At a meeting of the Faculty of the Homœopathic College held at the college building, Prof. Mitchell, president of the college, presided, and the following resolutions, presented by a committee consisting of Robert N. Tooker, Julia Holmes Smith, and Edwin M. Hale, were unanimously adopted:

"WHEREAS, The Chicago Homœopathic College has met with the loss of one of its founders and most effectual workers: and

"WHEREAS, We desire to publicly testify to his manifold virtues, his true, genial and earnest manhood: therefore,

"Resolved, That in the death of Dr. Woodyatt the medical profession of the city and country has met with a great and irreparable loss; that science must mourn a most valuable investigator, and truth an honest defender.

"Resolved, That the suffering and needy can rarely find so kind and skillfull a friend and surgeon, and that the beneficiaries of the college must share our grief.

"Resolved, That in the loss of our beloved colleague we have the happy memory of a most genial companion, an honest and enthusiastic co-laborer, a staunch and unflinching friend of all good, a physician

in the truest and best sense of the word, a Christian gentleman, a thoroughly true man.

"*Resolved*, That one consolation in this our hour of deep bereavement is in the blessed recollections of the life of our brother, so brief, yet so rich in fruitage; like the Christian philosopher, he met the king of terrors, being busied when the summons came, as was his daily wont, in humane, beneficent, public-spirited, noble actions.

"*Resolved*, That we must count ourselves richer that we may have the right to mourn.

"*Resolved*, That we extend to the bereaved widow, family and friends of our departed brother our most heartfelt condolence, with the assurance that we will emulate his virtues and revere his memory.

"*Resolved*, That a copy of these resolutions be presented to his widow, and be published in the daily papers."

The students of the Chicago Homœopathic College held a meeting to take suitable action in reference to the death of Professor Wood-yatt. Mr. H. K. Winne was in the chair and Mr. Adams was Secretary. A committee was chosen, consisting of Miss Chapin, Mrs. Hotchkiss, Miss Hannah, and Messrs. H. Towne and C. G. Fuller, to prepare resolutions which were adopted, as follows :

WHEREAS, Our beloved teacher, W. H. Woodyatt, M. D., has been removed from us by death; therefore be it

"*Resolved*, That in our loss we miss a teacher who was ever painstaking and earnest, ever ready with words of encouragement and friendly kindness, to make more plain the lessons which he taught us; that science has lost a devoted student and mankind a noble Christian whose life was but the reflection of the golden rule of that greatest of all Teachers; and be it further

"*Resolved*, That as a token of the esteem and admiration we bore for him, and as an expression of our feelings for her to whom the burden of this sorrow is greatest, we extend to the widow and family our heartfelt sympathies in this common sorrow.

"*Resolved*, That a copy of these resolutions be presented to them and to each of the daily papers.

The funeral services took place in Union Park Church. A large number of friends, the faculty, and students of the Chicago Homœopathic College and the profession in a body, paid their last tribute to the deceased.

At a meeting of the Clinical Society of Hahnemann Medical College the following resolutions of respect to the memory of Dr. W. H. Woodyatt were adopted :

WHEREAS, Having learned of the recent death of Dr. W. H. Wood-yatt, of this city, an ex-professor in the Hahnemann Medical College and Hospital, be it

"*Resolved*, That in this dispensation of Divine Providence the profession has sustained a severe loss, and recognize that youthful promise and professional capacity are no safeguard against the shafts of the great destroyer; and be it also

"*Resolved* That we hereby tender our sympathies in this bereavement to his afflicted family and friends, and to the medical profession at large; and

"*Resolved*, That a copy of these resolutions be furnished to the family of the deceased, and also for publication in the daily papers and the medical journals.

The Chicago Academy of Homœopathic Physicians and Surgeons also passed resolutions of respect to him of whom a correspondent remarked: "Death chose a shining mark this time, sure."

THE
UNITED STATES
MEDICAL INVESTIGATOR

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series. VOL. XI., No. 5.—MARCH 1, 1880.—Whole No. 257.

Materia Medica Department.

THE ALSTONIA BARKS.

Considerable interest is manifested in Pharmaceutical circles in regard to a new remedy introduced from Australia and offered as a substitute for the *Cinchona alkaloids*, under the name of Australian Fever Bark. It is obtained from the *alstonia constricta*, a tall shrub found in Queensland and in New South Wales, belonging to the natural order apocynaceæ. It is reported to be a common remedy for malarial diseases among the natives of New South Wales, and as having been used as a substitute for hops in the manufacture of beer in Australia, where it is also used as an anti-periodic by the aborigines. Some confusion also exists, as another species of *alstonia* (*A. scholaris*), found in the Phillipine Islands, Java, and India, had also been brought for-

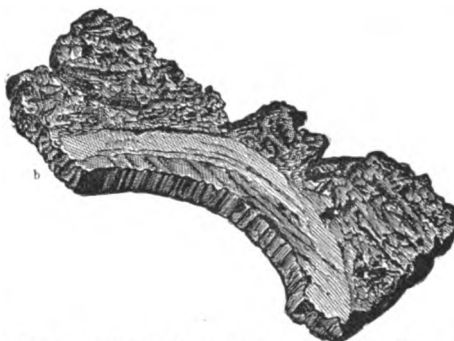


Fig. 1. *Alstonia Constricta*. a. Cork. b. Liber.

ward as a medical agent within a few years. This is, perhaps, hardly surprising, as the latter species is also recommended as an anti-periodic. The Pharmaceutical history of the former since its introduction into the United States, is quite fully given in an article by Chas. Mohr, in the *American Journal of Pharmacy* for August, 1879, who states that Prof. Scudder, of Cincinnati, first called the attention of pharmacists in this country to the article, and that he [Prof. S.] obtained it from parties who intended to make it the basis of an "anti-periodic" nostrum. Dr. Mohr states that as a microscopic examination of the bark revealed a wide difference from *A. scholaris*, he subjected the substance to a chemical examination with a view of obtaining an alkaloid or other characteristic constituents of the drug. "The alcoholic extract, precipitated with ammonia, gave a brown flocculent precipitate, freely soluble in ether. The ethereal solution left on evaporation a yellow, amorphous, very bitter substance, slightly soluble in water, readily soluble in alcohol, *Chloroform*, diluted mineral acids, and *Potassic hydrate*. All its solutions are highly fluorescent, the blue color appearing by transmitted light, even in solutions highly diluted. Concentrated *Nitric acid* dissolves the dry substance with a deep red color, turning yellow when heated. These reactions are in all instances the same as those peculiar to *Alstonia*, the alkaloid discovered by F. v. Mueller and Rummel in the bark of *Alstonia constricta*, and leave no doubt as to its identity with that organic base."



Fig. 2. *Alstonia Scholaris*.

In the extract of the bark by *Hydrochloric acid*, Dr. Mohr found another principle insoluble in *Ether*, alcohol, *Chloroform*, and *Potassic hydrate*. The solutions of this substance are not fluorescent or bitter and as they are not precipitated by *Mercurio-potassic iodide*, *Plutinic chloride*, or *Tannic acid*, he infers it is a Glucoside. To confirm his investigation, he submitted a piece of the bark to Sir Joseph Hooker, who informed him that it was, as he supposed, the bark of *Alstonia constricta*. It is proper in this connection to add that the correctness

of v. Mueller and Rummel's results were disputed by Hesse, who expressed the opinion that the supposed *Alstonia* was a mixture of other substances, and that still more recently Oberlin and Schlagdenhauffen have announced the isolation of two alkaloids, one crystallizable and the other amorphous, from the bark in question. This alkaloid, for which they propose to retain v. Mueller's name, *alstonia*, exhibits the characteristic blue fluorescence and the bitter taste of v. Mueller's *Alstonia* and similar solubilities, but crystallizes in silky

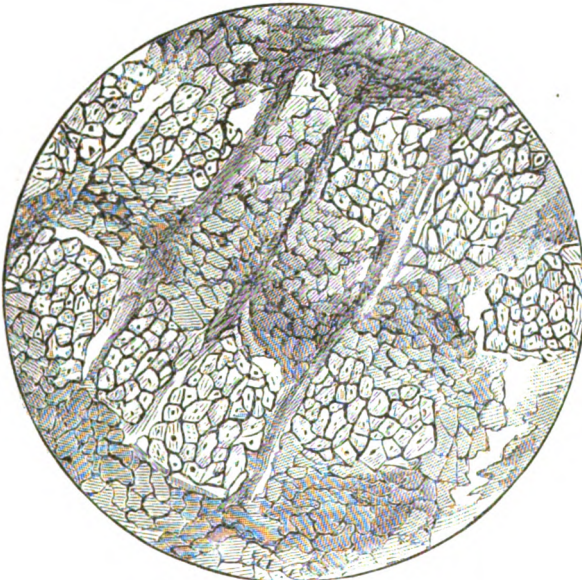


Fig. 3. Transverse section of *A. Constricta*.
c. Bundles of bast cells.
d. Parenchyma.

tufts of brilliant, colorless, isolated or stellate crystals. The amorphous alkaloid of these investigators was left on the spontaneous evaporation of the mother liquor of *Alstonia*, and it is suggested by them that it bears the same relation to the crystallizable alkaloid that *Quinine* does to *Quinia*, and for which they propose the name *alstonicine*.

The accompanying engravings (figs. 1 and 2) represent very faithfully the appearance of the barks in question. The most noticeable peculiarity of *A. constricta* is the presence of a very unequal layer of cork cells, giving a deeply furrowed and fissured external surface, comparable in this respect to the bark of the pine family. Beneath the cork is a layer of liber containing numerous bast cells, arranged d

somewhat in regular bundles, (fig. 3c) both in shape, which approaches a square or oblong, and the position of the bundles, in rows, which are separated by parenchymatous tissue (fig. 3d.) The individual bast cells are strongly thickened in successive layers, giving them a striated

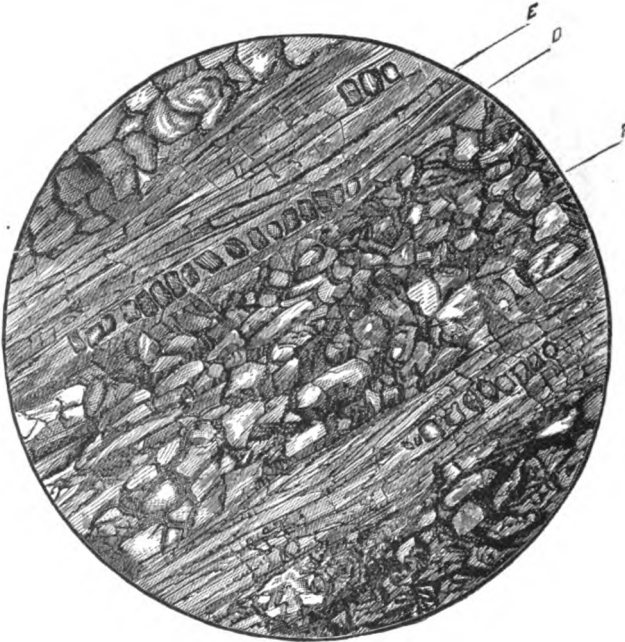


Fig. 4. Vertical section of *A. Constricta*.
 d. Rapides.
 e. Bundles of bast cells.
 f. Parenchyma.

pearance, which is quite striking when viewed in transverse sections under polarized light, and sometimes pitted. The ends are united prosenchymatously, and the bundles are accompanied by numerous short prismatic crystals (fig. 4d.) Many of the parenchyma cells contain granules of starch, which are tolerably regular in size, averaging probably between 1-1500 to 1-2000 in., in diameter, as well as shape and which shows a cross under polarized light.

The bark of *A. scholaris* shows nearly the same structure under the microscope, but the bast cells are not grouped with any regularity in any of the specimens examined by the writer, and the individual bast cells have a considerably greater diameter. Certain of the bast cells show a central cavity, and probably fill the office of lactiferous ducts. (See Sachs' Text Book of Botany, p. 112.) Many of these are filled

with a reddish substance, probably resinous, as it soon dissolves when the section is placed in alcohol. This, like the Australian bark, con-

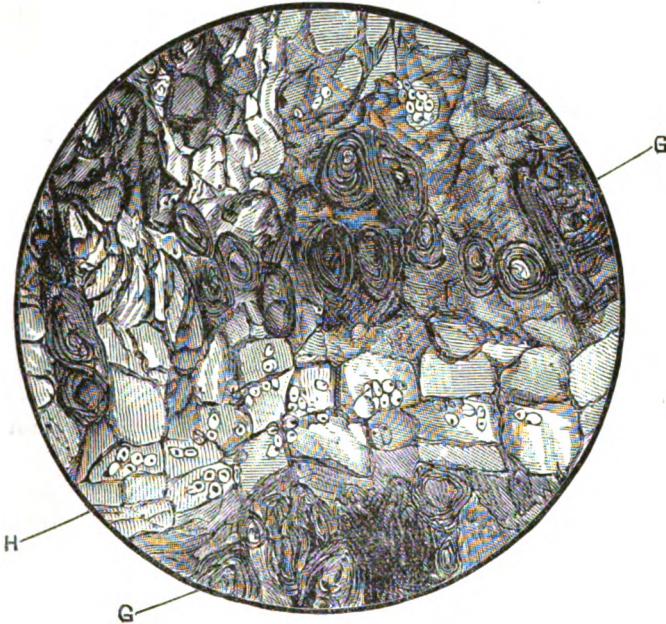


Fig. 5. Transverse section of *A. scholaris*.
and ducts.

h. Parenchyma; some cells containing starch.

tains starch, and along the bundles of bast are chains of raphides resembling in shape and size those shown in *A. constricta*.—*The Druggist's Review, Chicago*.

OBSERVATIONS BY E. M. HALE, M. D., PROF. OF MATERIA MEDICA IN
THE CHICAGO HOMEOPATHIC COLLEGE.

The above article from the *Druggists' Review* is of special interest at this time from the fact that many physicians of our school are using a medicine labelled *Alstonia constricta*. Those who are familiar with the history of the introduction of this drug will remember that the first sample of *Alstonia bark* which appeared in this country was sent to me by Dr. Cathcart, of Australia, who stated that it was called by the natives "Bitter Bark," and by the English "Native Quinine Bark." Dr. Cathcart said it was useful as a substitute for *Quinia*, and that the package of the bark which he sent me was named by a resident botanist, "*Alstonia constricta*."

At that time I had never seen any mention of the *Alstonia*, and could not do otherwise than adopt the name Dr. C., gave it. My recollection of the appearance of the bark he sent me is that it resembled (fig. 2), in the above, and not at all like (fig. 1). It may be that the bark I had wastaken from the young branches and therefore would not show the cork portion figured in No. 1. In fact I believe Dr. C., maintained that the bark was taken from young branches or shoots. I do not consider, however, that there is any essential difference in medicinal effect, as both species belong to the same *genus*, and both are used as "anti-periodics" and "tonics." There is probably the same difference that is to be found in the various species of *Cinchona*.

No provings of *Alstonia* have been published although I understand several fragmentary ones have been made. But on inquiry at the various pharmacies I find that a good deal of it is used, and that purchasers claim to get good effects in agues and debility from exhaustive diseases. I have only used it in the *loss of appetite*, gastric irritability, prostration, and nervous exhaustion of persons addicted to alcoholic liquors. I should not be surprised if it came to rival the celebrated "specific for drunkenness," *Cinchona rubra*, so much abused of late. (It is not generally known that Hahnemann first recommended *Cinchona rubra* for the effects of drunkenness, if indicated by the symptoms. The same indication if followed by Homœopaths will enable them to cure the results of drinking with smaller doses.)

EXTREME EFFECTS OF COLCHICUM.

[The following will be most valuable just at this time to many of our readers for the place for *Colchicum* in *Rheumatism* is here clearly set forth.]

On the 24th of November last one of Montreal's street arabs stole from an express wagon a large bottle, which eventually found its way into the house of a man who resided in miserable quarters.

It was pronounced to be wine, and on the night of November 25th some seventeen persons were called in. This bottle was again produced, and being placed to the nose of experienced ones was again pronounced wine, when a carousal began. In half an hour the contents of the bottle disappeared, all being drunk, except a few ounces

which were carried away by one of those who had partaken, for the purpose of treating a friend. Very shortly after, those who had drunk it began to grow ill, and no wonder, for the contents of the bottle were *Vinum colchici* and was on its way to the General Hospital when it was stolen. It was not till the next morning (November 26th) that medical assistance was called in to one of the sufferers, and as no history of the drinking was given, a correct diagnosis was not made. It was noon of the same day when information of what had occurred reached the police authorities, who at once furnished them with medical assistance. Dr. Major was taken to the sufferers, who at this time were seventeen in number, and he assumed charge of all the cases, assisted by several other medical men. By evening seven deaths occurred; the remaining ten happily have got over it. Dr Major has published the cases at great length in the *Canada Medical and Surgical Journal*. As they are exceedingly interesting we give the following *resume* of the symptoms :

“ In from forty-five minutes to one hour and a half after taking the wine, vomiting ensued. The contents of the stomach were at first rejected, then bile or mucus ; afterwards a fluid similar to “rice water” of cholera.

When the amount of poison taken was very great, the purging came on simultaneously with the vomiting,—but if only a small quantity, comparatively speaking, had been swallowed, the evacuation of the bowels was delayed for several hours. The passages were first the natural fæces, then bilious stools, next “rice water,”—a very large amount of frothy, slimy secretion, compared by one of the patients to clean soap suds. In no case was there any blood to be found. The vomiting continued until the last moment in the fatal cases, and the bowels were emptied involuntarily. Cramps were severe in the stomach, bowels and legs. Severe pains were felt in the knee joints in some, and in two cases very marked in the *left* shoulder, so much so, indeed, as to be a continual cause of complaint, and avoidance of lying on the *left* side. Rubbing was frequently demanded for relief. In the majority there was numbness from the elbow to the wrist ; cramps of the fingers, especially the second finger, in one case extreme numbness of the thumbs under the nails. This latter peculiarity was present even for twenty-six days after. In the case of the boy, there was great pain between the shoulders. The features (twenty-four hours after the accident) were pinched and drawn, lips and nose blue, as also the lobes of the ears. The eyes were congested, pupils dilated slightly voice hoarse and husky, and pain was experienced in speaking.

Feet and extremities icy cold, also were the hands and arms. The rest of the body had a clammy feel, but was below the normal temperature. The pulse was rapid, 125 to 145 or more in the minute, small, compressible, intermitting, and at times imperceptible at the wrists, though it could be found at the elbow with some trouble. The temporal arteries were difficult of detection, even the carotids required patience to distinguish. For several hours before death they were

almost pulseless, the heart's impulse was not to be felt over the chest, and even with difficulty heard on applying the ear to the chest wall. The sound might be likened to a blowing sound, or a murmur, or to a heart heard at a very great distance, or through a stone wall, both sounds lapsing into one.

Respiration was full and easy, and was well maintained throughout. The pulse respiration ratio was borne out throughout.

The sufferers were sensible to the last and throughout. One case terminated with a slight convulsive effort. All sat up before dying, falling back in less than an instant. No headache was complained of. Muscular strength was retained. They were all able to sit up, lift a cup to their lips, or even walk.

They were perfectly sleepless. In two recoveries there appeared a pustular eruption on the face and lower extremities, resembling in its character poisoned wounds.

[Dying from paralysis of heart probably.]

N A J A.

Please allow me, through your journal, to call the attention of the profession to the fact, that we have now a new and reliable supply of the very valuable drug, *Naja*. It has been prepared by Messrs. Thompson & Capper, Homœopathic chemists of this town, in the same way, and with the same care, as our recent supply of *Crotalus* was, with, however, this slight difference, that in the case of *Crotalus* the original stock was the pure venom in its naturally liquid state, received direct from the fang of the living snake in this country; whereas, in the case of *Naja* the original stock has been the pure venom, that has been received and dried on glass in India, and brought to this country in small glass tubes carefully sealed.

In the case of *Crotalus* the venom was, with the assistance of Dr. Drysdale, Dr. Proctor and Mr. Isaac Thompson, received in small glass vials direct from the fangs of the living snakes, and immediately mixed with equal quantities of pure *Glycerine*. This was afterward, and before any dilutions were made from it, tested by injecting a few drops of it underneath the skin of rabbits, birds and mice; death, with the usual symptoms was the result within a few minutes. This preparation was then entrusted to Mr. Isaac Thompson, of the firm of Thompson & Capper, who added *Glycerine* to it so as to make the proportion one of the venom to nine of the *Glycerine*, in order to make sure of preserving the venous free from decomposition; *Glycerine* being the best menstruum for preserving animal substances from decomposition. This preparation of one in ten was called tincture, as the strongest officinal preparation; and it is the

preparation mentioned under that designation in the Pharmacopœia, second edition, p. 123; and it is the preparation from which all our dilutions of *Crotalus* are now, or ought to be made.

As an assurance that *Glycerine* preserves the venom potent, even in a less proportion than one in nine, I may mention that a few days ago I injected underneath the skin of a dog a few drops of some that I have had for five years; half venom and half *Glycerine*, and death, with the usual symptoms, was the result.

In the case of *Naja* we have had two supplies of the dried venom, one was presented to Messrs. Thompson & Capper by Dr. T. H. Ramsbotham, of Leeds; and which was presented to him by a "medical friend who received it direct from the secretary of the 'Snake Poisoning Commission' in Calcutta;" the other was received by myself direct from Surgeon Edward Nicholson, of the Army Medical Department and author of an excellent treatise on Indian Snakes, and which he himself collected and brought over to this country.

As four drops of the liquid venom yield one grain of dry residue, these two supplies were separately dissolved in *Glycerine*, in the proportion of one grain to three; so as to represent venom of the natural strength. These were then separately tested, by Mr. Isaac Thompson and myself; of one of them as much as would represent one-fifth of a grain of the dried venom was injected underneath the skin of a cat, and of the other as much as would represent one grain was injected underneath the skin of a dog. In the case of the cat, death, with the usual symptoms, took place within fourteen minutes, and in the case of the dog within ninety-five minutes. *Glycerine* was then added to both so as to bring them up to one drop of the liquid venom in ten — the tincture of the Pharmacopœia and corresponding with that of *Crotalus*.

LIVERPOOL, Eng.

JOHN W. HAYWARD.

SALICYLIC ACID AND THE SALICYLATES.

Prof. See (*France Medicale*) closes a long article with the following resume:

1. As an antizymotic remedy the *Salicylic acid* stands below the *Carbolic*, its only advantage being that it has no smell.
2. As an antipyreticum it cannot be compared with *Quinine*, and it failed entirely in variola.
3. It acts promptly and successfully in acute articular rheumatism; two to four days suffice for a cure.
4. It acts well in simple chronic rheumatism, even in arthritis

nodosa, the painful paroxysm passes off quickly, the articular swellings decrease and motility becomes more free, though the disease may have lasted for years. but the effection of the bone must not have progressed too far.

5. It is *the* remedy for acute and chronic arthritis. It arrests promptly the painful acute attacks, and articular fluxion, the redness of the skin and the sensitiveness to touch disappears. Continued treatment with moderate doses prevents new attacks in chronic arthritis, the tophi decrease and cease to be inflamed, and even a case may be possible without the least danger of metastasis to the heart, lungs, brain or stomach. The usual arthritic sediments in the urine also disappear.

6. It may act favorably in facial neuralgia and sciatica.

7. *Salicylate of Soda* showed a calming effect in some spinal affections. Continued too long, it may produce some debility.

Disagreeable manifestations are slight deafness and narcotismus, showing itself by weakness; but they usually pass off by decreasing the dose or by omitting the drug.—*N. A. Jour. Hom.*

OPIUM AND ITS ANTIDOTES.

The following is the concluding portion of Charles Richet's paper published in the *Popular Science Monthly*, March, 1878 :

Opium has its antidote; just as we can produce sleep, so too can we produce sleeplessness by the employment of a mixed poison whose effects are diametrically opposite to those of the other. The antidote of *Opium* is coffee. One hundred years ago coffee was almost unknown, but now there is hardly another beverage that is so widely distributed. Every one has it in his power to judge of the effects of coffee. For some persons it is a stimulus necessary for the performance of intellectual work. In this it produces a state of insomnia; taken even in weak doses it causes restlessness and anxiety, a sort of feverish activity altogether different from the indolent activity of *Opium*. Under the action of *Opium* the will seems to be lulled to sleep and the imagination runs riot.

But under the influence of coffee the imagination is hardly stimulated at all, but there does appear to be excitation of the will. Did I not fear being suspected of having a theory to defend, I would say

that the faculties of will and consciousness seem to be super-excited; there is, as it were, a constant strain on attention and memory. whereas in the case of alcohol, hasheesh, and *Opium*, there is a relaxing of attention. Hence, coffee produces a true intoxication that fatigues one far more than does the somnolent intoxication of *Opium*, but it leads to the same result. In striving to do too much, the mind does less; under stimulation the will is impaired; and the perfect equilibrium and the mental faculties is disturbed as well by excess as by defect of will.

Coffee is said to produce cerebral anæmia, while *Opium* and alcohol cause congestion; but this theory still needs confirmation. Nevertheless, the part played by coffee in general nutrition is very well understood. It retards organic combustion, and hence it is an *aliment d'pargne*—a food-stuff that effects a saving of other food-stuffs. In the normal state there is always going on within our tissues a multitude of chemical actions, the final result of which is heat production and liberation of carbonic acid. This carbonic acid passes into the venous blood, and the venous blood, on reaching the lungs, parts with its carbonic acid. Thus the quantity of the carbonic acid is, to some extent, the expression of the nutritive activity. Now, on taking coffee, though no greater quantity of oxygen be inhaled, and without increasing the ration of food, the quantity of the carbonic acid is reduced, and yet the amount of force is not lessened. As illustrating this doctrine it is usual to cite a fact observed among Belgian miners, who can perform a considerable amount of work almost without food, their strength being maintained solely by the absorption of a large quantity of coffee. Hence, coffee is a food-stuff which moderates nutrition by lessening the activity of the chemical transformations incessantly going on within the tissues.

DISSECTION OF THE ORBIT.—It often becomes necessary before the dissection of the orbit is undertaken to inflate a collapsed eyeball. The following method has been tried for more than a year. An oblique incision is made through the corner with a sharp pointed scalpel, large enough to allow a blow-pipe to pass through. The globe can now be readily distended, for the obliquely cut inner lip of the section becomes pressed like a valve against the outer wall, and shuts within the imprisoned air. The eyeball remains tense and firm. The air can be released if needs be, through the blow-pipe and the globe refilled so long as its walls remain moist.—*Lancet*.

Society Proceedings.

*REGULAR MEETING OF THE ALLEGHENY COUNTY
(PENNSYLVANIA) MEDICAL SOCIETY,
FEBRUARY, 1880.*

Dr. L. H. Willard, the essayist of the evening, presented the following clinical cases:

PERFORATING WOUND OF THE PERINEUM.

Mr. G., on Decoration day of last year, while walking on the railroad track, slipped and fell on his nates, striking on a railroad spike which made a wound in the perineum in the exact position as that made in the lateral operation for lithotomy. He went home, applied for no assistance, but resumed his work at the Verona railroad shops and worked until June 30th, never losing a day. His mother's attention was called to his feeble condition and lameness; and, on being questioned, he told her of the accident. I was sent for and on examination found the wound already mentioned. He told me that for four days after the accident he had a great deal of pain in the perineum but could, with a little difficulty, void his urine. On the fourth day there was a discharge of pus and blood after which there was no pain but the urine came away through the wound. He applied cotton waste to keep the parts free from soreness and to receive the urine. Thinking an operation to pare the edges of the wound would be useless, I told him to get on his hands and knees when urinating and to keep on his back the greater part of the day. He obeyed these directions and in two months was well. The catheter was introduced on two occasions only.

RHEUMATISM — A CLINICAL CASE.

Miss B., aged seventeen, a weak, delicate girl, had a sore throat about two weeks previously, since which time she has been on her feet constantly, nursing her mother. She complained at first of stiffness in her ankle and wrist-joints. This continued for two days, and on the morning of January 11th she was unable to leave her bed on account of severe pain in her chest, which interfered with her breathing but was not accompanied by cough. The pain was severe

and agonizing, every movement caused an aggravation. Her left arm and leg were painful and powerless, could move neither. Pulse 120; temperature 102°. She had a constant craving for water and acidulated drinks; no appetite, but nausea and vomiting; diarrhoea, had two passages in the morning; tongue coated dry, and covered with a thick fur. Although the severe pain was situated over the region of the heart its action was not disordered. The urine was scanty and high colored.

Taking into consideration the pain on the least movement, the great thirst, the scanty urine and quick pulse, I was induced to give *Bryonia* 8 every hour, to apply warm cotton batting to the part affected, and to allow her to have lemon-juice every half hour. The manner of preparing the latter was to put a teaspoonful of lemon-juice in a glass of water.

On visiting her in the evening I found no improvement; no desire for food; pulse 130; temperature 103½°. Still thinking *Bryonia* to be the remedy, I gave the 3d, every two hours, and every third dose gave *Arsenic* for the diarrhoea. Discontinued the use of lemon-juice and gave, instead, barley water.

June 12. The patient slept very little during the night; has great pain in the chest, more on right than on left side; no pain in other portions of the body; the arm and leg are still powerless; pulse 120; temperature 102°; could not tolerate any food; tongue dry and furred; sweetish taste; still some nausea; no diarrhoea; great thirst, but unable to drink for fear of vomiting; great pain about the chest (like pleurodynia), making breathing as painful as ever.

From some personal experience in regard to this painful affection, I was induced to apply a tight fitting bandage around the chest to prevent the movement of the intercostal muscles during inspiration. It gave me great comfort when I used it, but in this case it did harm and evidently caused more distress. The remedies given were *Ars.* one dose and *Puls.* two doses, at intervals of one hour, the *Ars.* every third dose during the afternoon.

On calling again I found that there was very little relief from the pain; no diarrhoea. The bandage was removed and warm flaxseed poultices applied to the chest. The diet was beef tea, two teaspoonfuls every two hours, and the same quantity of water for thirst. As the patient was showing signs of great weakness and prostration, I desired counsel and my colleague, Dr. J. F. Cooper, visited her with me in the evening. The pains had, by this time, considerably abated;

temperature $102\frac{1}{2}^{\circ}$; tongue still coated with a thick fur; jactitation of the muscles, making the arms and legs twitch; thirst as great as ever. The *Puls.* was changed for *Bell.*, the other treatment being continued. We concluded to try the essence of beef to sustain her strength, as there did not seem to be enough vitality to withstand the disease unless she received more nutriment. Accordingly an enema of a quart of warm water was thrown up into the rectum to clear it of fecal matter, with directions, after the bowels had been moved, to use an enema composed of a teaspoonful of Valentine's Beef Extract to ten tablespoonfuls of warm water.

The nurse after giving the injection of water and no movement of the bowels occurring, gave the beef essence injection, the patient retaining both. She slept moderately well through the night, and the next morning she was a little stronger.

June 13. Continued the same remedies and gave as food a few teaspoonfuls of oyster broth, and as a beverage three teaspoonfuls of cider every two hours. Medicine every two hours. Used another injection of a quart of water, and, in an hour afterward, the beef essence. During the afternoon the same quantity of water as an injection, followed by the beef essence, and at eleven o'clock at night the beef essence alone. The pain about the chest improved. Dr. Cooper thought he detected a valvular murmur in the evening, which was very probable, as the patient had complained at intervals of a sense of suffocation.

June 14. The patient slept better during the night; has had no discharge from the bowels; pains in the chest greatly relieved; very weak; temperature in morning, normal; in evening, 101° . Gave injections in the same manner as they were given yesterday.

June 15. The patient complained of soreness in the throat. She had spoken of this before, but, on examination, nothing but a catarrhal dryness had been discovered. This morning, however, there was a covering over the tonsils, uvula and soft palate, much to my surprise. I discontinued the medicines she was taking and gave *Merc. iod. rub.*, 3d trituration, half grain doses every two hours. Injections same as yesterday. There was less thirst and more appetite. The stomach would not tolerate more than four teaspoonfuls of broth every two hours, but the bowels held all injections introduced.

For three days after this one quart of water was given in the morning as an injection, and two injections of beef-juice, prepared

as above mentioned. Her strength improved, and, as the tongue gradually cleaned off, more food was given. The throat affection readily yielded to the *Merc. iod.*, with increasing supply of nourishment. The remedy was continued for three days, at increasing intervals, when *Puls. 6* was substituted and continued until convalescence set in. The *Puls.* was given for the flying pains about the body and from the white coating on the tongue and pasty taste in the mouth.

From the time she received the first injection there was an interval of twenty-eight days without any movement of the bowels, and at intervals there were injections of warm water given. When an evacuation did occur, it was not produced by an injection, but an interval of twenty-four hours had elapsed, and then the passage was natural and has been ever since, no constipation following. The heart's action is now normal and all the secretions have resumed their normal tone.

I would call attention to the large amount of water taken as an injection. The skin was hot and dry, without any moisture whatever; there seemed to be a want of watery secretion in the system. The injection was retained as well as the beef extract used for alimentation.

Dr. Cowley — *Ranunculus* might have been of service in this case. It affords speedy relief in pleurodynia effecting both sides, but especially the left. I have found rubber gum sheeting of service, where the parts are especially painful and swollen. In one case I used the gutta percha tissue. The bandage relieves the pain rapidly, and reduces the swelling in a few hours. I keep it on for several hours, when it frequently produces a sour smelling secretion in large quantities. I have used *Aconite* tincture and *Bell.* tincture externally, with good results, where the general indications were for these drugs. In one case with throbbing pains in toes and fingers, I gave *Bell.* tincture applied externally and gave immediate relief. Afterwards the pains became sharp, with heat and swelling of the right hand; complained that these pains were more severe than any previous ones had been. *Aconite* tincture was applied externally with relief. For boring pains in the shoulders I give *Aurum*. Is there anything positively known in regard to a diet in rheumatic diseases? I have never had occasion to use injections in this disease.

Dr. Willard—*Ranunculus* was not thought of in this case. The thick furred tongue, no appetite, stomach symptoms prominent, seemed to call for *Puls.* In an attack on myself, *Puls.* was the first remedy to give relief, after *Ranunculus* and *Veratrum* had failed. In

regard to a diet, no food is tolerated, especially in the early stage. Acidulous drinks are generally agreeable and beneficial.

Dr. Cowley— In one case following scarlatina, although I do not think as the result of this disease, where the gastric symptoms were marked, *Ant. crud.* gave relief.

Dr. Childs— I have not used injections in cases of rheumatism. In a case of angina pectoris where the attacks usually came on after overeating, I used them with good results. The patient complained of great thirst, nausea, vomiting, could not retain anything on the stomach, constipation, no movement of the bowels for several days. I ordered a warm water injection in the evening. Next morning they reported that the injection had been retained, and there had not been any movement of the bowels, but she did not have as much thirst as before. I then gave an injection of a quart of water containing a portion of molasses. This was also retained. We gave a quart of water every twelve hours for six days, the entire amount being retained. At the end of this time the bowels moved naturally and she has had no trouble since. The thirst was entirely relieved as well as the sensitiveness of the stomach; she did not take any nourishment for several days; she said she felt so comfortable she was afraid to eat anything lest she might provoke a return of the nausea. Finally I ordered some *Alkathrepta*, which was retained. This was the first time I had seen injections allay thirst. In regard to acidulous drinks, I have found the diluted officinal *Phosphoric acid* in the proportion of one to three (ʒj to aq. ʒiij), to be of great relief in those cases where acid as well as nutritive treatment seems desirable. In pleurodynia I have used *Cimicifuga* and also *Cham.*; the latter when the heart is effected in rheumatic cases. Would not use *Phos. acid* as above when there was any danger of its interfering with the remedies used. In the case of angina pectoris, *Nux vom.* failed, although of service in former attacks. *Aconite*, *Cham.*, hypodermic injections of *Morphia* gave no relief. *Cactus* was the first remedy that seemed to exercise any control.

Dr. Burgher— In rheumatism, acidulous drinks are undoubtedly of benefit. In a great number of cases, where the patient is anæmic, *Ferrum chlor.* will be of service. In persons with soft flabby tissue, the *Kalis* are better indicated than almost any other remedy. *Salicylic acid* now a popular remedy, is of service according to my experience, in strong robust persons with sanguineous temperaments. In cases with relaxed fibre or delicate constitutions you will find little benefit

from it. The application for a rubber bandage around the chest, in cases of pleurodynia, is very good treatment in many cases. It controls the movement of the muscles if nothing more. I do not believe that moisture of the skin follows from its use, as stated by Dr. Cowley, but simply that the insensible perspiration which is constantly thrown off from the skin is retained. I much prefer cotton wool, which permits perspiration to pass off, and forms a cushion for the effected limb to rest on. If *Aconite* is the indicated remedy, you can get its effects by the internal use, at proper intervals and in suitable doses. In regard to *Ranunculus*, it is of value in pleurodynia, or at least intercostal rheumatism, also *Arnica* where there is soreness. For shooting pains in the shoulders I give *Laurocerasus*.

Dr. McClelland — Whether the disease is acute or chronic, I believe it is very much like nasal catarrh, the chronic form of which is not, as a rule, the result of so-called acute catarrh; nor is chronic rheumatism the result usually of acute rheumatism. As to the course of acute rheumatism, whether the patient is under treatment or not, it is said to be about six weeks. In very many cases of our own, whether admitted or not, the duration is nearly as long. It is a disease liable to frequent relapses. There is no doubt that the high temperature can be brought down and the course cut short in a great number of cases, but certainly not in all. In acute cases with high temperature, *Aconite* is useful, but often fails. *Bryonia* used in its well known indications frequently disappoints. These cases frequently shade off into indications for *Arnica*, a remedy which is more frequently required than used. Sweating is quite a common symptom in rheumatism, and is without relief, also nightly aggravations; in such cases *Merc.* is of service. I have been as often disappointed in *Rhus* as in any other remedy. *Pulsatilla* in subacute cases. It has many characteristics of rheumatism, such as, pains moving from place to place, gastric irritation, coated tongue, no thirst. In chronic rheumatism I use *Arnica*, *Sulphur*, *Calc. c.*, *Rhus*. *Caulophyllum* for pains in the shoulders, in addition to pains in small joints and nape of neck. In arthritic rheumatism, *Colch.*, *Arnica*, and *Ledum* have been the remedies. Dr. Hofmann has related a case before the society in which *Secale*, given for the symptom, *any heat produces aggravation* afforded relief. I had a similar case, where the patient would throw off all clothing, although the parts were red and swollen. I gave *Secale* which moderated the attack somewhat, when *Ledum* removed the entire trouble. In a recent attack the disease was promptly

checked by *Ledum*. Injections are not altogether useless. Where the stomach will not bear liquids, injections will relieve. I have given as much as five quarts within two hours. It was retained, and eliminated by the kidneys.

Dr. Cowley—Cotton wool not so good as rubber, according to my experience, having tried both. I believe with Dr. Burgher that there is an insensible perspiration. But I think the retention of this makes a kind of vapor bath which proves beneficial. Where the local as well as general symptoms point to *Aconite*, the external application of the tincture hastens the relief. The same is true with *Bell.*, *Arnica* and *Hamamelis*. Where there are frequent relapses from slightest exposure, I have used *Camphor* tincture externally. In one case after the acute symptoms had subsided, and there remained constant motion of the extremities *Zinci valer.* 3d trituration, in grain doses, gave relief.

Dr. Hofmann—I have used wet bandages for the same purpose as the injections, and if this did not answer I would use the latter. I have given *Bell.* for redness of the smaller joints, especially in children. *Pulsatilla* for troubles in the lower extremities.

Dr. Cooper—Where there is thirst before the injections are given, it will generally cease after its use. A very small portion of the fluid is returned, not only in cases of rheumatism but in other diseases. I generally use the water of a temperature likely to be retained in the bowels.

DISCUSSION ON DISEASES OF THE MONTH.

The regular monthly meteorological and mortality report was presented, of which the following is the disease summary: The disease list while made up to a great extent of sore throats, and catarrhal troubles of respiratory tract, has also included a number of cases of diphtheria, in some of a violent form; scarlatina and typhoid fever, whooping cough in the majority of cases light, as also parotitis.

The death-rate for diphtheria and scarlatina has increased over that of January, 1879. In the earlier part of the month the list was much lighter than in the latter part of the month. The catarrhs and coughs were increased about the 11th of the month, by a fall of temperature and a northerly wind, and the former were aggravated and continued by the cloudy mild weather with the east to southeasterly winds which followed. With this exception we have not been able to trace any marked effect from climatic changes. The month differing in its

weather characteristics over January, 1879, has probably modified the disease list, producing less congestion of respiratory tract, and consequent coughs, so that the manifestations have partaken more of a catarrhal form. The extreme temperature of last year was fatal to old people, the mild weather of this month has been less trying.

Dr. Hofmann—Throat diseases have been frequent; a few cases of diphtheria, but generally of a mild form. In one case, however, it recurred three times. The cases of quinsy have received *Kali iod.* 3x, when subacute, with soreness and very little redness of surface; relief has followed with but few exceptions.

Dr. Cooper—Rheumatism has been frequent. Diphtheria moderate. Catarrhal troubles make up the majority of the disease list. I have had some cases of acute tonsillitis. In one case *Bell.* was given, but no relief following *Merc.* was tried, from indications present; still no improvement. I gave *Apis* but on the next morning the throat was almost closed; no speech and scarcely any deglutition; right side affected; soreness from the clavicle upwards; *Hepar sulph.* relieved. *Colch.* and *Rhus.* have given me the best results in rheumatism. In the catarrhal troubles, *Acon.*, *Bry.*, *Phyt.*, *Merc.*, *Bell.*, *Puls.* In a few cases of pleurisy, *Bry.*, in pleurodynia, *Arnica.* In two or three cases of parotitis with suppression, *Puls.*, was given.

Dr. Willard—Have had two or three cases of diphtheria with rather a malignant form, and one with a fatal result. A young lady without complaining of anything but a slight sore throat had an extensive exudation in the throat when first seen. She began to be weak and had a depressed action of the heart. I gave stimulant, viz: whisky and beef tea. On the second day the pulse was better and the heart more regular. Was able to eat some oysters. In the evening felt better, and the action of the heart stronger. *Phyt.*, which she had taken from the beginning was now changed to *Kali bich.*, on account of a ropy secretion. The next day she complained more of soreness in the neck extending into the chest. Coughed up some bloody mucus and sputa. On the fourth day there was complete prostration without any pain, which was followed by death in the afternoon.

In another case, about four years of age, there was lassitude, sleepiness, dry tongue with sore throat. Found a large exudation on the right tonsil. Temperature 103°; pulse 125. This case received *Phyt.* The next morning the exudation was gone. In another case with exudation on both limbs, with paleness; disease extending into fauces temperature 103°; *Merc. iod.*, was given. A third case complained

for some time. The throat looked red when examined in the evening; but no exudation, *Bell.*, was given. The next morning the tonsils were covered; temperature 103.5°. Gave *Kali bich.*, and the *Lig. Chlor calc.*, on account of bad odor from breath. The symptoms moderated in the throat and extended into the nostrils; slight discharge from the nose. Gave *Nitric acid* in alternation with *Kali bich.* The lachrymal duct became closed with swelling of the lids, and suppuration was feared. Continued the remedies as before for another day; the exudation then returned from the nose to the tonsils, *Merc. iod.*, was given and followed by some improvement. *Ammon. carb.*, was finally given and seemed to benefit more than any other remedy. T. M. S.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

BROOKLYN, Iowa, Feb. 24.—Prevailing diseases are: Diphtheria and measles. Remedies used for diphtheria, *Lachesis 7x* and 200 throat and larynx sensitive to external pressure, inflammation and deposit commenced on left side, prostration and fetor oris. *Apis 4x* right side first affected, occasionally an accompanying rash. Gargle of dilute alcohol in all cases. For measles, *Gels.* *Puls.* and *Bell.* are indicated.

J. FLETCHER.

CLINICAL CASES.

TRANSLATED FROM RIVISTA OMIOPATICA, AUGUST, SEPTEMBER, OCTOBER, 1879, BY T. M. STRONG, M. D., ALLEGHANY CITY, PENN.

BILIARY CALCULI AND CHRONIC GASTRALGIA.

Signora M., forty-five years of age, nervous temperament, mother of several children, had been for three years subject to intense pain in the region of the liver and stomach, evidently produced by sub-acute

inflammation of the viscera. She had subjected herself to nearly every form of treatment, but the only result had been the passage of a large quantity of small biliary calculi, which occurred while taking the mineral water of Chianciano. But the suffering was still present, and led the patient to commit herself to the care of Homœopathy. Upon examination I noticed a sub-icteric color of the skin especially under the orbits; tongue covered with a whitish streak at the base; saliva viscous, and bitter taste in the mouth. The liver appeared firm along the left border, and painful to touch; here the patient had often felt a sense of heat and burning, together with acute pain, of which she was relieved by former treatment. At the present she suffered most from a cramp-like pain in the stomach with a sense of weight, as of a stone (so the patient expressed it), which was increased after taking the smallest quantity of food, and followed by a sense of uneasiness, restless at night, with interrupted sleep, marked emaciation, etc. Forbidding the use of wine and coffee. I gave successively *Aconite*, *Belladonna*, and *Bryonia* which were of advantage, also *Nux. vom.*, under the action of which she passed a quantity of biliary calculi. The remedies were given in the 30th dilution and was followed after two months of treatment by restoration of health.

SCURVY AND PERIODICAL FEVER.

This patient was forty years of age, nervous temperament and of good physical constitution. He was suffering from a well marked and far advanced case of scurvy, succeeding a fever of a double tertian type. I do not know what were the other causes, besides the severe suffering of mind which might have cooperated in the production of this dreadful disease, which had reduced the sufferer to a living skeleton. The following symptoms were present. Face withered and of a pale yellow color, countenance dejected. gums swollen, reddish violet in color and easily bleeding, breath fetid, no appetite, respiration at one time quick at another time oppressed, large red spots upon the skin as if from extravasated blood. These appeared on the back, upon the bones of the sacrum which were very painful, and on the thighs and knees. Frequent pollutions of pure blood, slimy and fetid. Great weakening of the vital forces, so that the patient could not move himself in bed, where he had already lain for a month, without assistance. Thirst, urine discolored, temperature of the body natural, cold extremities, especially the lower where the legs were œdematous, pulse slender and quick, great depression of spirits even to weeping,

sleep agitated and interrupted, and always with sad dreams. The antiscorbutic remedies administered had not been sufficient, and I prescribed a nourishing diet, consisting of beef broth and roasted meat; the latter he should at least swallow the juice, provided he could not eat the meat itself. The medicine which I gave, in view of total dissolutions of the secretions, was *Rhus. tox.* 12. The effect was most favorable and the patient felt a renewal of life from day to day, appetite restored and the strength recovered. On the twentieth day of treatment an accession of fever of the double tertian type manifested itself. It began with thirst, then a severe chill followed by heat alternated by chilliness, and accompanied with very great thirst and headache. *China* was given under which the attacks became shorter and lighter and soon disappeared. This medicine also helped the general condition of the patient, who was restored to health by the use of *Sulphur* 30.

SPASMODIC OR CONVULSIVE COUGH.

This patient was seventy years of age, and had suffered with this cough ever since childhood, at which time she had an attack of convulsive cough, or more probably whooping cough. The cough presented at the time of consultation the following characteristics: The attacks came on at the end of every summer, and was subject to repeated aggravations, both day and night, through the entire autumn, winter and spring, leaving her in repose only during the summer and then re-commencing after the first rains of the hot season. The most severe attacks were in the evening, soon after lying down. They were provoked by a strong scratching in the larynx and bronchi, and the violent shocks of the cough brought on strangulation, flushing of the face, lachrymation, impeded respiration, and finally a profuse secretion of viscous serum. After these attacks the chest remained numbed and as if bruised. These attacks notwithstanding the length of time they had existed, were becoming more and more violent, so that the patient declared that they were becoming intolerable. I prescribed *Drosera rotund.* 12, but without any hope of relief. Although this happened at the end of winter, the disease began to subside, and within a few days she was entirely free of this annoying cough. In the succeeding autumn, it reappeared as in other years, but was immediately relieved by the same remedy. Here we have a patient rendered miserable for her whole life, for want of a reliable curative indication, which the law of similars was alone able to supply.

PLEURO-PNEUMONIA FOLLOWED BY GASTRO-ENTERITIS, AND THIS
BY PHTHISIS FLORIDA.

La Signora C., when about forty-five years of age was exposed to the influence of an epidemic of pneumonia which was prevailing in Rome at that time, and which was characterized by a tendency to degenerate into a gangrenous condition, so that her life was in danger. This occurred at the time when the patient was recovering from a chronic malady, maintained by a psoric diathesis, and which certainly constituted a dangerous complication with the disease briefly mentioned above. The patient was attacked with a long period of cold, followed by heat, flushing of the face, cough, oppressed respiration, and acute pain in the upper part of the right chest, under the second, third and fourth ribs. Percussion in this spot gave a dull sound, and auscultation revealed bronchial breathing which extended down towards the base of the same side of the chest. The respirations were frequently 36 in a minute, especially in the evening; the temperature was 38° R., and the pulse 110. In the long course of the disease, namely in the second week, the inflammatory process which seemed to decline in the breast, extended into the abdominal viscera, with acute pain in the epigastric region, right hypochondria and umbilicus, and the long continued constipation was succeeded by a diarrhœa which lasted a number of days. There was also an intense thirst, urine scanty and red, restless at night and sleepless, with marked debility.

This disease which made many victims in that year, especially in those advanced in years, I believe to have been produced by the influence of the epidemics which then prevailed, viz: whooping cough, miliaria, diphtheria, scarlatina, parotitis morbilli, etc. In the case of the present patient she had the good fortune to surmount the acute stage, by means of the medicines opportunely selected, such as *Aconite*, *Bell.*, *Bryonia*, *Rhus tox.*, but she was not able to evade the process of circumscribed pulmonary suppuration in the affected part, which constituted a secondary malady, equally dangerous with the first. In this state, in which the hectic fever was constant, the emaciation extreme, the cough troublesome, the expectoration greenish-yellow and globular, she was seen by a physician who judged her case hopeless. But contrary to general expectation, *Phosphorus*, *Lycopodium* and *Carbo veg.*, given in the 200th dilution, saved the patient, and restored her to health, after three months sickness.

SUICIDAL MONOMANIA.

Il Padre Marcellino, Franciscan monk, came to me in 1867 and reported that one of his order, of about thirty years of age, after coming to Rome two years before had been seized with profound melancholy; he always appeared sad and taciturn. Attempting suicide by throwing himself from a window ten meters high, he suffered a fracture of both legs. My services were requested for the unhappy brother, who was confined to bed in consequence of the injury, but was still in the same profound melancholy, and speaking often of suicide.

I visited him and by degrees persuaded him to talk. His replies to all my interrogations very concise and coherent. He had a sly look and as if suspected. He often made exclamations and sighings, like one oppressed with heavy misfortune, and frequently turned himself towards the window of his room, repeating that there was no other escape for him than to throw himself from there; as if he had not already attempted it.

He had not suffered from any severe illness during his life, nor had he contracted any venereal disease; he presented, however, manifest indications of an hereditary psoric diathesis, from which the hæmorrhoidal affection, and constipation had often annoyed him. His moral character had been excellent, but he was unfit for mental labor, and incapacitated to sustain any physical fatigue or occupation. He had been a prey to very great misfortunes, and was easily moved to excitability, and irascibility. He was restless at night and slept very little. I gave *Sulphur* 30 a dose every morning. With this remedy was occasionally alternated *Nux vom.*, since he complained of a want of appetite, tongue coated with a whitish streak, constipation. After a month of this treatment the patient did not speak of suicide, the appetite and the digestive functions were rendered more active, his countenance was more serene, and his temper less irascible; nevertheless he complained of feeling an internal anxiety which tormented him at night. *Mercurius sol.* 12 was given, and under this remedy health was restored, which continued for twelve years.

EXCESSIVE MELANCHOLY WITH TENDENCY TO SUICIDE, FROM
RETROCESSION OF THE VENEREAL ULCER.

Sig. N. N., aged thirty-five years, of good physical constitution, and of sanguine and melancholic temperament, engaged in the profession

of painting, was unfortunately infected with the venereal chancre, which according to evil custom was by a surgeon cured by cauterization. From this period his mild temperament began to be disturbed and sad, and this sadness increased daily, so that at the end of seven to eight months, his disposition was quite agitated, irascible, jealous, restless, unfitted for work, until he confessed to his friends, that he was not able to endure a life of such anguish, and wished to end it with suicide. This frequently repeated proposition, and the deplorable state which the patient presented more visibly every day, determined one of his friends to bring him to me for treatment. I undertook the obligation unwilling, and remembering the above mentioned circumstance, and the given symptoms I gave *Lachesis* 12. The venereal ulcer reappeared after a few days treatment and was treated without cauterization and with internal remedies alone. After this most favorable crisis the moral status of the patient changed as if from night to day, recovering its peaceful and joyful character; so that he was very soon able to reassume the exercise of his profession, and has enjoyed his wonted health from that time, now some eight years.

SKIN DISEASES AND PERSPIRATION.

Le Progress Medicale, as quoted in the *Scientific American*, publishes a communication from M. Arebut which describes a plan by which the distribution and activity of the sweat glands of the skin may be approximately mapped out. The method is as follows:

A piece of white paper is applied to the skin, and moistened in contact a few minutes. The sweat as it issues from the follicles, slightly moistens the paper at points corresponding to their orifices. A dilute solution of *Nitrate of Silver* is then brushed over the paper, and the *Nitrate* becomes converted into *Chloride* from the *Chloride of Sodium* in the perspiration. The *Chloride of Silver* blackens upon exposure to light, in this way mapping out the distribution, etc., of the sweat glands. With the aid of this test paper, M. Aubert has studied the secretions in *nævus ichthyosis*, *pelade*, *erysipelas*, *scabies*, *lupus*, *favus*, *herpes*, *psoriasis*, etc., and find that, as a rule, irritations of the skin completely suppress the perspiratory secretion, and that even when the irritation ceases, some time elapses before the secretion reappears. In cicatrices many of the glands disappear, but those which remain secrete more profusely than before.—*Medical Press and Circular*.

Gynecological Department.

A LARGE FIBROID TUMOR.

Mrs. B., aged fifty-five. About fourteen years ago when lifting a heavy weight felt something give way in left side which caused pain and weakness in that side. Some time afterward an enlargement was discovered. Various physicians were consulted, among them Drs. Weber and Scott, of Cleveland, Ohio, prominent Old School physicians. A tumor was diagnosed, but advised never to have a knife or trocar put into it, but let it alone. First saw the patient in December 1878. She was enormously enlarged but able to walk around. Been gradually failing for the last year. Her lower extremities became œdematous, her abdomen solid, no fluctuation, upper part of the body *very* poor. Appetite good most of the time, extreme dyspnœa at times with pain in the lower part of left lung, also in the stomach, finally typhoid symptoms were manifested; her tongue became dark-colored and cracked, and great restlessness, which became extreme the night before she died.

A post-mortem was held three hours after death. The tumor was found to nearly fill the abdominal cavity. The viscera being all displaced. The liver, stomach and spleen being crowded up into the thorax, the spleen being enlarged to three times its natural size. The tumor was of the fibroid variety very firm and dense, and had the appearance of growing in layers and of dark color.

A cavity was found in the upper portion where it had commenced to break down, containing about a gallon of pus of a dark color and somewhat granular in appearance. Around on the outside of the tumor were several small cysts containing from one to two gills of a transparent fluid. It was found attached to the fundus of the uterus and adhered to the bladder; the left ovary could not be found, probably absorbed into the mass of the tumor. The uterus and the right ovary were very much atrophied; other adhesions were slight. On removal the tumor weighed eighty-four pounds avoirdupois. This is the largest tumor of which we have seen any record. Drs. Bigham and P. E. Beech, (O. S.) assisted at the post-mortem.

D. G. WILDER.

TREATMENT DURING GESTATION.

In the January 1st, number of *THE INVESTIGATOR*, I noticed an article from Dr. Stillman, "On Preparing Women for Labor." I agree with Dr. S. that the choice of remedies must come within our "Golden Rule." "Similia Curantur," and that "similia" is often required to sustain a normal condition of the system, for by a careful diagnosis of the greater majority of our patients in gestation, we find them suffering from abnormal conditions, which can be relieved, if not arrested. I have in mind several cases that were benefitted by treatment two or three weeks before parturition. One case only I will mention; the lady who consulted me said, "If anything can be taken to relieve me from the terrible suffering I have always experienced at parturition I pray you to make the effort." She had five children and two of the number were taken with instruments. With them all she had suffered for hours. After hearing the history of her sufferings, I felt it very doubtful about her getting any relief by remedies, but after making a careful diagnosis, to give her *Mitchella repens*, three times a day, and *Aconite* twice, giving the 3x dilution in drop doses.

The result was satisfactory, and with only natural labor pains of a few hours. I repeated the same treatment twice after, with the same lady with satisfactory results. In other cases I have used *Arnica montana* and *Aconite*, or *Belladonna*, as the diagnosis seemed to indicate with good results; and again have used only *Arnica mont.* or *Belladonna* alone, and had good results. I have found *Belladonna* more often indicated than any other remedy where the os uteri, was ridged and unyielding. *Pulsatilla* or *Viburnum* sometimes, has been the remedy indicated.

TERRE HAUTE, IND.

M. D. WILSON.

THE DEATH RATE IN THE MARRIED AND UNMARRIED.

This was the subject of a paper recently read by M. Bertillon before the Academy of Medicine in Paris. The results are based on statistics derived from France, Belgium and Holland, and are as follows: Of married men between the ages of 25 and 30, the death rate was 4 per thousand, unmarried 10 per thousand, widowers 22 per

thousand. Of married and unmarried women the rate was the same, viz., 9 per thousand, while in widows it was 17. In persons from 30 to 35, the death rate among married men was 11, the unmarried 5, and the widowers 16 per thousand. Among the woman it was 5 for the married, 10 for the unmarried, and 15 per thousand for the widows. Combining these figures gives the following result: Deaths among men between the ages of 25 and 35—married 15, unmarried 15, widowers 41; women between the same ages—married 14; unmarried, 19; widows, 32. These figures demonstrate that while in the case of men the death rate was the same throughout the decade for married and unmarried, there was a great fatality among the widowers. We may therefore, conclude that while the married state does not actively improve the sanitary condition in men, the relapse into the unmarried state is attended by a great fatality.

DIAGNOSIS OF PREGNANCY.

Professor Wm. Goodell, University of Pennsylvania, lays down the following rule in examining for pregnancy: "When the cervix feels as hard as the tip of the nose, pregnancy does not exist; when as soft as the lips, the womb most probably contains a fœtus."—*Press and Circular*.

Spencer Wells places great reliance on the condition of the anterior wall of the vagina. After the second month it will be in a stretched (tense) condition with partial or total obliteration of the anterior cul-de-sac.

Have any of our readers verified the above?

CASE OF TRIPLETS.

It was my good fortune to increase the census by three a few days ago. All the children were living when born but died within ten days. Gestation had not reached the *seventh* month and the midgets could hardly be expected to survive. The mother is making a good start as this is her first attempt at baby farming. We may safely look for *quadruplets* next time. The combined weight of the babies was ten and one half pounds, *clothing and all*.

FARMINGTON, ILL.

T. J. PUTNAM.

Consultation Department.

MORE WORMS.

Dr. Lippe does "draw a bead" on "more worms" page 163, under *Marum verum teucrum* 36 and 57. Don't be afraid of using it high. I have seen several cases cured with this remedy 200th.

W. H. LEONARD.

FOR W. H. HULL'S CASE.

Among the remedies to be studied in this case, *Bry.*, *Podoph.*, *Aloes*, *Sulphur*, *Crot. tig.*, *Thuja* and *Chelid. maj.* are quite prominent. All have early morning diarrhœa. *Bryonia* has dark stool; *Podoph.* dark green. I think *Bry.* has the preference.

J. D. W. H.

FOR "P's." CASE.

In "P's" "case for counsel," I would suggest three remedies, *Causticum*, *Ferrum*, and *Graphites*, given in the order named; potency from 3d to 200th; one dose per week until four doses are taken. If unrelieved by *Caust.*, give *Fer.* same dose and way and then follow by *Graph.* If there is virtue in our provings these three medicines will cure, unless there is destruction of substance.

G. W. S.

CASE FOR COUNSEL.

J. B. M. a deaf mute, twenty-two years of age, came to me from Allopathic hands November 25, 1879. Had his leg crushed above the ankle by the cars, two years ago; he was taken to the hospital, and his leg was amputated six inches below the knee. It has never healed properly. When he came to me there were several discharging ulcers and more or less pain in the part. Under the influence of *Sulphur*, *Calc. c.*, and *Silicea*, it looks much better, the ulcers are partially healed and covered with thick scabs of desiccated pus. There is no pain except in one spot on the left, or outer side of the stump, and there only on pressure. Is there likely some *spiculæ* of bone in that spot? Or was the amputation probably improperly made? Or what is likely the cause that it does not heal? It is no nearer healed now than it was a month ago. What should be done for it? Answer soon.

R. T. HARMAN.

ANSWER TO CASE.

For W. H. Hall's "case for counsel," pp. 164-5, UNITED STATES MEDICAL INVESTIGATOR, No. 256. Place your patient in a half-lying position on her back, with shoulders well raised and limbs drawn up so that soles of feet rest easily on the couch; this position is essential to the complete relaxation of the abdominal integument. Now standing or sitting in front of her right side, place both hands on the abdomen, and, grasping the integument firmly but gently and steadily roll (knead) the parts under your hands, *following the colon upward*, on the *descending portion*, *transversely* on that portion, and *downward* on the *ascending* colon, this treatment should be pursued thirty minutes at a time, with some *moments* only of rest between, and should be given once, twice, or three times a day. It promotes in a high degree absorption of serum, and has been found curative in very many cases of chronic diarrhœa. Please report results in this journal.

W. A. KNIGHT.

Book Department.

All books for review must be sent to the Publishers.

SURGICAL DISEASES AND THEIR HOMŒOPATHIC THERAPEUTICS
 BY J. G. GILCHRIST, M. D. Third edition. Chicago: Duncan
 Bros. 8vo.: \$4.00.

This work has reached us revised, and rewritten, and is a credit to the author and publishers. The paper, type and style of binding is of a class that places Duncan Bros. in the foremost rank of medical book publishers. Authors will find that this enterprising firm will furnish a neat publication when they are supplied with the manuscript.

A work of this kind has long been needed by our profession. Physicians of our school are often located remote from surgeons or

fellow physicians, thus deprived of the advantage of consultation and are compelled to practice surgery, or rest under the ignomy that a Homœopathic physician can give pills but is not a surgeon." Dr. Gilchrist's book supplies this class of our medical brethren with a "surgical therapeutics" that contains the best known treatment of surgical diseases. His description of these diseases are brief, concise and in the main correct. The busy physician at a hasty glance can find in this work the means of forming a correct diagnosis and learning the appropriate treatment of the largest proportion of surgical diseases.

The work is of value to experienced surgeons, as the author has expended much time and patience in collecting surgical therapeutics from the most reliable sources of this and the old country, in every instance giving proper acknowledgement. He has ransacked the journals of our school, carefully selected only reports of cures made by physicians and surgeons whose experience and honesty make their reports valuable.

The chapters on "Diseases of the Nerves" and "Venereal Disease" are worthy of more than a passing notice. They contain many original ideas and furnish in my opinion the most complete selection of remedies that I have ever seen. These chapters alone prove the industry of the author in his efforts to advance the interest of surgical science. We do not claim perfection in the work of Dr. Gilchrist as there are sentences and expressions that had better be left out. But as a whole, the work is written in a clear, simple and modest manner, free from the wondrous cures "I have made" than any recent book that I am acquainted with. It is with more than ordinary pleasure that we receive the work among our books of surgery, as it is the first instance where a Homœopathic surgeon has furnished the profession with a surgical therapeutics that ought to be at once read by every practitioner of our school, and made a text-book in every college.

S. R. BECKWITH.

DEFORMITIES OF THE MOUTH.—Dr. Chandler, in the *Boston Journal*, says there is no cause so productive of malformation of the bones of the mouth and irregularity of the teeth, as the habit of thumb-sucking during infancy, and recommends that such infants be dressed in a loose night-dress without sleeves, and open at both ends, thus leaving the hands free to do anything but go to the mouth.

College News.

TOUR ROUND THE COLLEGE WORLD.

HAHNEMANN MEDICAL COLLEGE, CHICAGO.

Chicago in 1820, consisting of a few log huts and Indian wigwams, and in 1880 stretching along the lake shore for twelve long miles, and four in width, and this whole extent covered with immense buildings and palatial residences, and teeming with many thousand people, is but an index of the growth of Homœopathy in the North-west.

It is not many years since a small tin sign swinging in independence, labelled "Homœopathic office," was the first evidence in the West of this most gigantic reform in medicine. That sign was prophetic. It became the office of Dr. D. S. Smith to propagate the truth of similia, is now and will be while his venerable life is spared. Long before there were physicians enough in this young and growing metropolis to man a college he secured a charter for Hahnemann Medical College. That astute statesman, E. A. Guilbert, M. D., then of Elgin, now of Dubuque, was one of the prime movers in this seemingly visionary venture. In 1859, the advent of Prof. A. E. Small, an experienced teacher from Philadelphia, was the signal for opening this new school. His skillful management and successful teaching have been conspicuous from that day to the present. We are pleased to chronicle the fact that this veteran physician is writing a work on the Practice of Medicine, that, while it will be scientific and up to date in all parts, will also incorporate the rich experience of the author. Another pioneer, the father of clinical or object teaching in the West was that careful observer and skillful diagnostician, Dr. R. Ludlam. His early teaching in physiology and clinical medicine has given an impress to his lectures for twenty years, and to his work on Diseases of Women, that has given it a wider sale than any professional work yet issued by our school.

These three men have moulded this school. Enthusiastically Homœopathic, scientific, practical and clinical, seem to be the features that attract, while the low fees and short courses undoubtedly help to impel "the largest class that ever assembled in

one of our colleges" to crowd its halls this term. There are about forty ladies, the balance are gentlemen—an intelligent and enthusiastic crowd of students. The building is large and well arranged for its object, but is too small if the crowd continues. The hospital adjacent with its flourishing dispensary furnishes ample material which is skillfully utilized in the many clinics "held every day the year round." Although the term is short every moment is occupied so that "we" were not called on for a speech—much as the students regret that they have no systematic lectures on diseases of children. We were not privileged to hear all of the professors, nor to make the personal acquaintance of all of the students, but we expect to hear well of them and that their angelic labors will "Echo down the corridors of time." More anon.

QUILL.

HAHNEMANN COMMENCEMENT.

The twentieth annual Commencement of the Hahnemann Medical College and Hospital of Chicago, was held on the evening of February 28 in Hershey Music Hall, which was crowded to its utmost capacity with the friends of the institution and its graduates. The platform was occupied with the Faculty and Trustees of the College.

The exercises were opened with prayer by Bishop Fallows, after which Prof. R. Ludlam, M. D., Dean of the College, read his annual report, referring to the success of the institution as evidenced by the long list of graduates, and the reputation to which it had attained.

The President, Dr. A. E. Small, then read his annual address, and conferred the degree of Doctor of Medicine on the following :

Aug. W. Ackerman, L. E. Lee, Bradley B. Anderson, Adellon P. Andrus, John Atwater, Clarence F. Barker, Jas. Barr, M. D., G. S. Battey, L. H. Bradley, Will LeRoy Brett, A. B., Henry H. Boulter, Geo. F. Clark, Ph. B., Thomas C. Clendening, G. W. A. Collard, M. D., Calvin Edson Covey, Alex. K. Crawford, Clarence A. Daily, John G. Dawson, Alex. C. Dockstader, Alexander Donald, J. C. M. Drake, Jesse C. Fate, H. Fischer, Ed. H. Flint, Mrs. Amelia J. French, Emil G. Freyermuth, Sophia M. Funk, Edgar Jay Gibson, Thomas Gillespie, Silas M. Gleason, Addie M. Goodnow, Paschal P. Gray, J. I.

Groves, Margaret Hislop, Horace D. Hull, F. C. John (honorary), Frank Ben. Johnson, Edward M. Kanouse, Samuel S. Kehr, J. Henry Kimball, Alex. M. Kinkaid, Henry M. Kennedy, E. Leighton, M. D., (*ad eund.*), E. A. Lyon, Lucius McAllister, David McClellan, Mrs. H. L. McCool, Walter A. McDowell, Henry J. Martin, C. F. O. Miessler, G. W. Mingos, Homer P. Mix, Phineas J. Montgomery, J. Christie Morse, John S. Nitterauer, James T. Ozanne, Rachel S. Packson, John T. Palmer, Jr., Lyman R. Palmer, Harry Parsons, Charles S. Penfield, E. Scott Pigford, Charles A. Pusheck, H. L. Reed, W. A. Reed, Mrs. Belle Reynolds, George M. Rockwell, Eber H. Ryno, Alvin P. Sawyer, George F. Shears, Hugh P. Skiles, Geo. E. Smith, Melvin J. Stearns, Charles N. Stevens, Fred P. Stiles, J. J. Stoner, M. D., B. Franklin Strong, H. R. Surles, M. D., O. G. Tremaine, Robert F. Tousley, Charles C. Wakefield, Charles R. Ward, Edson D. Wheeler, A. A. Whipple, M. D., William H. Whitmore, Duron A. Whittlesey, Elijah Wooley.

The valedictory address to the class was read by Prof. W. J. Hawkes, M. D., on behalf of the Faculty. He classed the duties of the young physician as those due to himself, his patients, and his art, advising them as to each.

The college quartet then sang a class song, and the presentation of prizes took place as follows: Prize of \$25 for the best general examination, L. H. Bradley, of Wisconsin; buggy case for second best examination, Edson Wheeler, of Illinois; Small prize for the best paper on hæmorrhoids, J. C. M. Drake, of New York; Hall prize of full set of amputating and trephining instruments for best surgical examination, J. C. M. Drake; Hoyne prize for best examination on skin diseases, G. E. Clark, of Michigan; Ludlam prize, for best report of women's clinic, Walter A. McDowell, of Illinois; Coles prize, for best dry preparation, L. R. Palmer, of Illinois; Leavitt prize, for best report of the obstetric clinic, H. D. Hull, of Michigan; Fellows prize, for best neurological clinic; A. K. Crawford, of Ontario, Can.; Lanning prize, for the best report of the children's clinic, A. K. Crawford; Vilas prize, complete set of cylindrical lenses for best thesis on the anomalies of refraction and accommodation, M. H. Boulter, of Illinois; Wheeler prize, set of physician's examination tubes, for best essay on urinary analysis, L. E. Allen, of Illinois; Hawkes prize, for best prescriber in medical clinic, buggy-case, J. T. Ozanne, of Wisconsin.

Prof. Vilas then announced that the position of House Physician of the Hahnemann Hospital had been awarded to Dr. George T. Shears, of Illinois, and that Dr. W. A. Paul, of Maine, had been appointed assistant.

The exercises closed with the benediction by Bishop Fallows.

The Faculty and students, with their ladies, adjourned to the Palmer House, where the night was ended with a banquet, speeches, responses and songs.

Medical News.

Gnoscopine is the name of a new alkaloid of *Optum*.

Prof. Karl Rokitsansky, the celebrated anatomist and pathologist, is dead.

Indiana Institute of Homœopathy will hold its fourteenth annual session in Indianapolis in May next.

Balsam of Peru is the dressing applied to amputated surfaces in Bellevue hospital, New York.

Bruin is the name of an English medical journal devoted to all things pertaining to the nervous system.

The Western Academy this year meets in Minncapolis.—The various bureaux are at work on a feast of good things.

Florence Nightingale heads the petition presented to the British Parliament for the repeal of the contagious diseases acts. These acts license prostitution.

The Northwestern Academy of Medicine will hold its fourth annual session on the first Wednesday and Thursday of May, 1880, in the parlors of the Ogden House, Council Bluffs, Iowa.

Treatment for Tapeworm.—Prof. Bouchut at the Children's Hospital in Paris digests tapeworm while yet in the intestine, by administering a weak alcoholic solution containing one-thirty-fifth of amy-laceous pepsin.

Tympanities Intestinalis.—In a case of tympanities intestinalis following ovariotomy the patient was completely inverted, and immediately there was a rush of the pent up gas, it being expelled with remarkable force.

Alabama Supreme Court.—In the supreme court of Alabama the decision has been made that "a physician may be required to give expert testimony in a civil or criminal suit without being paid for his testimony as a professional opinion and upon refusal to testify may be punished as for contempt."

Enlargement.—The pressure of business has compelled us to enlarge the manufacturing department of our pharmacy. In these days of drug store competition we shall not sacrifice reliability for cheapness. Our aim is to call out such reports as this: "We are highly pleased with the fine quality of your goods."

Influence of climate on the repair of wounds, accidental and surgical, was the subject of a paper by M. Rochard, of the French naval service. The temperature of the torrid zone exerts a beneficial effect on the process of cicatrization, while in that of the frigid zone cicatrization is slow, and ulceration, erysipelas and angio-leucitis follow slight injuries.

Still Another.—I was duly elected a member of the Board of Health for this city, sworn in on Dec. 26, 1879, and received the following notice: "Chas. E. Pinkham, M. D.—*Dear Sir:* You are hereby declared a qualified member of the Board of Health of the city of Woodland, Cal. A. NICHELSBURY, Clerk of Board of Health." WOODLAND, Cal., Feb. 18, 1880.

Resident Physician.—The position of Resident Physician of the Hahnemann Hospital in this city will be vacant July 1. There will be a competitive examination for the position early in June. The doctor will receive his board, lodging and washing, also thirty dollars per month. Applicants may address

JOHN H. THOMPSON, M. D., Secretary of Medical Board.
36 EAST 30TH ST., N. Y.

Illinois State Microscopical Society.—The regular meeting of the State Microscopical Society of Illinois, for February, will be held at the Academy of Sciences, No. 263 Wabash avenue, on Friday, the 27th inst., at 8 P. M. Dr. Lester Curtis will read a paper entitled "The Study of the Cell, with reference to the New Theory." Dr. S. V. Clevenger will read a paper on "The Microscopical Examinations of Tissues after the Administration of *Mercury*." You are invited to be present.

E. B. STUART, Secretary.

Alumni Association.—The third annual meeting of the Alumni Association of the Homœopathic Medical College of Missouri, will take place at the College, S. E. Cor. Tenth and Carr streets, on Wednesday, March 10, 1880, at 8 o'clock P. M. On Thursday evening, March 11, the third annual Alumni banquet and reunion will be given at the Windsor Hotel. The great interest already manifested in these coming events, definitely assures a large attendance. Every Alumnus is earnestly requested to be present to join in our annual interchange of friendly greetings and fraternal hand-shaking. Come out and be with us, your old college mates, and rally around your old alma mater.

A. S. EVERETT,
J. MARTINE KERSHAW,
J. A. CAMPBELL,
W. C. RICHARDSON,
Executive Committee.

Died.—February 17, of apoplexy, aged eighty-one, at his residence in Lawndale, Dr. Syene Hale, father of Drs. E. M. and P. H. Hale, of this city. Dr. Hale was born in Alstead, N. H. His father did service in the war of the revolution, and was in the battle of Bunker Hill. He was a graduate of Dartmouth College, practiced medicine in New Hampshire, removed to Ohio in 1837, where he practiced until 1855, when he joined his sons in Michigan and practiced with them until they removed to Chicago. In 1866 he came to this city and took up his residence in Oak Park, where he practiced his profession until forced to retire by the infirmities of age. He leaves three sons and two daughters. Dr. Hale was in active practice fifty-five years; twenty-five of which was in the Homœopathic school, which he embraced after seeing his sons in successful practice therein.

Bureau of General Sanitary Science, Climatology and Hygiene in the American Institute of Homœopathy.—The special subject for discussion at the June meeting at Milwaukee will be Quarantine. The divisions of the subject have been assigned to members of the bureau and papers promised as follows: A. R. Wright, M. D., Buffalo, N. Y., (no paper).* 1. International Quarantine, Bushrod W. James, M. D. 2. National quarantine including the sea coast quarantine, Geo. M. Ockford, M. D., Burlington, Vt. 3. State and local quarantine, W. H. Leonard, Minneapolis, Minn. 4. Quarantine for refugees exposed to an epidemic of any kind, by river, railroad or wagon way, D. H. Beckwith, M. D., Cleveland, Ohio. 5. Disinfection of people, cargo, and baggage in quarantine, W. S. Berley, M. D., Bath, Me. 6. Summary of quarantine laws, rules and regulations of different commercial nations, E. U. Jones, M. D., Taunton, Mass. 7. The cordon sanitaire, Geo. A. Hall, M. D., Chicago, Ill. 8. Sanitation and location of quarantine stations, L. A. Falligant, M. D., Savannah, Ga. 9. Kinds of quarantine required for the different contagions, G. W. Barnes, M. D., San Diego, Cal. 10. Quarantine of mailable and circulating and easily transportable material, Lucius D. Morse, M. D., Memphis, Tenn. From these reports synopsis will be made and submitted as a basis for discussion by the members of the Institute. All the information that can be gleaned that is useful, new and novel upon this topic is desired by the bureau.

BUSHROD W. JAMES, M. D., Chairman *pro tem*.

N. E. corner 18th and Green Sts., Philadelphia, Feb., 1880.

Memphis Homœopaths.—In reply to the request of Dr. A. F. Randall in THE INVESTIGATOR of February 15th, page 154. I would state that the Memphis Homœopaths are amply able to defend themselves against any aspersions however unjustly cast and from whatever source originating. That portion of the extract from the Michigan *Medical News* which relates to the Memphis Homœopaths is in the main wrong

* A. R. Wright, M. D., having resigned on account of ill health has no paper. Dr. B. W. James was appointed to act in his stead.

and entirely unjust as regards two members of the profession at least. When the epidemic of 1878 broke out there were practicing in Memphis four Homœopaths Drs. J. G. Malcolm, L. D. Morse, I. V. Buddeke and myself. Dr. Malcolm was a comparatively new comer to the city and was in so much doubt as regards the location that he had never moved his family from the North. Upon the approach of the epidemic every thing presented such a gloomy outlook to him that he concluded to abandon the field. Drs. Morse and Buddeke attended to business promptly and faithfully until taken sick and physically unable to do any thing more. They were both under my personal care and as soon as able to travel left the city upon my advice.

When Dr. Morse returned in the fall he was not really able to attend to the necessary demands of his business. As regards myself I was blessed with health, remained during the entire epidemic, and attended faithfully to professional duties. As to the boast that "*similia similibus* is effectual even to the curing of yellow fever" the proof is ample and positive even from "regular" sources as observed during this period. Those physicians invariably had the best success who administered *single remedies for specific indications*.

The type of disease was exceedingly malignant. The general death rate among the whites was about 75 per cent. I know of an Allopathic physician who was in the thickest of the fight and yet came out with a loss of less than 30 per cent. He looked well to the nursing, and as a rule avoided polypharmacy.

No sane man with any experience with the severer forms of yellow fever will pretend that there is absolute cure for such a type in the present stage of our therapeutical knowledge. No specific has been found for its peculiar morbidic poison in the same sense that *Cinchona* antidotes the effects of marsh miasm.

What we do claim is that where Homœopathic principles are faithfully carried out in its treatment the patient experiences the greatest degree of comfort and *the death rate is reduced to the minimum point*.

I would hereby add my testimony to the heroism of those Allopathic physicians who remained to battle with the epidemic. No braver or more devoted band ever enlisted in any cause. Well do I remember the words of the lamented Avant during a meeting of physicians early in the epidemic, said he, "gentlemen there is no disguising the fact I fear this disease. I would give ten thousand dollars were I out of here, but I would not leave for one hundred thousand for I feel it to be my post of duty." In this spirit he labored and fell a victim before the battle was half fought. Out of thirty-six physicians about thirteen died and the remainder were all incapacitated for duty during some period of the epidemic, except five or six. On the most severe day only six or seven resident physicians could work. They made an honorable record and as far as I am concerned am not ashamed of our OWE.

MEMPHIS, February, 1880.

T. J. QUIMBY.

THE
UNITED STATES
MEDICAL INVESTIGATOR

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series. VOL. XI., No. 6.—MARCH 15, 1880.—*Whole No.* 258.

Pharmacy Department.

“PHARMACEUTICAL FACTS.”

WHERE CAN WE GET RELIABLE REMEDIES?

Under the above heading I. G. Norance in the October number, 1875, professes to answer some queries of mine on page 132, but I fail to see that any information is imparted, notwithstanding his fancied acuteness. I do not profess to be a pharmacist, but I think if *Lyc.* mother tincture were an article of common use, our pharmacies would indicate in their catalogue that it could be obtained, and standard authors would know that it is prepared from something besides the “spores, which cannot be wetted or dissolved.”

He says that a tincture of *Cup. met.* cannot be made, and that I ought to know it! The facts are these: Not long after commencing the study of materia medica I bought a case and had it filled with lowest potencies, at what I termed a drug store pharmacy, by direction of an M. D. who patronized that institution. I gave the names, but not the potency, and when I received my case, I had mother tinctures of *Cup. met.* and *Lyc.*

He says, "Buy from any reliable house and you will be sure to get any preparation that is obtainable."

Exactly! my dear ignorance; that's what I was driving at, myself! He further says: "I would suggest that he write to Dr. Hughes and find out where he obtained it (*Naja*), if, as he says, he cannot obtain it here." "Hefty"!

I tried to get a low potency from two of our largest Western pharmacies, and the lowest obtained was 6th and 9th. In regard to cheap remedies, I tried to direct attention to the fact that however much they may profess to make them according to Jahr & Gruner, etc., they are thoroughly unreliable and dear at any price.

To illustrate: I was, not long since, in an establishment which sells tinctures and dilutions "made according to the standard Homœopathic authorities, warranted to be as good as any made," all for eight cents, and triturations for twelve cents per ounce, and asked for *Silicea* 3d. "They had only the 2d, but would prepare some of the 3d in a few minutes"—which they actually did! I am ashamed to say that following the example of older doctors I have heretofore bought goods to a small extent of that firm. Shall we neglect our own pharmacies to buy cheap goods from those who avow their disbelief in the efficiency of potencies?

A. F. R.

A POWERFUL DISINFECTANT.

Chloride of Lead is said to be the most powerful, safe and economical deodorizer and disinfectant known. To prepare it for use, on a small scale, for ordinary purposes, take half a drachm of the *Nitrate of Lead* and dissolve it in one pint of hot water; dissolve two drachms of common salt in two gallons of water and mix the solutions; this forms a solution of *Chloride of Lead*.

A cloth wet with this, and hung up in a room filled with a fetid atmosphere, will sweeten it instantly; and the solution thrown into a water-closet, sink or drain, or wherever the sulphite of hydrogen and ammonium exists, or is generated, will produce the same effect. It is not carbonic acid, but the sulphite of hydrogen and ammonium, which are eliminated with the breath, and through the pores of the skin, that makes people who are exposed to such an atmosphere so

depressed, and which when highly concentrated develops typhus poison.

Nitrate of Lead is in dry crystals, and is sold according to quantity, at eighteen to twenty-five cents per pound, which would make several hundred gallons of the solution of *Chloride of Lead*. And if after testing, it proves to be as effective as represented, let it be published in every newspaper throughout the land.—*Physician and Pharmacist*.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

ELKHART, Ind. February 23.—Prevailing diseases now are pneumonia and bronchitis. Principal remedies in first stage are *Verat. vir.*, and *Ferrum phos.* Have had several cases of true croup this winter. All have recovered under *Hepar sul.*, 6, *Spongia* 200, or *Sanguinaria* tincture.
A. L. F.

BREMEN, Ind., March 7.—Extremely healthy. Prevailing diseases, neuralgia, a few cases of pneumonia scattered over a wide range of territory, few cases of tonsillitis, and catarrh of head. Remedies used, *Acon.*, *Bell.*, *Gels.*, *Bry.*, *Bap.*, for the catarrh, *Iod. cum. kali. iod.* *Merc. bijo.*, *Lyc.*
W. M. B. O.

TERRE HAUTE, Ind., March 7.—Measles are prevailing as an epidemic. Remedies used, *Aconite* for fever, *Pulsatilla* for catarrhal symptoms, and *Kali bich.*, for throat complications. A characteristic for *Kal.*, is pain from malar and zygomatic regions down to the throat and neck mostly on right side of face.
M. H. WATERS.

NEWTON, Kansas, February 26.—The prevailing diseases here are, in fall, typhoid or typho-malarial fevers; winter, pneumonia, pleuro-pneumonia and diphtheria, with an occasional case of scarlatina or erysipelas; spring, intermittent fever, fever and ague; summer, infantile diseases, diarrhoea, cholera infantum, and dysentery. Remedies for the first *Baptisia* tincture to antidote and hold in check the typhoid poison, which it does if taken in time, with *Bryonia* 3x, if

bowels are constipated, or *Rhus. tox.*, if bowels are relaxed, and the remedies otherwise indicated, and *Arsenicum* to support and strengthen nervous system, and counteract tendency to cardiac and other local paralyzes. If case is persistent and obstinate I find the *Salicylate of Soda*, one to two grains at 6, 8, and 10 A. M. and P. M., and cold compress to bowels, with frequent sponging with cold water during exacerbation of fever a very efficient and an indispensable aid to the treatment in keeping down the temperature and pulse. Diet: beef tea, milk, rice, oatmeal, or other gruels, invariably strained and exclusively liquid, while there is any tympanitis or abdominal tenderness. For pneumonia and pleuro-pneumonia *Verat. vir.* tincture in one quarter to one-half drop doses to infants, and children under ten years, and one to two drops to adults every hour, with *Bryonia* 3x. every hour between, or *Bell.* 3x if there is much tendency to the head, if it goes on to the second or third stage *Tar. em.*, 3x to 5x for *Verat. vir.* For diphtheria, mild cases, for last three years have invariably yielded to *Phytolacca* 3x, internally and a gargle of the tincture, fifteen to thirty gtt., in glass full of water every hour alternately. More serious cases require *Bell.* 3x and *Merc. bijod.*, 2x alternately, or if there is a white, tough, leathery membrane, *Merc. cyan.* 18x every hour alternately with *Bell.* 3x. If case is at all malignant with strong fœtor oris, I invariably give one to two grains of *Sulpho-carbolate of Soda* every four to six hours to counteract septic poisoning in blood, and since beginning the use of this as recommended by the late Dr. G. D. Beebe, during the malignant epidemic in the winter of 1876 and 1877 I have never failed to get a marked benefit, and have lost no cases however malignant, using it as intercurrent, regardless of the treatment, rubbed up with equal parts, pulv. *Sac. alb.* It is surprising to me with such experience as this, to see that, Chicago physicians in such cases as are reported in No. 2 February 15th of "*The Clinique*," by Drs. Burt, Hall, Von Tagen, Talcott and Small, no mention is made of the use of this to me, indispensable anti-septic agent. For scarlatina, simplex, *Bell.* 3x, for more serious cases *Acon.*, *Bell.*, *Merc. bijod.*, *Arsen. alb.*, and *Bry.*, and *Tar. em.*, as indicated.

S. A. NEWHALL.

Small pox is on the increase in London, and the mortality from whooping cough in the same city is greater than was ever before known.

AN EVIL AND ITS CURE.

Have just finished second reading No. 156, February 15, UNITED STATES MEDICAL INVESTIGATOR, and am prompted to say by way of endorsement of the thoughtful words of Medicus on pages 173 and 174 concerning the classical prerequisites of a good physician, that I am certain that our school has suffered much on account of the illiterate votaries (or perhaps I should say practitioners) of it. Not that they are more ignorant than an equal or even greater proportion of Old School adherents, but being so much fewer in number it renders the fact so much more noticeable. There are few small towns having more than one Homœopathist, while three to six or even more of the opposite kinds are there. If half of the latter are more illiterate than the Homœopath, yet the other half, if superior to him, will be able to create a prejudice against him and the cause he represents. But the cure is in the hands of the profession so far as the future is concerned. It is simply this: Refuse to take a student under your tutorship whose education is not such as that you would be proud to publicly acknowledge him as your student. It is absurd to require a college faculty to reject one whom we have fostered and encouraged and forwarded as our pupil. I have aided one student who was a normal graduate, to become, as he now is, a successful and highly honored physician. I have dissuaded another by counseling him to procure a classical education. He is now a P. O. clerk instead of a physician. Let all M. D's do likewise.

Z. W. SHEPHERD.

EXPERIENCE WITH DIPHTHERIA.

BY S. A. NEWHALL, M. D., NEWTON, KANSAS.

Seeing several cases reported in the February Number of *The Clinique*, of this much dreaded and often malignant disease, I feel impressed to offer some criticisms upon the treatment reported, more especially Case 4, by Dr. W. H. Burt: "Miss L., aged six years, nervo-bilious temperament, was taken January 9th with a chill, great aching pains of the head, back and limbs, accompanied with a sore throat and high fever. On the 10th her father called stating the above facts.

I sent *Kali bich.*, with a promise that I would visit the child in the morning."

Now the reported symptoms given by this father are as exact a similia of *Phytolacca decandra* as we ever get of a remedy, and in exact accordance with the grand characteristics of this drug as given by Dr. Burt in his *Materia Medica*, and also in exact accordance with cases reported, (in T. G. Oehme's *Therapeutics of Diphtheritis*, pages 25 to 58,) by Dr. Burt and others, as being treated successfully by this remedy. The words in Oehme's *resume*, "chills, violent pains in the head, back and limbs, accompanied by sore throat and high fever," and yet Dr. Burt says, "I sent *Kali bich.*," a remedy adapted to fat, light-haired children, and one whose pathogenesis does not include a symptom of the report, (see Burt's *M. M.*), given by the father.

"January 11th at 11 A. M., found the patient with a very sore throat, the whole back part of the mouth and fauces covered with a grayish white, pseudo-membrane, and both nostrils completely occluded with the exudation, the breath was excessively fetid, the pulse was 120 and the temperature 102."

Still the similia is covered better by *Phytolacca*, (see Oehme's, also Burt's *M. M.*, page 407). "Grayish white pseudo-membrane, on fauces, tonsils, and pharynx, excessive fetor of the breath, with high fever, aching of the head, back and legs," and still Dr. Burt does not give *Phytolacca decandra* but gives *Baptisia* and *Mercurius cyan.*, both in the second decimal, in water, alternately every hour. My experience with *Baptisia* is that it is of no use in diphtheria, but indispensable in typhoids with fetor oris.

The pathogenesis of *Mercurius cyan.* as given by Dr. E. M. Hale's, *New Remedies*, fourth edition, pages 252, Vol. I, and 193, Vol. II., teaches me that it is unsafe to use below the sixth dilution, or trituration owing to its virulence as a poison, and I have used it invariably in the 18th decimal dilution, and always alternately with *Bell.*, 3x and when indicated had no failure. The excessive salivation and other results in this case convince me that the *Merc. cyan.*, produced, pathogenetic effects, and lost the case, the child living till January 20th shows there was vitality enough for better results.

Now for my reasons for this criticism. I have always had a high opinion of Dr. Burt as an author and instructor in materia medica.

During the malignant epidemic of 1876 and 1877 our town suffered severely. I returned from college at St. Louis, March 4, 1877, and on stepping from the cars was compelled to visit the child of a

friend, a little boy of four years, before going home, found high fever red angry inflammation of tonsils, and fauces, and pharynx, gave *Bell.* 3x and *Merc. biniod* 2x trit., alternately every hour, next morning child was very much better, enjoined quiet with diet of egg and milk, and continued remedies. Contrary to instructions child was dressed, and allowed to play around the room on the floor, till exhausted, took cold, and relapsed into very malignant type with excessive fetor from the breath.

He was a fat, light-haired child, remedies would no longer control the disease, gave *Kali bich.*, 3x and gargle of the same, 1x in water, grew worse, gave *Ars.*, 6x for gangrenous tendency, but child died on the 11th day. I wrote for the *Merc. cyan.*, 6x dil., and trit., to St. Louis, but before getting it the mother, and brother two years old were taken, the child, same temperament and disposition of his brother, both uncontrollable and had to be carried or constantly changed from one place to another and this one died too on the 11th day. About the fifth day of this child's illness I received the *Merc. cyan.*, 6x and with it H. C. G. Luyties sent me o e-half ounce of the 18x dil., saying that St. Louis physicians liked it very much and noticing in Luyties' *News*, that Villers insisted on using the 30x, and Hale and Oehme warned against using it below the 6x, I used the 18x with marked benefit in the mother, and slight relief in the child. I also saw in Luytie's *Homœopathic News*, March 1877, the mention of the *Sulpho-carbolate of Soda*, as an anti-septic in the blood. I had been so busy with my graduating course that I had not read the controversy among Chicago M. D.s on the use of the drug. But Dr. Beebe's claims seemed so reasonable that I went down town almost in despair of finding it, but on going into the second and last drug store, and asking for it, J. B. Dickey jumped up and said, "yes I telegraphed to Chicago last winter for it and got it, and these doctors (Allopaths) here won't touch it. I took it and began using it as an intercurrent remedy, one to two grains every six hours, giving *Bell.*, *Kali bich.*, *Ars.*, and *Capsicum*, alternately, regardless of it, and *Kali bich.*, or *Capsicum* as a gargle, as indicated, with marked benefit in every case where I used it, and by this time I had twenty cases at once, fifteen of which were caused by contagion from the two boys, and in no case did my remedies act with satisfactory promptness unless I used the *Sulpho-carbolate* to protect and cleanse the blood.

Now comes my use of the *Phytolacca decand.* I had never given a dose of it in the world, had had unbounded success in every one of

twenty cases, among them my wife, daughter eighteen, and boy three; and now another daughter nine years of age, nervo-bilious temperament, was taken with chill, continued chills, violent headache or pains in head, back and limbs, grayish pseudo-membrane on tonsils, fetor from breath, gave *Bell. 8x*, and *Merc. cyan.*, 18x every hour alternately, no improvement in twenty-four hours, but evident protection in blood from the *Sulpho-carbolate of Soda*. Sharp, shooting pains from tonsils into ears, tried the *Mere. biniod*, no benefit, disease slightly controlled but strength failing notwithstanding the best nursing, ventilation, and care, and plenty of nourishment, egg and milk, yet my child was going slowing but surely unless I could do better. In almost despair, and desperation I took Oshme, Hale, and Burt, and under *Phytolacca decand.*, I found the similia of my child's case. I had one ounce of the tincture of the green root that I had made two years before as an experiment, and came near throwing it away repeatedly because it was imperfectly filtered, but had as often set it away with a feeling that it might serve me sometime, and now the time had come. I made the 3x dil., and gave it every two hours, in water, and a gargle made of thirty drops in a glass full of water every alternate hour. Continuing the *Sulpho-carbolate of Soda* every six hours. There was marked relief from the first dose, and in three days my child was out of danger except from cardiac weakness from muscular paralysis, which *Cin.*, 3x and *Ars.*, 3x alternately relieved promptly.

With this experience it surprised me to see such a report of a case from Dr. Burt, the man who first brought the remedy before the profession in the treatment of diphtheria; and during the three years since I have treated probably two hundred cases, and ninety-nine out of a hundred indicated, and were cured by, *Phytolacca decand.* And it is just as surprising to me that I see no mention made of the use of the *Sulpho-carbolate of Soda*, and all the arguments against its use, I fail to see any claim that it had been tried as an intercurrent, anti-septic agent to aid other remedies by protecting the blood from poisoning, as recommended by the late lamented Dr. G. D. Beebe.

This article has grown to twice the proportions I intended, but I have said no more and not half that the subject demands, for if the claims of Dr. Beebe for the *Sulpho-carbolate of Soda* are true, and my experience teaches that they are, such men as Small, Von Tagen, Hall Burt, Talcott, sending reports out to practitioners throughout the country, young and old, should have tested it long ere this, and give the profession the benefit of their extended experience; and an author and

educator in materia medica should at least follow the "similia" and text of his own teachings and those of others until they are thoroughly tested and fail before departing from them as in this case.

S. A. NEWHALL.

CLINICAL OBSERVATIONS IN ST. JACQUES' HOSPITAL.

BY DR. JOUSSET, PARIS, FRANCE.

Translated from *Bul. de la Soc. Med.*, Nov. 1879, by J. M. Strong, M. D., Allegheny, Pa.

TYPHOID FEVER.

A young girl, suffering from gonorrhœa after several months' treatment, was admitted November 4th. The discharge was very abundant, and of a greenish color; the external genitals were inflamed. Treatment, *Cann. ind.* tincture and frequent injections. This remedy was continued for several days without any improvement in the disease. On the seventh day she began to complain of headache, malaise, loss of appetite. Remained in bed. This condition was followed by slight pain in the abdomen which was slightly distended, profuse sweat, thirst, eyes brilliant and moist, tongue white.

On the eleventh day the menses appeared and were profuse, twelfth day abdomen more distended, painful on pressure in right iliac region where a gurgling could be detected, thirst intense, slight diarrhœa. Morning temperature, 101.3°. Evening temperature, 102.8°. Pulse 96.

Fourteenth day. Epistaxis, menstrual flow still abundant, prostration extreme, slight fall in the temperature.

Fifteenth day. Morning temperature 101.3°. Evening temperature 104°.

Sixteenth day. No improvement. Patient complains more of feeling tired than of any marked acute pain. No eruption. Bathed with aromatic vinegar.

Eighteenth day. Morning temperature 101.4°. Evening temperature 103°. *Baptisia tinct.*, had been given from the eighth day, and was now changed to *Sulphate of Quinine*. The temperature fell on the first day, but returned on the evening of the second day to 104°.

Twenty-second day. Insomnia. Patient complained of extreme weakness, tongue white but not dry, thirst intense, trembling and twitching of tendons. Pulse 80 to 90, quick. Very little deviation

between the morning and evening temperature. Diarrhœa profuse, *Phosphor. acid.*, 3. This was changed to *Arsenic* on the following day and was continued to the end of the case.

Twenty-eighth day. Bloody stools which had begun on the twenty-seventh day. Stupor. Evening temperature lower than the morning. On the twenty-ninth day the evening temperature was again 104. The condition remained unchanged until death occurred on the thirty-sixth day after admission.

CATARRHAL NEPHRITIS.

This patient about two weeks before her admission to the hospital, in consequence of fatigue and exposure to cold, had been seized with an acute chill, slight fever, and severe pains in the region of the kidneys. She continued at her work, however, until the present date, December 6th. For the last few days the pains in the kidneys have been less, but to-day pressure upon the lumbar region revives them. The quantity of urine voided is somewhat in excess of the normal quantity, and contain slight traces of albumen. *Cantharis* 6.

December 8th. Pains in kidneys have almost entirely disappeared. Complains of pain in the left side. Examination of the lung does not reveal anything abnormal. Pains in the epigastric region, digestion painful, occasional nausea. *Nux. vom.*, 12.

December 13th. No complaint except an acute intercostal neuralgia. *Bry.*, 3. Cured.

ANGINA.

Has been suffering for three days with pain in the throat which was ushered in by a severe chill. There is loss of appetite, vomiting. On examining the throat we find an intense redness of the palate and arches a small grayish white patch upon the left tonsil. The sub-maxillary glands are not engorged. Deglutition painful. Pulse 90. Evening temperature 102°. *Bell. tincture.* (December 7th).

December 9th. No fever. Pain in the throat less. Treatment continued.

December 12th. Cured.

DIARRHŒA.

CASE I. This patient was attacked about three weeks ago without any known cause, with acute pains in the bowels, followed by a profuse diarrhœa, the passages occurring as often as fifteen to twenty

times in twenty-four hours. The stools were liquid, yellowish and without any blood. The attack had since its onset been characterized by presenting on certain days a marked diminution.

December 11th. Tongue white, thirst intense, appetite gone, abdomen not bloated, but painful to pressure. Five stools to-day. *Arsenic* 3rd., trit. Under this remedy improvement was manifested, but an aggravation occurring, *Ipecac* was given and then *Veratrum alb.*, but without removing the disease. On the 30th *Arsenicum* was again given and the diarrhœa ceased entirely. Discharged January 7th.

CASE 2. This patient was seized about six weeks ago with a diarrhœa, in consequence of a chill, which lasted five days, and after ceasing for some days, returned with renewed violence. He had four or five stools a day. The stools were liquid, yellowish and without blood and were accompanied with severe pains. Appetite good, thirst not marked. No fever. *Arsenicum* 3. Cured.

ABSCESS OF THE BREAST.

This patient was confined about eight months before her admission into the hospital. She had nursed her child for seven months when she had an abscess in the breast which opened spontaneously at the end of two weeks. At the present date there exists a second abscess larger than the first. The abscess is superficial, the skin is red, tender, with evident fluctuation, but without vrey deep induration. Complaints of burning pains. No fever. Appetite good. *Phosphor* 6.

ERYSIPELAS OF THE FACE.

This patient was seized two days before with malaise and fever, together with a slight redness upon the nose. During the period preceding this manifestation, he had had a severe coryza, which had given place to the formation of thick crusts in the nose. Several of these crusts had been torn away by the patient, leaving small ulcers, which were probably the point of departure for the erysipelas. The redness increased rapidly and soon extended to the cheeks. On the third day there was considerable swelling of the nose and left half of the face, the skin was warm, glossy and distended; touch revealed induration at the limit of the redness. There was no engorgement of the sub-maxillary glands. Pulse 108. Morning temperature 102.1°. Evening temperature 103.6°.

Fourth day. The swelling and discoloration of the skin had

increased; the right side of the face was involved, the eyelidswollen. Tongue coated white. Thirst active. Treatment, *China*. 6.

Fifth day. The condition about the same with the exception of an increase of temperature. The medicine was continued, gradual improvement set in, and the patient seemed completely cured on the ninth day. But on the fourteenth day the disease reappeared on the left side of the face. The inner angle of eye and cheek were red. Pulse 90. Evening temperature 104°. *China* was repeated.

Fifteenth day. Disease has extended to the right side of the face, but the attack is not so severe as in the first instance. On the nineteenth day the disease, which had gradually lessened, showed itself only in a slight desquamation of the skin.

SUPPURATIVE PNEUMONIA.

This patient was seized two days before admission to the hospital with a chill and severe pain in the left side, the result of exposure to the cold while perspiring. In the evening of the same day he began to cough which caused a pain in the side; the expectoration was very abundant, the fever high, the appetite gone.

Third day. The respiration is very frequent and panting. The cough was less frequent, but very painful. The expectoration was less, the discharge being of a viscous nature, bitter, of the color of currant jelly, and adherent to the vessel. Face red and covered with sweat. Cephalalgia severe. Tongue white, thirst active. Pulse strong and full, 120 per minute. Morning temperature 104.5°. Percussion detected, a dullness in the lower two-thirds of the left lung, greatest at the middle portion. No rales could be detected, but a very marked tubular murmur was present, as bronchophony. Evening temperature 104.5°. Pulse 120. *Bryonia*.

Fourth day. The pain in the side is less than in the evening before. The murmur lessened. Respiration slower. Temperature 104°. In the evening the patient was covered with sweat, thirst very active. Pulse 130. Temperature 104.5°.

Fifth day. The patient is less oppressed. The expectorations are less viscous, but of a prune juice color. Murmur always present, but no rales. The tongue dry covered with a white coating. Perspiration less. Morning temperature 102.2°. Evening temperature 104.3°. Pulse 130. *Bryonia* was continued.

Sixth day. Passed a very restless night, with continued delirium, trying to leave his bed. Skin burning hot, with but little moisture.

Expectoration scanty, black greenish. Respiration very frequent, panting. Pulse, small, filiform, quick, 130. *Arsenicum* 3rd. trit., was alternated with the *Bry.* 3.

Seventh day. Patient died.

INFLAMMATION OF THE PAROTID REGION.

On the day before this patient applied to the hospital she had felt a severe pain in the region of the parotid gland, followed almost immediately by redness and swelling which progressed rapidly. On the day of admission the swelling was of considerable size, the skin of violet color, which extended to the cheeks, glistening and tense. Sub-maxillary glands tumefied, painful. Deglutition difficult. Pulse 112. On the next day the infiltrated region retained an impression of the finger for some minutes. *Bell.* tincture.

Fourth day. Fever active. Pulse 112, quick; deglutition painful. *Bell.* tincture.

Fifth day. Redness extended to the sterno-cleido muscle upon one side, and on the other side to the inner angle of the eye. Tension and hardness excessive. Several spots show a deep violet color. No fluctuation can be detected. Fever high, thirst excessive. Pulse 116.

Sixth day. A small discharge from the ear, of pus mixed with blood. The patient expectorates masses which contain the debris of cellular tissue.

Seventh day. No change. *Apis.* 3.

Eighth day. Had a very bad night, skin of a violet color. Patient seized with syncope and died.

ARTICULAR RHEUMATISM.

This disease attacked first the wrist and then the knees, which presented some swelling and redness. At present the knees are the part principally effected. The left is swollen, but without any traces of liquid. Patient complains of attacks of palpitation. An indistinct murmur is detected at the apex during the first beat. Appetite lessened, thirst intense, tongue white, pulse 84, E. T., 101°, 3. On the 25th of December, tibio-tarsal articulations and those of the foot are painful. On the external surface of the right foot, there is marked swelling and redness. *Clininnium sulph.*, 2nd. trit. Improvement followed this remedy which was not changed till the 31st., when *China* 3d trit. was given.

On January 11th for vague pains in the knees and feet when walking, *Rhododendron* 12 was given. Cured.

Dr Gonnard gives his experience in diphtheria as follows: When there is considerable swelling of the mucous membrane and tonsils as well as the glands, *Apis mel.* Very little swelling, but an encroaching false membrane, accompanied by a marked prostration, diarrhœa, and a sensation of a foreign body in the throat, *Lachesis.* In a third case without any marked characteristic symptom, *Bromine* was effectual, used according to the method of M. Teste.

ALCOHOLISM.

A LECTURE BY J. MARTINE KERSHAW, M. D. PROFESSOR OF DISEASES OF THE BRAIN, SPINE AND GENERAL NERVOUS SYSTEM
IN THE HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

Reported by Dr. W. B. Morgan.

GENTLEMEN: This is a disease of the general nervous system and may either be acute or chronic.

Alcohol primarily affects the motor and secondarily the sensory nerves. This may be stated of the general effects upon the nervous system though in some particulars the distinction is not so apparent. If a nerve be exposed and alcohol be applied to it, its motor power below the point of application will be lost.

The first effects of alcohol in moderate doses is stimulant. The system of the person taking it is below par, he has a weak, feeble pulse, poor digestion, is nervous, sleepless or depressed. Alcohol in moderate doses will remove these symptoms of debility and bring his system up to the health line; but if taken in excessive quantities it becomes poisonous. When too much has been taken there is a reaction from its stimulating effect, the fingers, and it may be the tongue, become numb, the muscles weak, with perhaps incoordinate movements, the face is flushed, the eyes water, there is mental confusion, thick-tongued speech and finally delirium and coma.

Alcohol is eliminated from the system chiefly by the kidneys, but by the skin somewhat. The habits and occupation of the person using it have a great deal to do with his susceptibility to its influence. In those individuals in whom the circulation is quickened and elimina-

tion accelerated by outdoor labor the susceptibility is least ; while it is greatest in those who are most confined to sedentary occupations within doors. Anstie states that barbers and shoemakers suffer most.

Prominent among the causes that lead to the use of strong drink are depressed emotions. As an instance of this I may call your attention to a case I treated some years ago. A smart, well educated man, an editor of one of the city papers had been unhappily married. Relatives attempted to regulate matters, but as is generally the case made them a great deal worse, and he was continually in an unsettled turbulent condition. He came of neurotic family in which there had been some insanity I believe, and his hard drinking and domestic trouble made a very profound effect upon his nervous system. He was first taken to a hospital where he was treated with great quantities of *Chloral*. This having no beneficial effect, he was removed from the hospital and I was called to treat him. I found him suffering from *Chloral* as well as alcohol poisoning. He was in a continual state of terror ; he was afraid to attempt to sleep without having the doors open so that his friends could come in and rescue him from all kinds of imaginary horrors. I treated him for some time with considerable benefit to his general condition, but he would periodically go off on a drinking spree and he finally became insane. He was confined in an asylum, but was so violent they did not keep him there. He was taken out and sent to an asylum in the east where he now is. This is one of the many cases of alcoholism which end in insanity.

I have a lady in charge now who has been driven to drink by family troubles. Her husband is dissipated, is out nights, has contracted a venereal disease, and she has become infected. She acquired a gonorrhœal affection of the eye, a very dangerous complaint, from using a towel previously used by her husband. I at once sent her to Dr. Campbell and he succeeded in saving her eye, but she thoroughly hates her husband. I was called to see her on New Year's day. She had been drinking and at the time of my visit was trying to eat. She had been quarreling with her husband just before I arrived and was considerably excited. She got down on her knees and begged me to save her from going crazy, and we had a difficult time quieting her. When she is sober she is very ladylike and she might reform if her troubles could be removed. As it is she takes to drink for eight or ten days or two or three weeks at a time.

Another lady came to my office the other day to consult me concerning a matter that she said she had some hesitation in mentioning. She

said the habit of using liquor had become so strong that she could not stop. In response to my inquiry she said that her husband provided well for her and was good to her with the exception of being somewhat jealous. She was worried and excited by his throwing up to her what he considered as her unbecoming conduct. She had first taken stimulants when sick but had continued their use until she could not stop. The idea of becoming a drunkard was horrible to her, and she wanted help to overcome the habit.

Mental depression is a cause that leads many to drinking. Many prostitutes drink because they are troubled with recollections of their past lives and they desire forgetfulness, though but temporary. Women have more conscience than men and do not become so callous.

The lowest prostitute loves something or somebody. But the greater emotional nature of woman drives her when she does take to drink to the most desperate drunkenness.

I knew another lady who would every little while drink hard for two or three days. She belonged to a fine family, and when sober felt terribly about her conduct. When under the influence of drink she was a raving maniac, would go out in the street in her night clothes and do all sorts of unwomanly things. Her family kept the matter as quiet as possible and I, though I lived for several years in the same neighborhood, never knew anything of it until I was called to treat her.

Desire to get rid of pain is another cause that leads to drink. Neuralgia, sciatica, gastralgia, uterine pains and others are often relieved by the use of alcoholic preparations. You know the effect of alcohol on a depressed nervous condition.

Many drunkards are made by having first used alcohol on the prescription of physicians. Sometimes the habit is acquired by using liquor as a stimulant in weakness, or for improving the appetite. Business associations and its fatigues lead others to drink. Inherited disposition explains many other cases.

Nervous diseases, like insanity, catalepsy, etc., and especially drunkenness itself in the parents or, other ancestors may exert their influence on the offspring by predisposing him to drunkenness. Not unfrequently one parent is under the influence of liquor at the time conception takes place. Of the influence of alcohol in inducing mental derangement, I call your attention to the following from *Maudsley :

* *Physiology and Pathology of Mind.*

“The influence of alcohol upon the mental function furnishes the simplest instance in illustration of the action of a foreign matter introduced into the blood from without; here, where each phase of an artificially-produced insanity is successively passed through in a brief space of time, we have the abstract and brief chronicle of the history of insanity. The first effect of alcohol is to produce an agreeable excitement, a lively flow of ideas, and a general activity of mind—a condition not unlike that which sometimes precedes an attack of mania; then there follows, as in insanity, the automatic origination of ideas which start up and follow one another without order, so that more or less incoherence of thought and speech is exhibited, while at the same time passion is easily excited, which takes different forms, according to the individual temperament; after this stage has lasted for a time, in some longer, in some shorter, it passes into one of depression and maudlin melancholy, as convulsion passes into paralysis—the last scene of all being one of dementia and stupor. The different stages of mental disorder are compressed into a short period of time because the action of the poison is quick and transitory; we have only to spread the poisonous action over years, as the regular drunkard does, and we may get a chronic and enduring insanity in which the above described scenes are more slowly acted. Or if death cuts short the career of the individual, and puts a stop to the full development of the tragedy in his life, we may still not be disappointed at seeing it played out in the lives of his descendants; for the drunkenness of the parent sometimes observably becomes the insanity of the offsprings which thereupon, if not interfered with, goes through the course of degeneracy already described. It is worth while to take note here how differently alcohol affects different people, according to their temperaments, even bringing forward the unconscious real nature of the man; of one it makes a furious maniac for the time being; another it makes maudlin and melancholic; and a third under its influence is stupid and heavy from the beginning. So it is with insanity otherwise caused; the particular constitution or temperament, rather than the exciting cause of the disease, determines the form which the madness takes.”

I will here give the symptom of chronic alcoholism: After a person has been drinking sometime without any lasting bad symptoms he will notice that he has tremors in the morning; his hands and knees will shake. Then he will be unable to sleep. Next he will

have buzzing in his ears and headache, specks and clouds before his eyes, flashes before his eyes when falling asleep which frequently precede hallucination and he will have attacks of vertigo. As his disease advances there will be aggravation of all the symptoms. he will have frightful dreams, and restlessness, inquietude, apprehension, fearfulness and terror. About this time he will have morning sickness and his friends will detect the peculiar bad breath of the drunkard.

Emaciation does not generally follow alcoholism. The victims are in a condition of apparent health and may appear to be fat, but the flesh is soft and flabby — bloated. Red eyes and noses appear, and in some cases hematemesis. Hæmorrhoids are common. As the disease develops sensory impairment becomes more marked, the intellect is clouded, the individual becomes untruthful and viscious. Insanity, dementia, apoplexy, or epilepsy may follow. I recently had a desperately bad case in a printer who was subject to hallucinations. He was sleepless, had tremors and terrors. I treated him for a time, but not being able to place him under restraint, could not control him as should be done with a case of that nature.

Delirium tremens may result from either acute or chronic alcoholism. The victim after experiencing many of the symptoms I have mentioned, sleeplessness, terrible dreams, loss of appetite, tremors, etc., becomes subject to hallucinations. Snakes, toads, rats, mice, and bugs suddenly appear to him in his bed, his boots, on his clothes or in his pockets, and fill him with most unspeakable horror. Sometimes he hears people call him names, or threaten him, or mock him with laughter. Sometimes he has delusions of smell; he imagines most offensive odors. His system is always in a depressed state; his skin is cold and he perspires easily. The attack may come on while he is drinking or during a sober interval. The popular notion that an attack comes from abstinence on the part of a drunkard, I think is fallacious. Incoherence is exhibited by the subject of delirium tremens, he talks wildly and disconnectedly of strange subjects. He suffers from great mental anxiety and is always restless, changing from one chair to another, getting in bed and out, and going out of doors and returning. If his body is quiet for a moment his eyes are not, but continue to roll and stare about wildly. He may evince great anger but it is commingled with cowardice.

At first there will not be delusion, but things go on until this state

is reached. It will then become necessary to hold the sufferer in bed, his pulse will be found to be 130 or 140, his tongue will tremble, he will gaze with staring eyes, and at length pass into a condition of prostration resembling typhoid fever. Convulsions may supervene and death will end the scene. Patients suffering with delirium tremens not infrequently collapse and die in two or three minutes. Another condition produced by alcohol is *acute mania*. This is developed in some who seldom drink, and many crimes are committed during its continuance that are not comprehended by their perpetrators afterwards.

Melancholy with a tendency to suicide is another result of alcoholism.

Oynomania is a term applied to the disposition of many people to resort to hard drinking periodically. Many of the best hearted men, and those who between times are industrious, virtuous and honorable, possess this disposition, and giving way at times to their inclination let the worst elements of their natures run riot. Some authors think this disposition is inherited, and it is stated that insanity has been found to exist in very many families to which these individuals belong. A weakness of the nervous system leads many to resort to drink, and it certainly augments the pernicious consequences of intemperance.

The diagnosis of alcoholism is generally easy, but it should be remembered that it develops conditions very closely resembling those usually originating from other causes. Some of these conditions resemble ordinary epilepsy, senile epilepsy, hysterical convulsions, locomotor ataxia, paralysis agitans, lead poisoning, general paralysis of the insane, etc.

The prognosis in old cases is not good. In others, if the cooperation of the patients themselves and their friends can be secured, cures may be effected.

* As a matter of interest, and bearing somewhat upon this matter, I introduce the following table showing how alcohol diminishes the chances of life :

Having reached the age of	Has an average chance of still surviving	But the intemperate have an average chance of surviving only	
20	44.21 years.	15.53 y'rs, or 35 per cent.	} of the duration of life of the general population.
30	36.48 "	13.80 " 38 "	
40	29.79 "	11.62 " 40 "	
50	21.25 "	10.86 " 51 "	
60	14.28 "	8.94 " 63 "	

* Hamilton on Nervous Diseases.

In the treatment the great end to be secured is the breaking off of the habit.

The subjects ordinarily have little appetite and digestion is imperfectly carried on then depending largely on their unnatural stimulant for sustenance. If we wish to secure abstinence from the stimulant we must improve the digestion and supply nutritious food. Such patients should have beef and oyster soups, fish, meat eggs, etc.

If the power of the stomach is so impaired that the system can not be sufficiently nourished in the usual way, injections of soup, etc., may be used.

Some remedies act beneficially. In our school *Hyoscyamus*, *Belladonna*, *Nux* and *Bryonia* are favorites. The other school think that *Quinine* in about one gr., doses, once or twice a day, does more good than any other drug.

It is not always best to enjoin total abstinence at once. If a person is depending mainly on liquor for sustenance, and this is suddenly withdrawn while his system is incapable of appropriating sufficient nutriment from food the result cannot be but disastrous. Such patients should be allowed a limited quantity of liquor which should be diminished gradually as their ability to digest their food and to sleep increases. Moral suasion and intelligent management will cure many cases.

Although remedies are of importance in overcoming the nervous depression following the use of alcohol, the removal of the cause, as already stated, is absolutely necessary, and this can only be accomplished in many instances by confining the patient to an asylum where he will be under perfect control. Resolves and resolutions are made to no purpose, and strict asylum control is the only means by which many obstinate cases can be cured.

THE *Clinic* reports that sixty soldiers of the garrison of Thromille were taken sick with trichinosis, two of them dying. It was afterwards ascertained that the disease was contracted from the flesh of geese they had eaten.

Consultation Department.

MALE LEUCORRHOEA ?

E. M. Harrison's case, page 138. His patient don't care for the name so he is relieved and I suggest *Fluoric acid*, *Agnus cast.*, as remedies to be studied for the case. "*Male Leucorrhœa*" may do for the name of the condition, but I would consider it *gleet*, and gleet and stricture most always follow improperly treated gonorrhœa, (especially treatment with injections), sooner or later, even twenty years from the original case.

J. F. EDGAR.

CASE FOR COUNSEL.

Mrs. G., married, aged forty-five, tall, spare, and dark complexioned. Been addicted to *Opium* habit for four years. At present she is using *Laudanum* of which she takes about two drachms per day. Commenced treatment to-day, stopped *Opium* entirely and gave *Macrotin* 3x and *Nux vomica* 4x in alternation every two hours. *Macrotin* to antidote the *Opium* and *Nux* to meet certain stomach and bowel symptoms which are present to-day. *Macrotin*, *Musk*, and finally *Coffea* in higher dilutions, with intercurrent remedies to meet any complications which may arise, was about the line of treatment which I have in mind. I should be pleased to receive suggestions from physicians who have experience in this class of cases. THE INVESTIGATOR improves with age. Of eight journals which I take, I consider it the best. Keep up its standard.

C. F.

SCLERODERMA. WHAT WILL CURE ?

I wish to call your attention to a very singular case which came to me for treatment eleven weeks ago. I will give a statement of the case hoping some doctor will offer some suggestions that will benefit the patient, aged two years and eight months. When about a year old had a rash on the head, termed by the doctor attending, *scaldhead*. Local applications were made and the rash disappeared. In July 1879

the feet became swollen and hard, not yielding to pressure. The skin was found cold and rigid upon examination. Medical aid was summoned, but by reason of the singularity and rarity of the case were puzzled at first to determine its character. The disease was finally decided to be *scleroderma*, a disease seldom occurring and usually fatal. The skin and underlying connective tissue appear hard like stone, and is known in the papers as the *Petrified Child*. This hardening of the flesh, which first appeared in the feet, spread over little Charlie until the whole body was affected to a great degree, especially the feet, legs, arms, hands and ears; the hands, feet and knees were stiff, rigid and immovable. Such was the condition of the patient when brought to me for treatment.

My treatment has been *Sulphur* 40m, and *Ars.* 40m, alternately every month, a powder a day. I also directed hot baths given daily. The hardness of the skin and tissue is gradually subsiding and I am quite hopeful of its recovery.

G. H. PECK.

CASE FOR COUNSEL.

A lady aged thirty-five, weight one hundred, black eyes, black hair, married, has borne two children, last seven years ago. Complains of a dull heavy pain extending from occiput down the entire spine. At times a feeling indiscribable which eventually centers in the cords of the neck and upper vertebra, with extreme soreness in lumbar region, also tenderness of the brachial and sacral plexus, which produces a feeling of nausea in stomach, *Nux.*, relieved. The pain in neck is ameliorated by (*Phys. ven.*) and local application of *Chloroform*, also heating.

Aggravated in the cold air, and in moving the head backward and lateral motion, worse in the morning upon rising which gradually wears away toward evening. Has been troubled with chronic rheumatism for several years at times. Also troubled with chronic leucorrhœa for many years, with a thick yellow ichorous, offensive discharge worse before than after menses. Menstrual flux regular, but in excess. Urine varied, with a yellow sediment at one time, and perhaps the next voiding of a wine color, or clear. Complains of a heavy pressure in genitals in walking or standing. In connection with this a pain and soreness of right chest seemingly at the subdivision of right bronchial. Hawsks up at times a tough white phlegm streaked with yellow, can feel it tear away a spot very sore to the touch, size of a quarter

dollar, over the bronchia, *Bry.*, *Phos.*, *Ail. g.*, relieves. Cold air aggravates producing slight angina. Sexual intercourse produces a slight flow or gush of blood lasting only a moment.

Assistant in counsel will please state medicine potency, etc.

W. M. B. OLDS.

MERITS OF A SPIROMETER.

Is there not several spirometers, and which do you consider the best? Are they reliable? J. O. P.

There are several apparatuses for testing the chest capacity; some are made of tin. In some you blow against a column of mercury. In both of these we believe there is too much resistance to the air. In the latter it is really condensed air that raises the mercury, and it is not therefore a true test of chest capacity. The neatest spirometer we have seen is Marsh's.

In this the air is blown into a very elastic rubber bladder that offers no more resistance than the air cells themselves. When inflated as much as the individual can, a tape is passed about this rubber balloon marking the number of cubic inches of air it contains. There are several points of advantage this instrument possesses over others of the kind. First, it can be carried any where in the pocket. Second, it offers the least resistance to the expulsion of air from the lungs. This is greatly appreciated by those whose lungs are very sensitive. Third, it is so much like a toy that it coaxes those whose lungs are weak or contracted to blow it up often. In many cases contracted lung capacity is the forerunner of lung disease. One of the advantages of mountain air is that it coaxes deep inspirations. This instrument in these cases will aid lung expansion. Fourth, it is the cheapest. Fifth, the cost of repair is trifling. If a rubber bag bursts or wears out, another can be had for twenty-five cents.

Of the comparative advantages and reliability of the different means of expanding the chest we refer the matter to "the chest men," especially Drs. Mitchell, Dowling, Gregg, Valentine, Buck, etc., who have made this subject a special study, and who will be pleased to answer through our pages.



CASE FOR COUNSEL.

Mrs. G., aged fifty-eight, nervous temperament, tall and spare, menses ceased one year ago; has been afflicted with hydatid tumors for the last four years; a little over two years ago she had two Allopaths operate surgically; nearly a year ago she came under my treatment requesting medical treatment alone. After six months treatment of *Calcarea carbonica* 30, a dose every six or eight weeks and such intercurrent remedies as seemed indicated for relief of pains she commenced suddenly to have uterine hæmorrhage, and before I could arrive, had passed almost a chamber utensil full of hydatids. *Secale cor.* tincture stopped the hæmorrhage and there have no more hydatids been seen, but there are more of them in the uterus. Her symptoms (subjective) are, violent aching, burning, throbbing pains in the uterine region extending into both hips, but mostly into the left hip and partly down the left thigh. The pains commence about 10 A. M. and cease entirely at about 4 or 5 P. M., occurring every day. She is compelled to lie down during the paroxysms but is very restless. Pulse sometimes 104. I have noticed at times a pulsation in the superficial veins of the forearm. During the continuance of pains the urine is generally scanty, turbid and saffron colored and voided frequently; in her free intervals the urine is normal. There is a discharge of from one to two spoonfuls of blood with little dark clots size of pumpkin seeds and shreddy skin-like pieces, also a little yellowish-green matter during the day; sometimes there is a bearing-down sensation in the pelvis. The bowels when I first took the case were very badly constipated, stool was almost impossible even with the aid of cathartics and enemata, but *Alumina* 200 and *Sulphur* and *Nux vom.* have put them in good shape. Appetite is good and digestion also; green fruit and canned fruits only disagree, causing acidity of stomach. During the pains she is peevish and cross at times, but that is evanescent as she likes to talk and joke at intervals as it seems to help her misery. I have used *Arsen.* 3x principally for relief of pains and I have found it better adapted than any remedy I have tried; under its constant use the pains are less severe and she is almost free from them, but if she ceases its use for two weeks they return. To-day I prescribed *Secale cor.* tincture two drops *ter die* to aid in expulsion, having almost lost faith in *Calc. carb.* There is a ringing in the ears and the eyelids are

sometimes glued together in the morning. Criticism and suggestions will be thankfully received.

J. FLETCHER.

College News.

TOUR AROUND THE COLLEGE WORLD.

HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

Badly used up from excessive work during February, the sickliest month with us since July, we turned over our patients to four medical friends, and winged our way southward to rest and resume our tour among the "doctor factories."

At St. Louis, we were piloted to the college building by Prof. Kershaw, where we found Prof. Cummings, with his able corps of assistants, among them Mrs. Dr. Pearman, nearly buried out of sight amid the multitude of clinical cases. Such an abundance of material we have not seen since we left the New York Ophthalmic Hospital. We found some interesting children cases, and we must give them a talk on "Acids and Alkalies." The lectures had closed and they were busy with examinations, but Prof. Cummings gave us his clinical lecture hour to practically illustrate the value of our chemical division of children cases. After giving an outline of why there is a preponderance of acid or alkaline juices in the digestive canal, we had a run on tongues from the red denuded strawberry acid tongue of gastritis, to the broad, pale, flabby alkaline one of catarrh, then we had a panoramic view of epidermis from the alkaline exudation of eczema to the acid acne rosacea of inanition. We had a view of the croups in these different classes of children, when the venerable form of President Spaulding with a bundle of examination papers on physiology, and the settled cloud of anxiety on the faces of our audience of expectant physicians, was the signal for a change of programme. Prof. Spaulding has some views on the lymphatic system, (which we had dubbed the bayou or back water system) that our readers will be pleased to read. We were much pleased with the appearance of this

graduating class. For intelligence, interest and enthusiasm, they compare favorably with any we have seen. We congratulated them on having a live professor of pædology in friend Edmunds. In the St. Louis Children's Hospital we found some interesting cases. Good Samaritan Hospital is under the care of our school. Friend Comstock holds there an interesting gynæcological clinic weekly. Under the efficient management of Dean Walker the college is taking rapid strides to the front. Prof. Valentine reports a large increase of students, and double the number of candidates for graduation of the year before. "We were never in a more prosperous condition," was his enthusiastic report. Surgeon Parsons who recently sustained an incomplete fracture of the tibia, was out on crutches, and off operating for some medical friend. Prof. Richardson threatens to be drawn out of medicine by his connection with the A. O. U. W. of which he is recorder, and chief medical examiner, and the irregular working of his heart. He has resigned from the college and is trying to recruit his energies. Prof. Kershaw we found in elegant quarters in the Winsor Hotel, busy preparing copy for the remaining parts of his work on Diseases of the Brain and Nervous System, which we shall push through the press as fast as possible. We found Prof. K.'s office filled with apparatuses of all kinds for treating cases of his speciality. One Miss with severe lateral curvature was being put through gymnastics to develop the contracted muscles. This case said he was the result of spinal irritation, a subject just beginning to receive the attention it merits.

The two pharmacies, Luyties' and Munson's, we found running under full head of steam. They represented business as "booming."

St. Louis has an able corps of Homœopathic physicians, and we only regret that we could not visit them all. Our stay was brief, but we departed well pleased with the *esprit du corps* manifest. More anon.

QUILL.

COMMENCEMENT EXERCISES.

The twenty-first annual commencement exercises of the Homœopathic medical college of Missouri occurred March 11th at St. George's Hall, and were attended by an audience of about 600.

The exercises opened with an overture by Spiering's Orchestra, followed by prayer by Bishop Robertson. The valedictory address on

the part of the graduating class was delivered by Charles W. Taylor, of St. Louis.

The prizes for excellence in special branches were then awarded by I. D. Foulon in a humorous address, during which he was frequently interrupted by loud laughter and applause.

For excellence in materia medica, first prize, the Eckel gold medal, given by Dr. Eckel, of San Francisco, was awarded to J. E. Miles of St. Louis.

Second prize, a silver medal, to W. A. Smith, of Essex, Iowa.

For excellence in surgery, first prize, a silver medal, to W. A. Forster, of Fort Scott, Ks. Second prize, silver medal, to W. A. Smith, of Essex, Iowa. Third prize, a work on medical therapeutics, all given by Dr. S. B. Parsons.

For excellence in diseases of the brain and nervous system, a silver medal, given by Dr. J. Martine Kershaw, to H. J. Dionysius, of St. Louis.

For excellence in anatomy two volumes of the *St. Louis Medical Review*, given by Dr. Valentine to W. A. Smith, of Essex, Iowa, and S. R. Bebout, of Osceola, Kan.

Honorable mention was made as follows: Anatomy, F. T. Rumser and F. W. Schaelhase. Obstetrics, H. J. Dionysius, and Mrs. Clara Santer.

Materia medica, H. J. Dionysius, Chas. W. Taylor and C. W. Kelly.

The diplomas were then awarded with a neat address by Dr. C. W. Spalding, and was followed by the usual presentation of flowers to the members of the class. The graduating class, is as follows: H. V. Oldfield, of St. Louis; W. D. Gentry, of Wyandotte, Ks.; Chas. W. Taylor, of St. Louis; W. A. Forster, of Fort Scott, Ks.; S. E. Miles, of Boonville, Mo.; H. J. Dionysius, of St. Louis; J. E. Couper, of Northfield, Minn.; C. W. Kelley, of St. Louis; Mrs. Clara Santer, of St. Louis; C. B. Zeinert, of Baldwin, Mo.; C. B. Jordan, of Wadena, Minn.; Frank T. Runner, of Chillicothe, Mo.; A. C. Potter, of Clifton, Ks.; Martin Kirsch, of Peppertown, Ind.; W. P. Smith, of Essex, Ia.; F. W. Schaelhase, of Tell City, Ind.; Luther O' Rear, of Marshal, Mo.; S. R. Bebout, of Osceola, Ks.; John Elder, of High Grove, Mo.; Ernest Crutcher, of Nashville, Tenn.; A. M. Stearns, of Essex, Ia.; Mrs. Margaretta Neff of Sigourney, Ia.; Mrs. Julia Lee, of Greenville, Col.; Mrs. Jane H. Miller, of Moline, Ill. and H. L. Porter, of Seneca, Mo.

The valedictory on the part of the Faculty was delivered by Dr. S. B. Parsons and was an exceedingly able effort.

Among the presents to the graduates was a handsome gold-headed cane to W. D. Gentry, of Wyandotte, Kan., from Mrs. Dr. Comstock, of St. Louis.

THE BANQUET.

After the benediction by Bishop Robertson the audience dispersed, and the members of the graduating class, the faculty and their invited guests proceeded to the Windsor Hotel, to participate in the third annual banquet of the Alumni Association. A distinctive feature of this otherwise elaborate and finely arranged repast was the absence of wine, and the toasts were drunk in coffee and water, as follows:

“Our Alma Mater,” response by Dr. Richardson.

“Success of the Alumni Association,” response by Dr. J. Martine Kershaw.

“Homœopathy,” response by Dr. S. B. Parsons.

“The Graduating Class of 1880,” response by Dr. C. W. Taylor.

“Our Lady Graduates,” response by Mrs. Dr. Lee.

“Memories of other days,” response by Dr. J. A. Campbell.

Dr. A. S. Everett, of Denver, filled the responsible position of Toastmaster with his customary grace and dignity.

Resolutions of respect to the memory of Dr. Solon Grant, a member of the Alumni, who died in this city recently, were read by Dr. Richardson.

Spiering's Orchestra furnished most enjoyable music during the banquet, which was prolonged far into the morning hours.

The Alumni association held a meeting and elected the following officers: Dr. A. S. Everett, of Denver, president; Dr. J. H. Moseley, of Olathe, Kan., first vice-president; Miss E. E. Curtis, M. D., of St. Louis, second vice-president; Dr. J. Martine Kershaw, of St. Louis, secretary; Dr. C. L. Carriere, of St. Louis, treasurer; Drs. Richardson, Campbell, Kershaw, Carriere and Uhlemiyer, of St. Louis, executive committee.

IN the *Medical Brief* the discovery is promulgated that *Alum* is the best cure for lead colic.

Gynecological Department.

CASE FROM PRACTICE.

BY GEO. H. SIMMONS, M. D., LINCOLN, NEB.

I was called to see the following obstetrical case, about twelve o'clock on the night of February 27th, and thinking it may not only be of interest to the readers of THE INVESTIGATOR, but that I may possibly learn something from some of them in regard to it, I send it for publication. On arriving at the residence I found the woman suffering from very great tenderness of the abdomen, the pain increased by pressure. Breathing was short, and was vomiting continually. I enquired of the nurse if she had had any pains, and the answer was in the affirmative. I gave *Ars. 3x* for the vomiting, which stopped it immediately, and she had none afterwards. On making examination I found the os undilated, or very slightly. Gave *Actea racemosa* and waited half an hour, and there being no pain while I was there, and on second examination, finding the os still undilated, concluded the pains were "false." Ordered hot cloths applied to the abdomen and left. Was called next morning about nine o'clock. Found the os but slightly dilated, no pains, the tenderness slightly improved. The pulse at both these visits was rapid but weak; the temperature at first visit 105°, at the second 104°. Returned to see the woman at one o'clock, and found the os slightly dilated, and some pain. I made an examination at my morning visit, and thought it was a breech presentation, but at the afternoon visit found the child in the second position vertex presentation. At four o'clock the woman was safely delivered of a still-born male child, weight about nine pounds. The child had apparently been dead at least forty-eight hours. The labor was easy, no forceps used and everything seemed to be promising. Placenta came away in forty minutes. I was called early next morning, and found that same abdominal tenderness, and the abdomen greatly enlarged. Pulse was about 140 but feeble; temperature down to 100°. No urine had been passed for twenty-four hours, and but little came away on application of the catheter, and

that little was very high colored and hot. Made one visit again at one o'clock and at six o'clock. The pulse was becoming more feeble each time and the temperature lower. The patient complained of internal burning, and called for water often. She died at eight o'clock that evening, and was conscious up to her death.

This is the history of the case after I took it. Seven years ago the woman had a miscarriage of a seven months child, and came near dying at that time, but from what cause I did not learn. Before I took the case she had been under Allopathic treatment and had been confined to her bed about two weeks. This is all that I could learn of the case. I want to know the cause of her death. I diagnosed it *septic peritonitis*. Was I right? I would like to have Prof. Ludlam answer this question, either yes or no, if no more.

*CAUSE OF THE OCCURRENCE OF LABOR AT THE
CLOSE OF THE NINTH MONTH OF
UTERO-GESTATION.*

Prof. Alex. R. Simpson, in his introductory lecture (*Edinburgh Med. Journal*, Dec. 1870), gives the following explanation of this: "Since the true nature of the decidua came to be fairly understood, it was natural to seek in the changes which it undergoes for an explanation of the cause of the occurrence of labor at the close of the ninth month of utero-gestation. The search has not been fruitless. For it has been found that, in the natural course of development, the decidua at this period has undergone a degree of fatty degeneration which has brought it to the last stage of its existence, when it would either require to be melted down and absorbed, or be thrown off as a foreign substance. The same change occurs in it at an earlier date, if through some disease an end be put to the life of the fœtus, and in such a case expulsion of the dead child does not take place until the time has been given for the degeneration to occur in the decidua, which leads to its being loosened from the uterine parietes and reduced to the condition of a foreign body. The observation of this phenomenon has led, by a beautiful induction, to the employment of the simplest, safest, and surest means of bringing on labor, by imitating the process of nature and producing an artificial

separation of the membrane from the interior of the uterus in those cases where, to save the life of the child and to lessen the mother's risk, it is found needful to induce the labor prematurely."— *Medical News and Library*.

Children's Department.

RETENTION OF URINE.

Nervous children who suffer much from flatulence and colic will sometimes pass no water for more than twelve hours, on account of which their attendants are thrown into the greatest anxiety. The patients become very restless, cry fearfully, draw up their lower extremities against the abdomen and take the breast but little; this latter enables them to pass a long time without urinating. It is not, however, a serious accident or disease unless the retention is prolonged beyond six, twelve, or twenty-four hours, then it occasions concern and alarm.

Treatment.— This affection is easily cured whether it proceed from spasm or inflammation. The two chief remedies are *Aconite* and *Hyoscyamus*. Hartmann's management is: At the commencement of the disorder a bath or injection per rectum of tepid milk is sometimes sufficient to remove the difficulty. If milk should not be handy, water may be substituted, taking care to mix a little bran in the water that is to be used for the bath. While the child is in the bath, the region of the bladder is to be rubbed with the hand in a circular manner. If no urine should be voided after the lapse of fifteen minutes, an injection may then be administered, which will generally procure relief. This simple treatment is sometimes insufficient and medicinal agents have to be resorted to. A little warm linseed oil may be rubbed on the region of the bladder, after which the parts may be covered with warm flannel. Or a flaxseed poultice may be applied to the region of the bladder. If the child should be very restless, if its motions should denote anxiety, if the body should be very warm, and the dry lips and the thirst should denote internal

heat; if the face should be bloated and red, a small dose of *Aconite* should at once be given in order to prevent the development of an impending inflammation which might be attended with dangerous spasmodic symptoms. In two hours all the danger is generally over, and no other remedy is required. If convulsions, spasms, coldness of the extremities should already have set in, it is undoubtedly proper to give the *Aconite*, but it should be followed in half an hour by a minute dose of *Ipecacuanha*, unless marked improvement should set in shortly after the exhibition of the *Aconite*, in which case it may be allowed to act longer than half an hour, until its action seems to be exhausted. We may then either repeat the *Aconite*, or, if spasmodic symptoms should develop themselves, exhibit a dose of *Ipecacuanha*. [*Hyoscyamus* has been preferable in our experience at the Chicago Foundlings' Home].

It is my custom to avail myself of domestic remedies whenever I can do so safely and profitably. In this affection I have frequently used an infusion of the common parsley (*Apium petroselinum*) which is used as a domestic remedy for this trouble in some parts of Germany. My indication was a frequent pressing on the part of the child while it cried, as if it would press out something, after which a few drops of urine were discharged with violent cries, and such a violent twisting of the legs that the skin would almost be rubbed off the ankles; for such a condition the parsley acted as a specific. The same observation applies to the *Rosa canina* (wild briar, dog's-rose) likewise as an infusion, in teaspoonful doses; I have generally found this remedy to afford much relief.

If the retention should be of a spasmodic nature and be caused by the children taking cold in consequence of being left with a wet diaper on too long, other remedies will have to be given instead of the former. I can only furnish general indications for the selection of these remedies, and must leave the carefully individualizing physician to decide whether one or the other remedy is to be used. One of the principal remedies in this affection is *Pulsatilla* 30th attenuation. It seems to be generally suitable to the infantile organism and in this case, responds more particularly to the exciting cause and to the following conditions: Gentle character, very pale skin, a feeling of coldness which is characteristic in this disorder, low moaning or piteous crying, expression of anxiety in the features of the child, short and oppressed breathing; the heat or even the redness in the region of the bladder, denoting inflammation, does not counter-indi-

cate this drug ; on the contrary, such symptoms belong to the primary action of *Pulsatilla* on the organism, and are therefore additional indications in the present disorder. A good many drugs are capable of removing inflammatory conditions, although they are not, properly speaking antiphlogistics. If we would classify drugs in this manner, the sphere of action of many of our most valuable remedies would be unnecessarily curtailed, and their usefulness in many cases sacrificed to a foolish prejudice. But the pathogenesis of *Pulsatilla* does contain true inflammatory conditions, especially those of a catarrhal and rheumatic character, and shows a distinct correspondence to inflammatory affections of the mucous and synovial membranes, tendinous and muscular sheaths, etc.

Ischuria being a very frequent disorder among children, even of a more advanced age, I will take this opportunity of speaking on the subject more in detail. In catarrhal ischuria, *Dulcamara* 15th or 20th attenuation is an excellent remedy, though it is more suitable to larger than to small children. Larger children delight in wading through pools of water and getting their feet wet. By this means they will contract disease, especially retention of urine with discharge of a few drops of urine only. *Dulcamara* will certainly remove this difficulty, if there be a discharge of mucus from the urethra, and the urine have a milky appearance and deposit a sediment of white mucus. Though a few drops of urine keep discharging all the time, the bladder is nevertheless full, the child experiences a constant but ineffectual urging to urinate, and the moaning and groaning of the little patient, the pressing on the bladder, and the frequent drawing up of the legs denote great suffering which the little patient is unable to define.

Another excellent remedy for catarrhal ischuria is *Belladonna*, although its primary action on the healthy organism does not contain any very striking indications for the cure of morbid conditions of the bladder. It has suppression of the urinary secretions, retention of urine, with difficult emission of a few drops of urine at a time ; but that which points more characteristically to *Belladonna* in this disease, are the spasms and convulsions which frequently rouse the child from a restless sleep, or set in on touching the bladder ever so little ; in this case the spasms are sometimes accompanied by singultus, or a violent contortion of the extremities which finally become perfectly rigid. *Ipecacuanha*, *Ignatia*, and especially *Hyoscyamus* might likewise be serviceable in such cases ; but when the above

symptoms are partially induced by fright, and the child has a robust plethoric constitution, with rush of blood to the head, bloated face, hot and burning body, tormenting thirst, stertorous breathing during sleep, with frequent starting as if in affright, *Belladonna* deserves a preference over all other remedies.

Ischuria may be occasioned by pressure, contusion, by a fall, bruise or some similar mechanical injury, in which case the sexual organs become cedematous, the urethra looks red, there is pain in the region of the neck of the bladder, and the pressing and urging to urinate disappear when making pressure on the perinæum with the thumb. This group of symptoms may likewise occur without any apparent cause, but in either case *Arnica* 6th or 12th attenuation, will afford speedy relief.

Rhus, 30th attenuation, may also be found useful when the dark and almost bloody urine is discharged in drops, and there is some difficulty of moving the lower limbs; the disease was caused by a fall or blow on the sacro-lumbar region. *Pulsatilla* should likewise be thought of in such a case.

Some children contract a habit of playing with their private parts. This is sometimes owing to the presence of worms especially in older children, but I know positively that in many cases this habit is taught them by their nurses. Among the many pernicious consequences of the premature excitement which is occasioned by this abuse, retention of urine is one of more immediate occurrence. As a matter of course, the abuse should at once be put a stop to, and proper treatment be resorted to. If the above mentioned remedies should prove ineffectual; if the excessive crying of the child during the passage of a few drops of urine, the swelling of the pubic and inguinal region, the sensitiveness of the hot scrotum to the touch, the bloating of the penis should indicate the existence of acute pain; if the body should be cold, the face pale and the little sufferer should be tormented by excessive thirst, and yet be unable to swallow drink, the higher attenuations of *Cantharides* will prove specifically adapted to such a condition.

Cannabis is strongly recommended by some practitioners for such a case. I am unable to say much either for or against this agent. Difficulty of urinating, and pain with cries while passing a few drops of urine, seem to be its principal indications in ischuria. The inflammatory and consensual symptoms are but feebly developed.

In children of six months old, I have seen retention of urine

induced by brandy, which had been given the child for the purpose of putting it to sleep. I have been called to prescribe for such cases without being acquainted with the exciting cause. There were no spasmodic symptoms; the affection seemed to be of a paralytic nature, with symptoms of sopor; even when wide awake the child did not seem to possess its usual brightness. The idea that hydrocephalus might be approaching, did not satisfy me entirely, and all I felt able to do, was to select a remedy in accordance with the symptoms. I gave *Opium*, 6th attenuation, and rejoiced at the idea of having cut off such a dangerous malady in its very germ. But in a few days the same symptoms made their appearance. The child was pale, stupid, the breathing was stertorous; the child could not be roused; not even by the frequent retching and vomiting, or by the periodically recurring-pressing and drawing up of the legs. As soon as I found out the true cause of the trouble, *Nux vom.*, 30th attenuation, was given with speedy and complete relief. But not only is ischuria caused by abuse of spirits, but also in other forms of ischuria or strangury arising from cold, or a derangement of the stomach. *Nux vomica* is a specific remedy; for urinary affections are embraced in the physiological action of this drug.

The above-named are the principal remedies which should be used in this malady. In chronic cases, when the trouble recurs after the least exposure, other remedies have to be given either alone or in alternation with the foregoing. Such remedies are *Sulphur*, *Sarsaparilla*, *Phosphoric acid*, *Lycopodium*, *Causticum*, *Sepia*, *Nitric acid*, *Plumbum*.—From Part VI. *Diseases of Infants and Children*.

MEASURING THE LOWER EXTREMITIES.—Dr. R. O. Cowling, of Louisville, has adopted the following plan. "The patient lying on the floor or a table (a soft mattress will confuse any measurement) the parallelism of the iliac spines and the proper extension of the limbs being looked to, a point is taken on the umbilicus, and marked with ink if necessary. Commencing at this point, the tape is carried in turn around the sole of each foot and back again to the point of departure. Care being taken to carry the tape around corresponding portions of each foot, and in the same direction from within outward, or *vice versa* on both sides. The difference between the two measurements thus obtained represents twice the amount of difference existing in the length of the limbs." This is a great advantage when the difference is very small.—*Medical Record*.

Eye and Ear Department.

*DIVISION OF THE OPTIC AND CILIARY NERVES.**

The division of the optic and ciliary nerves has lately been devised by Schoeler, of Berlin, as a substitute for enucleation in sympathetic ophthalmia. It is done under anæsthesia. An opening being made in the conjunctiva over the rectus internus or externus, the muscle is divided at its insertion in the sclerotic. The globe then being conveniently rotated, a pair of curved scissors is passed through the opening to the posterior part of the eyeball and the optic and ciliary nerves severed. The hæmorrhage is of course considerable; the blood escapes into the cellular tissue of the orbit, the globe protrudes, and there is subsequently severe ecchymosis of the eyelids. Under the use of cold compresses for some days the blood is, however, absorbed, and any ciliary irritation or tenderness in the other eye rapidly disappears,—the media through which the sympathetic irritation passes being no longer in connection with it. The advantages of this procedure over enucleation are chiefly these :

The expense and annoyance of an artificial eye are avoided.

If the eye, left in its place, is atrophied, it makes an excellent stump for the support of an artificial one.

In children, the removal of an eye changes the development of its surroundings, and this operation offers a chance of escaping this disadvantage.

Some patients might consent to this operation who would not to enucleation, and thus preserve sight.

The outdoor exposure of the empty orbit, in the poorer classes may be avoided.

The disadvantages are chiefly these :

There is sometimes considerable reaction and pain after the operation, and the effusion of blood disappears slowly.

It is sometimes necessary to remove the eye subsequently, in consequence of the inflammation set up by the operation.

* From "Angell on the Eye," fifth edition (supplementary issue) now in press.

The operation may fail from a reunion of the severed ciliary nerves. and in one instance the optic nerve has reunited.

It is therefore too early to determine the value of this procedure as a substitute for enucleation. I think the tendency at present is to adhere to enucleation.

Medical News.

Dr. G. E. Shipman sails for Europe April 7. He expects to visit the children's institutions and promises our readers some items of interest.

Married.—Dr. R. L. Hill, of Dubuque, Iowa, to Miss Mary J. Goff March 12th at the residence of the bride. We wish the parties much happiness.

Just out:—Another Edition of Volume I. of Diseases of Infants and Children. is just out. Vol. II. will be ready in about a month then won't the editor sing "Glory Hallelujarum?"

Marsh's Spirometer.—We advise our friends to tear out the advertisement of Marsh's Spirometer and hang it in their office. They can in that way call attention to it and sell a good many. A good discount to physicians.

New York Ophthalmic Hospital.—Report for the month ending February 29, 1880: Number of prescriptions, 3,508; number of new patients, 458; number of patients in the hospital, 16. Average daily attendance, 146. Largest daily attendance, 210.

CHAS. DEADY, M. D., Resident Surgeon.

Dr. J. H. Buffum, late resident surgeon of the New York Ophthalmic Hospital having been elected to the chair of Ophthalmology and Otology in the Chicago Homœopathic Medical College has succeeded to the practice of the late Professor W. H. Woodyatt. Practice exclusively Eye and Ear. 90 East Washington St. Chicago.

Dr. T. C. Duncan will give, in Chicago, a third private course of ten lectures to physicians on the Diseases of Children commencing April 8th. This course will bear particularly on the differential diagnosis of the diseases of infants and children, of the foods and of the remedies. These lectures will be abundantly illustrated by Clinical Cases, specimens, and post mortem demonstrations. This will be an excellent opportunity for physicians to post themselves preparatory to the summer campaign.

Dr. Woodyatt's provision for his family is a matter of interest. When young and healthy he wisely insured for \$6,000 in our Homœopathic Mutual Life Insurance Company. The following to Agent Dr. Miller here tells its own good story: "I wish to thank the Company which you represent for the immediate payment of the insur-

ance held by my late husband, Dr. W. H. Woodyatt, the full sum, \$5,000* cash having been received three weeks after his death, and within one week from the mailing of the necessary "proofs.

Respectfully yours, CLARA L. WOODYATT."

Institute Meeting at Milwaukee.—I have secured special railroad rates on all roads leading into this city for physicians and their families, viz., the Northwestern, Milwaukee & St. Paul, Wisconsin Central, Lake Shore and Western. I get one fair and a fifth upon the certificate of the general secretary. Full fare coming and one-fifth fare returning. Arrangements are made with the proprietor of the Newhall at \$2.50 per day, also he tenders a banquet to all guests that stop there. All other arrangements are in process of completion and will be reported promptly. Meeting to convene June 15, and continue four days, so Dr. Burgher writes me.

Yours sincerely, C. C. OLMSTEAD, Ch'n Com. Arrangements.

Health Notes from Rawlins, Wyoming Ter.—I was forced to leave Oregon and am up in the mountains of Wyoming. My wife is improving rapidly. Little if any asthma, less cough and sputa than for years, and gaining in appetite and adipose. There are numerous living witnesses here, daily giving in their testimony to the virtue of Wyoming climate as a cure for asthma and phthisis. No question of doubt, climate is the *only* sure remedy for the above diseases, and Wyoming is ahead of her sister Colorado in many points. Not so hot in summer is one decided advantage. Warm climates not good for lung troubles, too enervating and enfeebling. This is the future great sanitarium of the world. This possesses all the advantages of Minnesota, and none of its disadvantages. This is the driest climate in the world, an evidence to my mind that the bacteria theory won't pan out in diphtheria, for it is here and as prevalent as in Illinois. If you desire, I can give your readers some desirable information about this country. Yours truly, GEO. B. SARCHET.

[Our readers will be pleased to hear from the doctor.]

The Western Academy of Homœopathy.—Members will lose no time in preparing their papers for the meeting of 1880 at Minneapolis in June, and forwarding them to the chairmen of the various bureaux in order that they may make their reports early to the general secretary. This session bids fair to be one of the most profitable and pleasant yet held. Extra efforts are being made in that direction. The Association is now on a permanent basis and a future volume of transactions will give evidence of the real work done. Bureau statistics, registration, legislation, and education, chairman, R. L. Hill, M. D., Dubuque, Iowa; bureau sanitary science, climatology, and hygiene, chairman, B. Bell Andrews, M. D., Astoria, Ill.; bureau obstetrics, chairman, J. W. Hartshorne, M. D., Cincinnati, Ohio; bureau clinical medicine, chairman, R. F. Baker, M. D., Davenport, Iowa; bureau provings, chairman, D. T. Abell, M. D., Sedalia, Mo.; bureau psychological medicine, anatomy and physiology, chairman, H. B. Fellows, M. D., Chicago, Ill.; bureau pharmacy, chairman, L. Sherman, M. D., Milwaukee, Wis.; bureau materia medica, chairman, A. Unlemeyer, M. D., St. Louis, Mo.; bureau gynecology, chairman, E. A. Guilbert, M. D., Dubuque, Iowa; bureau pædology, chairman, W. A. Edmonds, M. D., St. Louis, Mo.; bureau ophthalmology and otology, chairman, J. A. Campbell, M. D., St. Louis, Mo.; bureau surgery, A. E. Higbee, M. D., Minneapolis, Minn. Applications for membership and letters of inquiry can be addressed to the General Secretary,
C. H. GOODMAN, M. D.,
2,619 Pine St., St. Louis, Mo.

* \$1,000 more for the benefit of a sister.

THE
UNITED STATES
MEDICAL INVESTIGATOR

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series. VOL. XI., No. 7.—APRIL 1, 1880.—*Whole No. 259.*

TO THE BIRTHDAY OF HAHNEMANN.

APRIL 10, 1880.

Composed in German by Dr. R. J. M., translated by Dr. E. G. H. M.

Do you remember, when, in infant trials,
The sick bed was your lot for weeks and months?
When pills and bottles, and a host of vials
Surrounded you, with compounds and crude drugs.
Your flourishing youth lost many hours of comfort,
Until a *New School* rose by Hahnemann;
Compounds were banished, then, which caused discomfort.
Do you give thanks, do you remember him?

Do you remember, when, on the lancet's bleeding,
Your health and safety was supposed to rest?
When cups and leeches sucked without ceasing,
Your blood, so precious, from your veins and chest.
The master rose, who calmed the heat of fever
With Monk's hood leaves, which acted like a charm;
And thus the murd'rous bleeding ceased forever—
Mind well that healing art which does no harm!

Do you remember, when with calming pellets,
All furious ills he bravely fought away?
When he with eagerness experimented
That never failing cure, "*similia?*"

We do remember him, we praise him highly,
 And render thanks to God for what he's done.
 Have others cast him out, we follow closely,
 The teachings of our Master, *Hahnemann*.

Children's Department.

INFANTILE DIABETES INSIPIDES.

Diabetes insipides is a common symptom in children who take large quantities of liquid, especially starchy food. Infants "raised on the bottle" are especially liable to profuse urination. Sometimes there is an inflammation or irritation of the urinary organs that gives rise to this annoying symptom. In some cases of spinal irritation profuse urination is the only objective symptom that will attract attention specially if it occurs chiefly at night. Children who nurse or feed freely at night are apt to pass larger quantities of urine than those limited to food during the day. As glucose is readily absorbed, this may be found in the urine where starchy food is largely eaten. If the food is salted too much it will cause frequent and profuse urination.

The *treatment* for this form of diabetes is both dietetic and remedial. If the child partakes largely of starchy food more milk, and occasionally beef tea or soup, should be added to the food. The quantity taken at night should be limited. If the food is given very salty, the quantity of this should be lessened. The remedies given under *Bulimia, Enuresis, Spinal irritation, Indigestion, etc.*, should be consulted. See *Foods*.—*From Part VI. Infants and Children.*

ENURESIS NOCTURNA. INCONTINENCE OF URINE.

This may be only a symptom, or it may constitute an independent disease. In the former case it is seen in children who are idiotic or of deficient intellect, in the course of diseases of the brain and bladder, and also in other serious affections; if the latter, the incontinence only occurs during the night, usually the bladder is emptied only once, and that during the first three hours of sleep. It occurs much more frequently in boys than in girls and may last up to the twelfth year of life—exceptionally even till the appearance of puberty.

Etiology.—The cause would seem to exist in deficient sensibility of the nerves of the bladder, which is such that the irritation of the

distension of the bladder is sufficient to excite the motor apparatus but not to produce consciousness, and this occurs the more if the sleep be very deep. This anæsthesia is sometimes the expression of general debility, so that very generally, though not invariably the enuresis is found in scrofulous and rickety children; or it may be local, and the indication of some weakness of the bladder.

Indolent ulcers may form on the nates and lower extremities as the result of urinous excoriations.

Treatment.—As is the case with many other diseases of children, so likewise this weakness; it seems to spring from a psoric, herpetic, or scrofulous diathesis. Most children affected with this infirmity, have a weakly constitution; they look pale, sickly, with blue margins around the eyes, and other symptoms like those denoting the presence of worms, which frequently give rise to this disorder. Since a scanty, unwholesome diet favors the development of such a weakness, this explains its more frequent occurrence among the children of the poorer classes when of a more advanced age, whereas among the wealthier classes children of from three to six years are more frequently affected by it. The following dietetic rules are indispensable to a cure: Not much drink in the evening, no beer, tea, a moderate supper; children should sleep on horse-hair mattresses, instead of feather beds; the body should be washed with cold water every morning, and then properly dried and rubbed off. The use of cold water will diminish the excessive irritability of the sphincter vesicæ, and will enable the patient to retain the urine for the purpose of accustoming the sphincter to a more vigorous resistance, and the bladder to increased dilatation. The child should likewise be taken up in the evening after a few hours sleep, and if it lie on the back, it should be turned over on the side. As regards the treatment, *Sulphur* 30th attenuation, will be found to answer in most cases, giving at first a dose every other day; after the lapse of eight days, one every four days, gradually lengthening the intervals. If *Sulphur* should not cure the trouble, we shall have to examine the case very carefully in order to find some characteristic symptom for the selection of another medicinal agent. This will sometimes be found to be some out of the way symptom which had escaped our attention. *Pulsatilla* is suitable to children having slender frames, with blonde hair and a mild disposition; it seems to be more suitable to girls than boys. *Sepia* 30 may likewise be considered under such circumstances, and together with *Pulsatilla*, is moreover indicated by an excessive secre-

tion of mucus from the pudendum. *Graphites* 30 may be useful when *Sulphur* has proved ineffectual, especially when some cutaneous eruption for which *Graphites* is indicated, is present. The same remarks apply to *Carbo veg.*, *Dulcamara*, and *Mercurius*. Other remedies are *Causticum*, *Natrum muriaticum*, *Belladonna*, *Cina*, *Conium*, *Hepar sulphuris*, etc., to the pathogeneses of which the physician is here referred. (Hartmann.)

Argentum met.—Too profuse flow of pale urine, especially during the night.

Belladonna.—Starting, restless sleep; moaning and screaming during sleep; glandular enlargements; involuntary micturition at night.

Calcarea carb.—Fat, flabby children, with red face, who sweat easily and catch cold easily; frequent urination at night.

Causticum.—Children with black hair and eyes, who pass urine during their first sleep.

Cina.—Frequent urging, with copious urination, all day, restless sleep all night.

Equisetum hyem.—Enuresis by day or night; it acts well, when it remains a mere habit, after the primary cause has been removed.

Kreosote.—Frequent urging to urinate, with copious pale discharge; wets the bed at night, wakes with urging from deep sleep, but can not retain the urine; worse when lying down; better when walking or standing. Teeth decay early.

Mercurius.—In children who perspire profusely, and whose urine is high-colored, hot, acrid, sour-smelling, with sudden irresistible desire to urinate.

Petroleum.—Weakness of neck of bladder, urine drops out after urination; involuntary micturition at night in bed; chronic blennorrhœa.

Plantago.—Unusually free and profuse discharge of urine; nocturnal copious enuresis, particularly when depending upon laxity of the sphincter vesicæ.

Selenium.—Involuntary urination when walking; dripping after stool or micturition.

Sepia.—Child wets the bed almost as soon as it goes to sleep, always during first sleep; urging to urinate from pressure on the bladder; frequent micturition at night.

Silicea.—Involuntary micturition at night, especially in children suffering from worms or chorea; weakness in urinary organs, constant desire to urinate.

Sulphur.—For pale, lean children, with large abdomen, who love sugar and highly-seasoned food, and abhor to be washed; micturition copious after midnight.

Thuja.—Involuntary urination at night, and when coughing; urination frequent and copious.

Consult also remedies for disorders of the digestive apparatus and nervous system. See Diseases of the Brain and Nervous System, by J. M. Kershaw, M. D.—*Ibid.*

LOBULAR PNEUMONIA AND CAPILLARY BRONCHITIS

The variety of pneumonia to which children under six years of age are liable, is the *lobular*; after the sixth year the *lobar* or common variety is most frequent. We have to deal to-night with lobular pneumonia. This is an inflammation of the spongy texture of the lungs, but instead of attacking one or more lobes, as in the common variety, it is usually confined to single lobules scattered irregularly through the lungs. These lobules are surrounded and isolated by healthy lung tissue, though it very frequently happens that a number of lobules in close opposition are attacked, thus giving at one point quite a large mass of diseased structure; but a *typical* case would present each inflamed lobule hemmed in by a wall of healthy lung. Both lungs are equally liable to be attacked, and the disease, when present is usually found pretty well distributed over both lungs. The greater number of these inflamed masses are found in the posterior part of the lungs; this part being the most dependent, especially in the infant, may account for the fact. The anatomical characteristics of lobular pneumonia do not differ from those found in lobar pneumonia save that the inflamed lobules are not aggravated; that portions of *both* lungs are usually attacked, and that a pleuritic complication is less frequent. The disease runs through the three stages, inflammation, red and gray hepatization, if not checked in its course, in precisely the same way that it does in the adult. This subject was so well ventilated four weeks ago that we need not recur to it to-night. The diagnosis of pure lobular pneumonia is usually not an easy task, occurring at an age when subjective symptoms can not be made available, we have to depend almost entirely upon objective ones, and even these are often perplexingly deficient. It is seldom that one is enabled to examine the sputa, and the cries and struggles of the child frequently make auscultation and percussion very unsatisfactory. Then, too, the disease is often *secondary* and the symptoms are masked and rendered obscure by the remnants of measles, scarlatina, hooping cough or some other primary affection. As soon as the local inflammation is decided enough to bring the constitution into sympathy, the most prominent symptoms are fever, cough, hurried respiration and pain. The fever is usually high, the pulse seldom giving less than 120, and sometimes as many as 180 beats per minute; the cough is at first short, dry and hacking; the number of respira-

tions per minute is often very great, 100 having been observed in extreme cases, and they seldom fall below forty; the pain is probably not *acute* but more of a sore, oppressive character. The child is usually restless, the face is flushed and the temperature of the body is considerably elevated. As the disease progresses the cough becomes a little more loose, though it is never the loose, *paroxysmal* cough of bronchitis, and we may sometimes be so fortunate as to see the sputa. These, however, when seen are not so diagnostic as in the lobar variety of the disease for in many cases they resemble those of bronchial catarrh. The signs elicited by percussion and auscultation, are in the early stages of the disease, vague and unsatisfactory; later they may become more important. We are sometimes able to detect some degree of dullness in circumscribed patches over the posterior part of the lungs. But this mode of gaining information is often of little avail for both sides of the lungs are usually similarly affected, and we consequently lose our standard of comparison. Again, only doctors and mothers know how hard it is to percuss even the *posterior aspect* of a sick baby. The auscultatory signs are not marked. We seldom or never hear the crepitant rale, (or small bubbling sound) which is said to be heard during the whole course of the disease, over some part of the lung. When speaking of capillary bronchitis, I shall take exception to this statement. As the disease advances from bad to worse, the symptoms change correspondingly, the cough, voice and cries grow more feeble, the respiration becomes irregular, the pulse small and weak, the extremities cold, the face pale or bluish, and the patient dies; sometimes in a comatose condition, but more frequently in convulsions. The prognosis, though sometimes unfavorable is not often so in uncomplicated cases. It is a much less formidable disease to contend with than is the one of which we are about to speak.

CAPILLARY BRONCHITIS.

Capillary bronchitis—the *peri-pneumonia notha*, or *suffocative catarrh* of the older authors, is essentially an inflammation of the lining membrane of the minute ramifications of the bronchial tubes. The disease is limited to the two extremes of life, infancy and old age. It may commence in either of three ways. First, it may be added to a common bronchitis by the extension of the inflammation from the larger tubes. Second, it may be added to pneumonia (either lobular or lobar) by the extension of the inflammation from the lung

tissue and air cells. Third, the disease may be lighted up in the capillary air tubes themselves. Either of the first two is probably more frequent than the third. The affection though not limited to any particular portion of the lungs, is most marked in the lower and posterior parts. The anatomical characteristics, though somewhat modified by location, are those peculiar to bronchitis in general, the membrane is reddened, congested, swollen, and somewhat softened; and a tough, viscid mucus is exuded which blocks up the minute air passages more or less completely. The symptoms are such as we would expect from a mechanical obstruction to the entrance of air into their cells. We have accelerated pulse, rapid respiration, a pale or livid hue of the lips and cheeks, an anxious expression of countenance, restlessness, dyspnoea and cough. The skin is usually not warmer than natural, for there is seldom any fever connected with an uncomplicated case of the disease. The type of the disease is *depression*; the improperly aerated blood has a baneful influence upon the nervous centres, and there is a constant tendency towards paralysis of the pneumo-gastrics.

If the disease is to have a fatal termination, the mucous membrane and skin become more and more cyanotic (though sometimes instead of this bluish cast, the skin becomes perfectly white and wax like) the sputa cease and the patient dies suffocated, but usually without the painfully spasmodic action that so often accompanies a purely mechanical closure of the air passages. The physical signs, are such as we would expect to find, percussion gives no dullness or other abnormal sound (it is therefore but a negative means of diagnosis.) Auscultation gives the high fetched, whistling sound which is peculiar to these minute air tubes in a certain stage of inflammation. Sometimes accompanying these whistling sounds but more frequently following them we find the sounds that are to my mind the real diagnostic signs of the disease, the *sub-crepitant rales*. In speaking of lobular pneumonia it was said that the most characteristic sign of that disease was this subcrepitant rale. I said this not because I *believed* it, but because every author to whom I had access asserted it.

I am convinced that in pure lobular pneumonia the sound we should hear is the crepitant rale, and not sub-crepitation which is peculiar to inflammatory conditions of the small air tubes. I apprehend that the reason why we do *not* hear crepitation, and why we *do* hear sub-crepitation, is that we very seldom meet with a case in which the inflammation is confined to the air cells, and the paren-

chymatous structure of the lobules; but that in a vast majority of instances, the capillary tubes are implicated, and the moist bubbling sounds so mask the finer crepitation as to make it unrecognizable. I believe there *may* be such diseases as lobular pneumonia uncomplicated by capillary bronchitis, and capillary bronchitis without implicating the parenchyma of a single lobule, and these are the diseases I have tried to describe, but they must be extremely rare. Every conceivable variety between these extremes is more common than either extreme, and it is often very difficult to say under which nomenclature a given case should be classed. In cases where there is severe fever, very rapid breathing, and where the rales are not heard pretty generally over the chest, but only circumscribed patches, we may suspect that the pneumonic tendency predominates. While in those cases in which there is little febrile action, greater tendency toward depression, defective æration of the blood, and consequently threatened paralysis of the lungs, a somewhat paroxysmal cough, sub-crepitation heard over nearly the whole surface of the lungs, and some external symptoms of catarrh, we may feel quite safe in calling the disease bronchial.

The prognosis in capillary bronchitis is always grave, very frequently unfavorable, but under the administration of carefully selected remedies even those cases which appear most desperate often recover. A scrofulous tendency increases the danger a hundred per cent.

In the treatment of these diseases, I have not had a very extended experience, having seen no more than ten or twelve cases in all. In treating these cases I have used chiefly *Aconite*, *Bryonia*, *Phos.* and *Tart. em.* I have used *Lycopodium* and *Sulphur* once or twice. In the early stages of these diseases (and especially when the pneumonic tendency predominates) *Aconite* will probably be found indicated oftener than any other single remedy. Special symptoms are marked fever, pulse and respiration rapid, and *constant restlessness*. This restlessness is to my mind the most characteristic indication for the remedy. It is the restlessness of arterial excitement, and should be carefully discriminated from that which usually accompanies dysnœa independent of febrile action. In the latter case some other remedy would be very likely to be found more useful.

Bryonia is indicated in those cases where there is fever, cough and pain, the pain is shown by the crying of the child after each attempt to cough and by a seeming inability to nurse. But this group of

symptoms alone would indicate *Aconite* as often as *Bryonia*; how then shall we discriminate between the two? If the child is restless and wishes to be moved about, or if it tosses about in bed, *Aconite* is the remedy; but if it lies very quietly and does not wish to move or to be moved, *Bryonia* will be found more useful, especially so if there are occasional symptoms of chills.

Phosphorus has a well marked affinity for the lung tissue. In large doses it causes engorgement which sometimes almost amounts to hepatization. This points to its usefulness in the various stages of pneumonic inflammation. Special indications are short, hacking, distressing cough, either dry or with a thin frothy expectoration or sputa composed of sanguinolent mucus or pus. There is a sensation of oppression about the chest, and a full inspiration causes a feeling of soreness and uneasiness. Low, typhoid symptoms appearing in the course of the disease, would furnish still other indications for the use of *Phosphorus*.

I can find no satisfactory evidence that *Tart. emet.*, when introduced into the system in any of the usual ways, will cause inflammation in any part of the lung tissue. The contrary opinion was held, by Magennain and others, but on insufficient evidence. The drug frequently acts as an irritant poison, but the irritation seems confined to the alimentary canal even when introduced hypodermically. But there is another action of *Tart. emet.* which is of more importance to us in the treatment of these diseases; and that is its narcotic, sedative or depressing influence upon the nervous system, and especially upon the pneumo-gastric nerves and ganglionic centres. From large doses this depression may be so great as to constitute a semi-paralytic condition of the nerves upon which the movements of the heart and lungs depend, and this, too, without causing enuresis, catharsis or any other of irritant effects. Now, when in the course of a disease, this condition is threatening (no matter from what cause), we have at least one indication for the use of *Tart. emet.* The symptoms indicative of this condition are just those which we find in the advanced stages of capillary bronchitis. The face is pale or livid, the lips purple, the extremities cold, the circulation very feeble, respiration irregular and interrupted, and the patient is on the point of suffocation. In cases of this kind *Tart. emet.* will work wonders. "I speak that I do know," for I have seen it open out these clogged air cells in a most surprising manner. In acute inflammatory conditions of the lungs, I believe that it is, to say the least, a waste of time to use the

remedy, for we have others that are more specifically indicated, both by the pathology and the symptomatology of the cases. But I do not believe that we have any other remedy that will so often cover the ensemble of symptoms and pathological conditions as it appears in the later stages of capillary bronchitis. I have used the 3d trituration of *Tart. emet.*, but think I should use the 30th or 200th with just as much confidence.

F. A. L.

INFANTILE THERAPEUTICS.

BY T. C. DUNCAN, M. D., CHICAGO.

Read before the Joint Convention of the Western Academy and Ohio State Homœopathic Medical Society in Cincinnati, May, 1878.

The mass of the symptoms of the *materia medica* are subjective — a few are objective. This accords with our method of diagnosis in adults, that opens with the question “how do you feel?” We do not realize how little we know “by sight,” objectively, till we stand before an unconscious person or have a very sick infant to treat. I presume all have felt, as has the writer, that they would give a good deal to know our remedies by sight better. We all realize the suspicion we place upon feelings. Although “feeling” is the first wide-awake sense, still we depend on seeing as being far more reliable.

In infantile therapeutics we deal almost exclusively with subjective phenomena, for that reason many physicians find the treatment of children so difficult. Nearly all our knowledge of other sciences is gleaned by observation, or the observation of others and why that of *materia medica* should be so largely subjective, or confined to the sphere of the sensations, I am at a loss to determine, except it be for the fact that in the long ago, feelings was the starting point of reasoning. But in our day, inductive reasoning has, in a measure, superseded deductive thought.

Be that as it may, the fact remains that we need more objective knowledge of children, their diseases and their treatment, before we shall better diagnose the disease, the food and the remedy. Children are frequently dosed when they should be fed properly and more fre-

quent; still should be treated when they are now stuffed. Infant feeding is a wide field — one into which we will not now enter.

Infantile therapeutics is one of the most important parts of medicine. Speaking of diseases of children, the venerable Hufeland remarked: "This is a very important part of the practice of medicine, for *one-third* of all diseases belong to the age of infancy, and they constitute a particular branch of the healing art, that requires a special study. One may be a very good physician for adults, but a very unsuccessful one in the treatment of children; for the difference does not lie in a diminution of the strength of the doses, but in a different semiology, a modified pathology, requiring corresponding therapeutics." If this was true as regards Allopathic therapeutics of infantile diseases, how much more true when we attempt to select the simillimum for each case.

Never did I appreciate the force of this as I did some years ago, when I took the medical care of the Chicago Foundlings' Home with fifty infants. I had prided myself on diagnostic acumen, but there I soon learned that the art of diagnosis depends largely on the patient's history of his case and his present feelings. With no historic landmarks and no expression of feeling, I found myself considerably at sea in making out the disease. When it came to selecting the remedy I confess it was largely guess work. I set about studying children and classifying them, and also looking up the objective symptoms of their diseases and especially the *observed* symptoms of our remedies. I have made a little headway in analyzing children, classifying their diet and gathering some valuable therapeutic hints and indications.

Bearing in mind that therapeutics is a distinct science and no more related to materia medica than pathology is to physiology, I have not expected too much from pure symptomatology. One of the great needs of the times is works on therapeutics proper of the various diseases, incident to men, women and children.

Much of the therapeutics of infancy is clinical, *i. e.*, developed by practical observations, and these are found scattered through our journals and domestic works chiefly, *e. g.*, *Gels.* is put down as especially adapted to little children — infants.

Belladonna.—Suitable for precocious children with blue eyes.

Cocculus, especially suited to nervous children of lively turn of mind troubled with imaginary fears.

Sulphur.—Child dislikes to be washed and bathed.

Calcareo.—Children self-willed and inclined to grow fat.

Silicea.— Especially adapted to rickety children, of sanguine lymphatic temperament.

Mag. mur.— Slow dentition, with large, distended abdomen.

Iodine.— Adapted to children with dark hair and eyes and dark skin.

Bromine.— Adapted to light hair, blue eyes, and light skin.

Baryta carb.— Scrofulous children that do not grow.

Staphysagria.— Pot-bellied children with much colic, and troubled with worms.

Pulsatilla.— Enuresis, particularly little girls.

Kreosote.— The teeth decay as soon as they appear.

Phos. acid.— Adapted to children that grow too fast.

Nux vom.— For children raised artificially. Cries after eating with belching of wind.

Plumbum.— Enuresis with spinal irritation.

Neurological Department.

REST IN NERVOUS DISEASES.

BY N. A. PENNOYER, M. D., KENOSHA, WIS.

Read before the Joint Convention of the Western Academy of Homœopathy and Missouri Institute of Homœopathy, held in St. Louis, May 7, 8, and 9, 1879.

In the treatment of chronic diseases and with acute diseases we find a great difference in their response to medication, and we are often at a loss to account for the seeming slowness in progress with one patient while another equally affected soon recovers. This difference comes too often with a class of patients that we are most anxious to show the benefits of our particular practice; and the tendency of the laity and even the profession many times is to regard the fault as one of the practitioner. For example, a well-to-do merchant is taken with sciatica after an exposure to cold or dampness. The case apparently is not a serious one, the pain while severe is not unbearable, the general disturbance of the system is slight, temperature and pulse not high, perhaps symptoms of coldness prevail, and the case after a few days progresses favorably with a speedy promise of a full recovery. The

progress, however, comes to a stand-still and the patient goes about suffering considerable inconvenience with a lingering dull pain which *stays*. Remedies fail to make any impression and the patient drifts around trying one thing and then another with no appreciable benefit.

The next case is a German mechanic or workman similarly taken at first, but he perhaps has more fever, his pain is keener, the sensitiveness more acute. In two or three days or at most a week, he convalesces and is about his work, well.

In the first case we have an element besides the exciting cause. A man full of cares and business transactions, who never leaves them, and is always under a strain, how to increase his sales, how to overcome this obstacle or that, striving to over-reach his competitors in the race for gain or reputation; the other takes the world as it comes, works hard ten or twelve hours a day and then puts all aside to enjoy the little comforts it may be his fortune to possess.

It is easy to see that this element is a *nervous* one. The nervous system has been under a tension which has been gradually and insiduously gaining in intensity until a slight chill or a strain calls him to an account. After going through the routine of the different schools of medicine, the use of electricity, baths, etc., the case still drags and a cure is not perfected.

It is here that rest is suggested as a means of cure or as laying a foundation for remedial agents to work upon. We know well enough that a person under the influence of any drug cannot be cured of its effects until the poison is taken away; neither can a disease be cured until the proper conditions of the nervous and physical systems be insured. If the forces have been exhausted the powers of reaction are in direct proportion diminished.

With the subject at hand it is intended to consider only the functional diseases of the nervous system that result from overwork of body or brain, excitement, the excesses of social life,— as late hours, fashionable calling, etc., that cause various forms of nervousness,— such as hysteria, hypochondria, cerebral and spinal hyperæmia and anæmia and the functional diseases of the pelvic and abdominal viscera.

Rest is defined as cessation of motion or action of any kind and applicable to any body or being, as rest from labor, rest from mental exertion, rest of body, or mind. A body is at rest when it ceases to move. The mind is at rest when it ceases to be *disturbed* or *agitated*. So that we shall speak of physical rest and mental rest.

Under the head of physical rest we include both the muscular and

nervous systems. In walking or using the arms, both the muscles which contract and the nerves which stimulate the action lose in power. A supply of nutriment or food combined with the life-giving force sustains an equilibrium.

To a certain point exercise increases the supply of blood and consequent nutrition of the muscles, but with the class of patients we have under consideration, we find that exercise too often lessens the supply of blood. For instance, on the principle that exercise will warm the extremities, a walk is directed for those suffering with cold feet or legs, and the result will be contrary to our expectations. Tracing the difficulty to the nerve centres, we find that the exertion causes an excitement of the vaso-motor nerves, which stimulates contraction and consequent diminished calibre of the bloodvessels—cutting off their supply of blood,—and coldness follows.

The remedy lies not in continued or increased exercise but in rest. Dr. Radcliff, in his lectures on cerebral exhaustion, speaks of the danger of hemiplegia by walking exercise when rest should have been observed with persons with jaded brains. That coldness of the extremities from the exertion, and consequent increased hyperæmia of the brain followed, thus causing the lesion and paralysis, we may reasonably infer. That irritation of the vaso-motor nerves in the lumbar and sacral regions will produce cerebral hyperæmia; and that its removal by the inhibitory influence of the spinal ice-bag, as directed by Dr. Chapman, will relieve the brain in hyperæmic conditions, we have many times observed.

With persons suffering from nervous diseases, or those whose vitality is lowered or impaired, daily exercise in the open air, as riding or walking, with plenty of light and sunshine, is recommended. A patient who would give up and take to her bed would be urged to make an exertion and keep up at the imminent peril of being bedridden. It is only within a few years that rest in bed with perfect quiet has been enjoined, and even this has been adopted with the use of a considerable degree of passive exercise, manipulations and electricity, so as to avoid the danger of waste from non-use of the muscles. This with many cases is a most excellent treatment, as Dr. Weir Mitchell's experience has proven, but can not be used with quite a number of patients—those in exceedingly sensitive and nervous conditions—not at least until the excitement and tension are relieved. Exercise, however slight in such cases, frequently increases the nervousness and excitability. That perfect quiet in

bed, excepting the changing of position a person will naturally take, with *no manipulations* or *exercise*, except it be by the rubbing of an attendant after a sponge bath, can be continued for months with a gain in flesh instead of waste, with the restoration of an equilibrium of the nervous system, the writer has many times verified. The tendency of nervous patients is to take too much exercise; to constantly change position, to get up and lie down, to do out of the way things and keep in almost perpetual motion. When a patient feels that she can not keep still, or that it is impossible to lie in bed, it is a sure indication that she ought to be there. As the nervousness is controlled and quiet is assured, the best evidence that more exercise is needed, is that they do not wish to move. As the difference regarding the appetite, and its indulgence between acute and chronic diseases, is that in the former it can usually be indulged, with the latter it should in most cases be guarded, so with exercise and the insistence of quiet, opposites are indicated. This of course is independent of what the patient may be educated to believe is best.

Rest means something more than cessation from labor. Many persons will dress early in the morning and remain up and about their rooms, sitting in easy chairs most of the day, attending to little duties, or do fancy work, with the belief that the object is attained; but if the circulation is poor in the extremities with coldness, and a tendency to numbness or hyperæsthesia exists, with weak or aching backs, this will not do. The muscles of the back and body are used to retain the sitting posture which require relief. Take the strain from every muscle, pour as much nourishment into the system as can possibly be assimilated, and the nerves that are excited or exhausted will regain their equilibrium, the bloodvessels become full of rich blood and no danger need be feared of waste from non-use of the muscles. When such a condition has been attained, which will be indicated by more quiet and restful sleep, a gain in flesh, with warmth of the extremities, then exercise may be given by rubbing, manipulation, or electricity, and later by walking or riding. Should excitement follow, or sleeplessness ensue, it should not be insisted upon or crowded. The nerves should be maintained in as quiet and equable a condition as possible.

As a necessary adjunct of the rest treatment, a generous diet has been alluded to. Dr. Weir Mitchell (*Fat and Blood*) shows the large amount of food that can be taken and assimilated. Usually three good meals with Koumiss or milk between and at bedtime,

making five or six times in taking food is prescribed, but later the lunches are dispensed with. In exceptional cases feeding by an attendant is adopted.

As an agent of especial value in subduing neuralgic pains, quieting the nerves and equalizing the circulation, the spinal ice-bag has been found particularly applicable. Worn on the dorsal and lumbar regions of the spine, it will warm the extremities, relieve hyperæmic conditions of the brain, often inducing sleep, correct disturbances of digestion, and at the same time serve the double purpose of giving the patient something to do. It can be worn once, twice, or three times daily, and from one-half hour to two hours at a time. In paralytic cases—as hysterical paralysis—it may not be permissible; with such cold bathing of the spine is useful.

We come now to speak of mental rest, which more properly comes under the attention of the work of this bureau (Psychological Medicine). Rest of the body, we have endeavored to show is necessary to induce proper conditions of the nervous system, so rest for the mind in the sense of freedom from agitation or disturbance is essential to perfect physical rest. All the functions are so intimately associated or dependent on one another, that a disturbance in one organ will react upon another, and *vice versa*.

We know that mental troubles will cause uterine difficulties, and they in turn will induce mental affections, so that the mind needs special care in our treatment. How to attain quiet of the mind and replace morbid thoughts with healthy ones, is of greatest importance. As rest restores an equilibrium with the functions of the body, thus relieving any reflex irritation, so must the mind be quieted, giving the brain all the rest possible. Cares and responsibilities must be removed, and different thoughts put in place, for as long as a person is awake the brain is active. It is here that in hysterical and exceedingly nervous cases the question of sympathy has to be considered. Whether the mental symptoms are to be considered as trifles, and merely the result of physical causes and to insist upon the avoidance of any manifestation of sympathy for them, or to consider the mental condition as a trouble *per se*, and overcome fancies by a true sympathy and appreciation of their condition, commands our attention. There is no doubt but that both ways are successful. A certain class of patients with small will power, who give up easily and like to prey on the sympathy of their friends, may be best managed by a strict firmness in management. With persons with strong will-power naturally, but

who from any cause either hereditary or acquired develop severe neurosis, the opposite is essential. Too many patients with largely developed brains, with fine intellectual endowments, the result of close application, acquire nervous difficulties, and drift into certain morbid conditions of thought, which prey upon them constantly and act "like the thorn in the flesh" in continuing their difficulties, they perhaps being too proud or sensitive or not having a suitable person in full sympathy with them in whom to confide their troubles. It may be some vision or fancy, some particular drift of thought, either about themselves, their religion, their future life, love affairs, or disappointments, or suspicious about their friends, that constantly hover over them. Noise, or wind, or storm may aggravate the condition which they may know to be wrong, but which nevertheless continues. The physician who has the power to adapt himself to his patients to enlist their confidence, sympathizing with them in their sufferings may gain a control of the mind in no other way attainable. If he is observant, he may see that the brain does not quiet, and may suggest that such morbid thoughts are the cause of disquiet in many instances and speak of the value of putting them aside, in either telling some friend or their physician their troubles. As a child seeks its mother to tell its petty grievances, which when once told, is instantly cheerful, so with "children of a larger growth," a fancied evil or injury, a vision or morbid thought may be easily dispelled. We have seen patients under intense excitement which had continued for a long time, become quiet beyond expectation after thus relieving their minds and having a word of sympathy and a simple explanation given them. The mind once quieted, the patient will learn to avoid the sources of disquiet and if troubled know how to find relief. With this relief, hopefulness comes, the most essential thing for their recovery. * Hahnemann says, "The physician ought to make it his duty and his delight to remove from the patient all those influences that might be an obstacle to their cure, and especially in the case of chronic patients he ought to shield them, to the best of his ability, against grief and vexation."

By sympathy we do not mean the giving up to the fancies of the patient and allowing them to have their own way, nor giving by word or look an evidence of the slightest vacillation in the course we intend to pursue. The sympathy of friends as expressed by anxiety

*Chronic Diseases, Vo'. I, p. 144.

and fear is of all things undesirable. Occasionally we find a relative always hopeful and unchanging in their bearing during severest trials, that will go through a siege with a patient, but they are rare; so that Dr. Wier Mitchell's plan of having friends and family entirely out of the way and good nurses in their place is essential. The separation from friends saves a knowledge of the *downs* of their sickness that would bring anxious and discouraging letters and with them disturbance of the mind. Another influence in inducing quiet of both mind and body, and which perhaps should have been considered with the physical agencies, is darkness or subdued light. Its influence (negative) is so great over mental conditions that we place it here.

It takes all kinds of people to make up this world. A certain class of persons are in their best feelings when the weather is bright and clear, the sunshine appearing to give them elasticity and strength. Others on the contrary are more comfortable, have steadier nerves and quieter brains when the days are less clear or even cloudy; darkness or subdued light has the happiest effect with them. This latter class comprises those with highly wrought nervous systems, with whom bright light has an exciting, or more expressively stated, a rousing effect. This recognized, the remedy lies in securing a proper protection from the light. While the shutting up of patients in dark rooms is contrary to the teachings of most physicians, it can be demonstrated as a correct method.

Hamilton in his treatise on Nervous Diseases is the only author that directs a darkened room with rest in spinal anæmia, hysteria and cerebral congestion, and cites a case of posterior spinal sclerosis as greatly benefitted by rest in bed in a darkened room. The popular objection to darkened rooms is that light is essential to maintain the health of animal as well as vegetable life. This is true in health, but in diseased conditions may not be so with both classes of life. A nurse attending one of our house patients when told about the influence of a dark room in quieting and building up the nervous system, said that she could understand why it should be so, and added that a plant which had commenced to wither and droop would die if given more light and stimulated, but if put away in the dark and allowed to stand for a while when taken out would then revive and grow strong and healthy. This simile is a forcible, yet simple one, and we can well profit by it. That a patient becomes more sensitive to light, more susceptible to noise and external influences does not contra-indicate this course. This transition state may be attended by symptoms of extreme

nervousness, the result of freedom from restraint, but is almost invariably accompanied by hopefulness.

With systematic rest of body and mind comes calmness and self-control, a self-control not forced or strained. Persons with weak wills suffer frequent nervous or emotional attacks and it is nearly always the result of frequent and perhaps slight over-taxing of their powers. Such must be taught to reserve their forces, carefully avoiding any excitement until a sufficient amount of *latent* force is developed.

Maudsley* in speaking of the development of the will, says: "I can not but think that moral philosophers have sometimes exaggerated greatly the direct power of the will, as an abstract entity, over the thoughts and feelings, without at the same time having taken sufficient account of the slow and gradual way in which the concrete will itself must be formed. The culminating effort of mental development, the final blossom of human evolution, it betokens a physiological development as real, though not as apparent, as that which distinguishes the nervous system of man from that of one of the lower animals. Time and systematic exercise are necessary to the gradual organization of the structure which shall manifest it in full function. No one can reason successfully by a mere effort of will to think in a certain way, or to feel in a certain way, or even, which is easier, to act always in accordance with certain rules; but he can, by acting upon the circumstances which will in time act upon him, imperceptibly modify his character; he can thus, by calling external circumstances to his aid, learn to withdraw his mind from one train of thought and feeling, the activity of which will thereupon subside, and can direct it to another train of thought and feeling, which will thereupon become active, and so by constant watchfulness over himself and by habitual exercise of will in the required direction, bring about insensibly the formation of such a habit of thought, feeling and action as he may wish to attain unto. He can make his character grow by degrees to the ideal which he sets before himself."

Following the author we learn not to expect too much from our patients in controlling their nervousness, but to lighten the strain on the will-power and in this way strengthen the foundations for its future use. The muscles can not be strengthened by using them to their utmost capacity, neither can the will-power be developed by enforced strain. Its tasks must be suited to the endurance of the patient and gradually developed.

* Responsibility in Nervous Diseases, page 273.

One of the worst forms of nervousness or hysteria we have to contend with, is that with strong, and in some cases remarkably strong-willed persons. Those who perhaps inherit their difficulties, with brains and nerves always too active for the slight bodies they accompany. They are the precocious children which grow up with brilliant intellects and aspiring ambitions. The physical system does not keep pace with the brain growth, and nervous troubles as insomnia, dyspepsia, etc., and with girls disturbances of the menses with perhaps uterine displacements appear. Those with weak wills give up early, and many of the so-called hysterical symptoms arise, but with the strong-willed, ambitious person these disturbances of function are unnoticed or willed down, until at last it may be after years of strain, nature fails to perform the tasks asked of her, and a nervous wreck is the result. We may not reasonably expect to restore such to health, but much can be done to make them comfortable, and if not strong, at least useful members of society. The rest treatment in such cases has to be pursued for months, and perhaps with some slight respite from treatment in bad cases for years, for the restoration is a matter of growth and can not in two or three months be assured. It is here that we differ from Dr. Mitchell's plan of eight or ten weeks enforced quiet with all cases. With some this is sufficient, but with this class of nervous wrecks a few weeks of hot-house growth can not replace the wear and tear of years. It is always easier to go down hill than up, and, as well, easier for such patients to break down than build up.

To summarize then we make the following deductions :

1. That rest is essential to perfect nutrition in those cases of asthenia with excitability or exhaustion, in which marked disturbances of the circulation occur, such as coldness or anæmia of any organ or part, or congestion or hyperæmia of another.
2. That nutrition and consequent retention or gain in tissue does not depend in so great a degree upon motion or exercise as has been believed, but upon the supply of blood to the tissues, and that such supply can be best attained by restoring a proper equilibrium of the nervous system.
3. That the negative influence of *darkness* or *subdued light* is many times necessary to perfect rest, and we may add may be persisted in until the object for its use is obtained.
4. That the attainment of *self-control* must be the result of evolution or growth — certain conditions must be engendered for its

proper support, when "by watchfulness and systematic exercise of the will such habits of thought and feeling may be insensibly formed" as will be consistent with a sound body and well-balanced brain, and

5. That many mental conditions may be controlled by the personal influence of the physician, by the power of ready sympathy and of inspiring patients with hopefulness, making them feel that their cares and burdens will be relieved and that everything will be managed for their best good. When such control has been realized, rest will be rewarded with peace and contentment, functional disturbances will be removed, and our patients will always remember with full significance the proverb, "Pleasant works are as an honey-comb, sweet to the soul and health to the bones."

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

SELLERSBURY, Ind., March 10.—We have had a very damp winter. Throat troubles and erysipelas, etc., most prevalent. *Rhus* seems to be the indicated remedy.

G. M. COVERT.

SOMERVILLE, N. J., March 11.—Decidedly healthy here — the most that requires the physician's attention, is unpaid bills due him — bronchial and laryngeal catarrh and a few cases of pneumonia. Remedies: *Lach.*, *Merc. bin.*, *Hydras.*, *Merc. sol.*, and for the latter, *Bry. and Tart. em.*

H. CRATER.

LIME SPRINGS, Iowa, March 15.—Prevailing diseases are: Colds quite general throughout this vicinity, etc., also several cases of pneumonia, etc., and some cases of fever, had nothing serous or epidemic like. Remedies used: First. *Aconite*, *Bryonia*, and several other remedies. Second. *Aconite*, *Bell.*, *Bryonia*, *Tart. em.*, *Phos.*, *Sulph.*, etc. In] most every case I have had, *Phos.* has been like a sheet anchor, have given it as the chief remedy in nearly every case, but

have received great benefit in using some one of the other remedies in alternation with *Phos.*, when symptoms called for them, and the result in my cases has been very satisfactory, both to me and my patients.

D. C. J.

HEREDITARY SYPHILIS.

BY J. A. COMPTON, M. D., INDIANAPOLIS, IND.

Read before the Marion County Homœopathic Medical Society January 7, 1886.

The origin of syphilis is not known, although its fearful ravages and consequent mortality—especially among infants—are facts quite familiar to the medical profession. It matters not, as far as the subject of this paper is concerned, whether it originated in the army of Charles the VIII. during the siege of Naples, 1494, and from thence spread over Europe and eventually over the entire globe, or that it was of American origin and was first introduced into Spain by Columbus in 1493, or, that it is of much older origin, which seems more probable.

It was, however, first recognized as a distinctive malady during the latter part of the fifteenth century. That it exists and is transmissible from parent to offspring is the important thing to know. That syphilis could be transmitted by inheritance was believed by Paracelsus and others, as early as the sixteenth century. Swediaur claimed, in his treatise on Syphilis, published in 1801, that it might be inherited from the father. The theory of its transmissibility has been so thoroughly established within the present century, that it no longer admits of a doubt. John Hunter was probably the last prominent physician to oppose it.

The offspring may inherit syphilis from the father or the mother, or both parents. When the father, or the mother, or both parents have signs of constitutional syphilis at the time of procreation the offspring is almost sure to inherit the disease. When both or either of the parents have previously had the disease, and supposed to have been cured, showing no signs of it at the time of procreation, their offspring may nevertheless inherit syphilis. When the mother contracts the disease during gestation, prior to the seventh month,

the child is liable to be syphilitic, and especially is the fœtus liable to infection if constitutional symptoms obtain from the third to the fifth month.

A mother being healthy, may give birth to a syphilitic fœtus by an infected father, and herself remain free from the disease. "Infection of the mother through the medium of the fœtus was, according to Mr. Huchinson, first noticed by Gardien (*Traite des Accouchement*) in 1814, and is admitted by most recent writers upon venereal, among whom may be mentioned Record, Diday, Depaul, Acton, Harvey Taylor, Smith, and Belfour; it is by no means, however, to be regarded as a necessary consequence of contamination of the ovum by a diseased father; and, as in thirteen (18) cases reported by Victor De Meric, a mother may give birth to a syphilitic child, and yet never present the slightest evidence that she herself is infected."

It sometimes happens that, where only one of the parents has had syphilis, some of the children are infected and some are not. There are cases on record where both parents, having well pronounced syphilis at the time of procreation, and yet has a healthy offspring. "The hereditary character of syphilis," says Trousseau, "as of all other disease, is liable to so many exceptions, that it is necessary to guard ourselves against the undue influence of previous conceived opinions; and to bear in mind, that while in respect to hereditary transmission, there is everything to fear, there may occasionally be everything to hope for. It sometimes happens, that, under the most unfavorable conditions, both father and mother being affected with the pox in the most palpable manner, everything consequently conspiring against the health of the fœtus, it nevertheless comes into the world free from disease."

When may syphilis be transmitted to the offspring? Paternal syphilis must be transmitted through the semen at the time of procreation, and it is but reasonable to suppose that the transmission of maternal syphilis through the ovule or seminal liquor may also be coeval with conception. When the mother becomes infected during gestation, she will transmit the disease when it becomes constitutional. The mother may become infected through the medium of the fœtus, at the establishment of fœtal circulation about the third month. It is believed by many physicians that syphilis can be transmitted to the third generation, and Huchinson claims to have verified the fact.

Acquired syphilis may be primary or secondary. The fœtus, although well protected by a sebaceous coating, may be infected by coming in contact with syphilitic lesion on the genitals of its mother in the act of parturition. It may be communicated by vaccination or in many other ways, but the wet-nurse is the most fruitful source of acquired syphilis. The danger of lactation of the unhealthy wet-nurse has become proverbial. Sores or excoriations of the nipple or breast, if the nurse be tainted with the disease will infect the nursing; and on the other hand, mucous tubercle or fissures upon the lips or tongue of a contaminated infant may infect a healthy wet-nurse.

ABORTION.

It has long been known that syphilis of the parents, and especially of the mother, is a frequent cause of miscarriage. Trousseau says, "when you are called upon by a woman in whom premature labor has become habitual, you would do wrong were you not to regard venereal as among the probable causes of miscarriage." Three, four, five, or even six miscarriages are not an infrequent occurrence. One author mentions thirteen consecutive miscarriages in a case under his own observation. It is supposed — although it is impossible to get the exact statistics — that about two-thirds of the pregnancies of syphilitic parents result in miscarriage.

In maternal syphilis it is not an infrequent occurrence for several consecutive miscarriages to be followed by a viable fœtus at term; while on the other hand, in paternal syphilis, the first pregnancies are less liable to be followed by the accident than the subsequent ones. The more profoundly the parents are affected with the disease at the time of procreation, the greater will be the deleterious influence of the poison on the fœtus, thus rendering the liability to accident greater.

Syphilitic abortion is the result of the death of the fœtus in utero, which is liable to be cast off in a more or less putrid and offensive condition. This accident may occur as early as the third month, but more generally during the latter months of gestation, and not infrequently nearly at term. A child doomed to syphilis may present the symptoms at birth, or what is more common if born viable and at term, they may not appear for some weeks, or months, or even years. The later manifestations are usually at second dentition, puberty and rarely in old age.

Diday has tabulated the time of the commencement of the symptoms in 158 cases as follows :

Before the completion of the first month, 86 ; before the completion of the second month, 45 ; before the completion of the third month, 15 ; at four months, 7 ; at five months, 1 ; at six months, 1 ; at eight months, 1 ; at one year, 1 ; at two years, 1.

Those children born viable before or at term, having been badly nourished in utero, are small, undeveloped, having an aged appearance, the rash or pemphigus generally perish soon with marasmus and diarrhoea ; while those born apparently healthy, having been well nourished during their intra-uterine life, are usually strong and well developed, showing no special signs of the disease at birth, but in a few weeks — usually from three to six — symptoms of mal-nutrition become apparent, the child gradually become more delicate, a nasal catarrh makes its appearance, followed in a few days by a cutaneous eruption. “ This eruption may be macular, or, as is more usual, papular in character, and may be limited to a few bright papules upon the buttocks, which rapidly assume the characteristics of the mucous patches. Sometimes the entire body, but especially the face is covered with large, flat papules, which have the perfect copper-color, and here and there are coalescent. At the angles of the mouth and eyes, in the neck, behind the ears, and in the inguinal folds they take the form of moist papules and increase rapidly in size.” The nasal catarrh runs into syphilitic ozæna, the passages becoming more obstructed, the purulent discharges excoriating the upper lip and nostrils.

An early symptom, one that usually appears before the eruption, is the dingy color of the skin. M. Diday says, “ next to this look of the little old man, so common in new-born infants doomed to syphilis, the most characteristic sign is the color of the skin.” This coloration of a dirty-brown pigment which appears on the most prominent portions of the face, and more or less on the body is a very important diagnostic sign. It looks as though it had been done by a novice—being so irregular. It may be noticed on the forehead, nose, cheeks, eyebrows, and chin, but at the internal canthus, under the nose, between the under lip and chin it never appears. At the flexure of the body and limbs it is always wanting. When pemphigus obtains it usually appears at, or within a few days of birth, and its points of attack are usually the same, whether it appears as an early or subsequent manifestation on the palms of the hands, soles of the feet, fingers and

toes, from whence it may spread over the body. It commences by a violet tint of the skin, on which large bullæ form, filled with a sero-purulent fluid, which subsequently burst, leaving an excoriated surface or form greenish yellow crusts.

“Pemphigus at birth is a precursor of death, but when it appears for the first time some weeks after birth, it is a less unfavorable prognostic.” The usual visceral lesions are suppuration of the thymus gland, lobular induration of the lungs, and cirrhosis of the liver, and the epiphyseal lesion of the long bones. The recognition of hereditary syphilis is not usually attended with any difficulty in early childhood; the affection of the nasal mucous membrane, the papular or pustular rash, and the peculiar aged appearance form a picture that could hardly be misunderstood. A case might present, however, where some or even all the above symptoms are wanting; the child having been born well developed, and being well nourished. A few fissure or condylomata about the anus, or perhaps a copper-colored stain or two, or a few moist papules being the only evidences of hereditary syphilis. You will be greatly aided in your diagnosis, however, if there are older children in the family showing traces of the taint.

Among the subsequent signs, indicating the subject had, during early life, symptoms of hereditary syphilis, the following are the most typical: The characteristic physiognomy, interstitial keratitis or cloudiness of the cornea, fine white linear cicatrices radiating from the angles of the mouth or nostrils and the “test teeth.” Interstitial keratitis may be noticed as early as the third year, more commonly the sixth, most commonly at puberty. The two upper central permanent incisors are smaller than natural and usually converge somewhat or diverge a little. They are narrower on their border than at the base, having a single broad notch in the cutting edge. The prominence of the frontal protuberances accompanied by the flat-bridged undveloped nose, when well marked, will be readily recognized.

TREATMENT.

It is generally conceded that a proper treatment of a syphilitic mother, during gestation, will not only mitigate the severity of the infection of her offspring, but that it may prevent its transmission. It becomes advisable, therefore, among your clientage, as a prophylactic measure, when it may be known that either the wife or hus-

band is suffering from or may have previously had syphilis, to treat the mother during gestation.

When called upon to treat a case of congenital syphilis, after making your diagnosis, the first and not the least important thing is to look after the hygiene and dietary. The little patient should be placed in a healthy apartment, and should have plenty of fresh air day and night, and should be kept very clean and be well nourished. The importance of these measures will be sufficiently apparent if we recollect that the moment the syphilitic element comes in contact with the blood its immediate and constant effect on that fluid, is to diminish the quantity of red globules in a very marked degree.

M. Grassi has shown that, in his analysis of the blood of subjects afflicted with constitutional syphilis. While the proper remedy will have a tendency to check this disturbance in the process of hæmatisation, yet the child must be nourished or he will eventually perish. The wet-nurse is out of the question from her susceptibility to the infection. The mother, however, is not subject to such objection. Although she may show no signs of having become infected through the fœtus of a syphilitic father, during its intra-uterine existence, yet her blood has been so impressed that she will be quite exempt from its contamination during its extra uterine life. If the mother furnish milk, it should be looked to that she be well nourished and that her milk is good. She should not be allowed to do any hard work or anything that will unduly heat her blood. Should she not furnish milk, or only impoverished milk, the milk of the ass, goat, or cow may be used, or, some of the prepared children's food may be tried, using that which best agrees with the patient. As infants should be fed exclusively on milk for at least the first eight months, and as cow's milk is the most available for those deprived of breast milk, I will give a few hints in regard to its use. One cow's milk should be used where it can be had, and it is better to be about the age of the patient, and it is also better that it be fresh from the cow at least twice a day — night and morning. By fresh from the cow I mean as soon as milked, before that peculiar volatile principle, so essential for its assimilation, which so soon escapes by its exposure to the air. By the use of one cow's milk the prevalent adulteration of the dairy is avoided. You may, however, have acidity to deal with, which, if not corrected, will be quite as bad for your patient. Human milk is always alkaline, and cow's milk to be assimilated should be at least neutral. The blue litmus should be used to test

where acidity is suspected ; should the milk turn the blue litmus red, you may add enough lime water to restore the blue. The presence of excess of acid may readily be determined also by the symptoms. "These are frequent hiccough, and apparent griping, especially after food as evinced by the occasional cry, and it may be drawing up of the legs. A loose motion generally follows, the color tending to the green. There is also very generally vomiting present, and the ejected matters have an intense acid odor."

I have advised the use of lime water as a correction of acid milk, which is all very proper while compelled to use such milk, but milk should be sought without an acid reaction as lime water is injurious to the stomach. This acid condition is avoided where the cow though stall-fed is kept on good hay and fresh bran mash, and has plenty of fresh water and has a clean apartment, wild hay, brewers' lees, starch refuse and sour slops produce acid milk. There is no trouble from the milk of cows kept on good pasture.

MEDICAL TREATMENT.

If the fœtus be born apparently healthy, having been well nourished in utero, the disease may first make its appearance in the form of a coryza, nursing will be greatly interfered with from stoppage of the nostrils, the babe will nurse as long as it can hold its breath when it will lay back and cry, and its mother will say it has the "snuffles," and she has already greased the bridge of the nose and given onion juice for cold without any relief whatever. A critical examination about the anus and mouth may or may not show any other signs of the taint. Syphilis should be thought of, however, and if the history of the parents, in that regard be not known, it should be looked to, and should you decide it to be a local manifestation of the taint, *Mercury* is your remedy and I prefer the high, commencing with 200th. Should the 200 fail to give relief the 30th or even the 6th may be tried, and if the coryza be relieved the foundation for a cure is laid, and may be consummated without any other manifestation. I will give a case of syphilitic coryza treated with *Merc. riv.* 200 :

CASE. January 16, 1870, was called to see infant M., four weeks old, suffering from coryza and too frequent greenish stools, without any exanthema or indication within the buccal cavity of the syphilitic taint, whose parents were greatly alarmed. The cause of their alarm was this: Some two years before their first child had been taken in the same way, at about the same age, and died of well pro-

nounced syphilis before it was two months old. Their doctor (a very able man in the Old School) had looked upon the case as simple coryza and treated accordingly. Sore mouth was noticed in a day or two which was followed by an eruption on various parts of the body which the doctor pronounced to be syphilitic. I learned that the father had contracted chancre, and had indurated bubo, about a year before their marriage. The chancre was cured (?) and the bubo yielded to treatment without suppuration. The treatment was both constitutional and local. He had taken the constitutional treatment a long while after the chancre was healed, and was supposed to be free from the taint. I give this bit of history to show the importance of an early diagnosis in syphilitic coryza that the disease may be properly met at its outset. My patient got *Merc. viv.* 200 and no other remedy or attenuation, and her mother got *Merc. viv.* 6 until the coryza yielded, when I left off medicating the mother but continued treatment of the child intermittently for some time. My little patient is now a bright little girl of nine years and has never shown any signs of the taint. Although this mother gave birth to both of these children without showing any signs of having contracted the disease, I learn she subsequently gave birth to a still-born infant, with well-marked pemphigus since which her health has been poor.

You may not always be so fortunate in syphilitic coryza, though you early appreciate the disease, as to hold the enemy in check or vanquish him in his first local assault. He may raise his hydra head in the shape of some of the various exanthem which may have to be met with other properly selected remedy or remedies. Or if the disease should take a profound hold on your patient and still spend its force in nasal cavity, your syphilitic catarrh run into ozæna with bloody, corrosive discharge from the nose, *Merc. cor.* might serve you better. Should *Merc. cor.* fail to stay its ravages, and the bony structure become involved, *Aurum* may be called for. Other remedies may be called for to meet special indications in syphilitic ozæna of infancy, but the above will be found the main remedies. I will give a case cured by *Merc. viv.* 200 that had been pronounced incurable by an Old School doctor :

CASE. May 8, 1878, Arthur B., age about five weeks, had the following symptoms: He had the pinched features, the dingy color of the skin peculiar to the taint, and there were also numerous circular patches on the lower part of the forehead, on the face and body, surrounded by a copper-colored areola. The crusts were very like the

tinea capitis but for the darker hue and areola. A scarlet patch would be seen here and there on the dingy skin, which would become fully developed in from twenty-four to forty-eight hours into these crusts, from some of which a yellowish serum would exude. About the genitals there was more or less excoriation and exudation. There was coryza and mucous patches on the inner side of the lower lip. The mother claimed to have enjoyed the best of health until she had been pregnant about four months, when she had a leucorrhœa, since which her health had not been so good, although the leucorrhœa had yielded readily to injections. At this time between four and five weeks after confinement she still had considerable lochia which had an offensive odor. The father had contracted syphilis before their marriage, which had reappeared and been suppressed, but a short time before she became pregnant. The parents fully appreciated the difficulty and had frankly told their physician their suspicion, who had told them that nothing could be done for the child, or rather that the babe "must die." By the advice of a friend of Homœopathy, I was called. Believing the doctor's diagnosis was correct, and with this sorry picture before me, I feared his prognosis was too true. The mother was given *Merc. viv.* 6 and finally 200, and put upon plain unstimulating diet, and was requested to drink a pint of milk warm and fresh from the cow, night and morning. Under this treatment she seemed to thrive and furnished plenty of good rich milk. She became sound and well and has enjoyed the best of health since. The babe was given *Merc. viv.* 200 every two hours, with a single dose of *Rhus tox.* same attenuation at bed time, until there was manifest improvement when the *Rhus* was discontinued and the *Merc. viv.* given three times a day, and finally at longer intervals until the child became the perfect picture of health, and I will add he still remains so.

I believe the taint was thoroughly eradicated in this case, and further, that he never can suffer any ill effects of the remedy used in curing him. While I believe the *vivus* to be more frequently called for than any other form of *Mercury* in congenital syphilis, I would recommend *Merc. sol.* where the exanthem has an erysipelatous appearance, and *Merc. cor.* phagedænic varieties. The *Iodides* of *Mercury* (*bin.* and *proto.*) and the *Iodide* of *Potash* are good in scrofulous complications. *Nitric acid*, *Thuja*, *Aurum*, *Kali biclromicum*, *Arsenicum*, *Hepar sulph.*, *Sulphur*, and many other remedies may be

called for in complications. *Nitric acid* and *Thuja*, especially in syphilitic excrescences. *Nitric acid*, *Thuja*, *Kali hydiiodicum* and others for the bad effects of *Mercury*.

Book Department.

All books for review must be sent to the Publishers.

SURGICAL DISEASES AND THEIR HOMŒOPATHIC TREATMENT. BY J. G. GILCHRIST, M. D. Chicago: Duncan Bros. 8vo: cloth \$4.00.

The title of this work at once shows its object. Whatever tends to increase our knowledge of surgical affections, and their treatment with Homœopathic remedies, demands due acceptance and consideration at the hands of the profession.

The author is well known as a former lecturer at the Ann Arbor University, and the work he here presents is the embodiment of his teachings while connected with that institution, and the culmination of a plan that had occupied his thoughts for years.

The experience and observations of the entire profession are also largely and carefully incorporated with the author's, and clinical cases from the highest and best authorities, are recited to demonstrate the fact that incurable diseases are sometimes curable under Homœopathic medication, and to encourage those doubting, fainting hearts, whose belief in the law of *similia* is very strong, but whose knowledge of the *materia medica* is very weak, and therefore, cannot believe that certain pathological states are amenable to Homœopathic therapeutics. From the long list of ailments usually considered as belonging to the surgical profession, have been chosen, many of the more difficult and inexplicable ones, and which are generally looked upon as curable only by surgical measures, and with each one given clearly defined directions for the selection of the remedy applicable to the case.

The pathology of the various diseases is not slighted in the general history and description given of them, nor is causation disregarded. Each chapter gives evidence of close clinical observations and very good therapeutics. One fact is quite prominent, that is its freedom from hobbies. It contains a great many capital ideas and useful therapeutic hints, each of which is worth, at the very least, one

dollar, thus making it of more value, especially to the busy practitioner, than the small price at which it can be purchased. The present publication is another evidence of the progress of our school as it fills an hitherto unoccupied niche, and is an additional reason why it should be welcomed by the profession at large. The style of binding, and its clear readable type, are characteristic of the publications issued by our energetic publishers, Duncan Bros. of Chicago.

S B. PARSONS.

A THERAPEUTICAL MATERIA MEDICA, CONTAINING THE CHIEF SYMPTOMS AND CLINICAL USES OF TWO HUNDRED AND SIXTEEN REMEDIES, ARRANGED UPON A NEW AND AVAILABLE PLAN FOR STUDY AND PRACTICE. BY H. C. JESSEN, M. D. Chicago: Halsey Bros.; cloth, \$4.50.

It is by insensible comparison and association that we obtain the most useful and practical knowledge; and the most available books for study are those in which these two points are most prominent. This is the central idea of Dr. Jessen's *Therapeutical Materia Medica*. His grouping of remedies, his delineation of their symptoms and the discrimination that he has shown in the choice of their more prominent and peculiar features is such that we learn to know them at a glance, as one insensibly recognizes the faces of his friends among all the men and women in the world, without the trouble or worry of learning anybody's system of physiognomy, or without being a portrait-painter himself.

This plan reduces the study of the materia medica to the common level of our capacity, so that all can comprehend it, and can utilize it, as we turn the object-lessons of life to the best account without going crazy over natural history, transcendental philosophy, and all that sort of thing. In these clean pages the subject has not been denaturalized and trimmed to death. The groupings of remedies, which are arranged side by side are not arbitrary, but bear a practical and useful relation to each other.

Chief among the merits of this book is the tone and character derived from the citation of authorities, which endorse and emphasize the text. For, say what we will, while our banks refuse to loan money without good security, our patients can not afford to risk their lives on advice that comes from nobody knows where.

We happen to know something of the ante-partum history of this book. We know that it was arranged and organized by one who is

seriously in earnest to do the best thing possible for his subject and for the cause of Homœopathy. We know that every word in this volume was written and copied by his own hand six times before it went to the printer, and that it has passed through the press with the most careful and conscientious supervision. And we also know, that, whatever the merits of other works upon the same subject may be, this book will be of excellent service in the consulting room and at the bedside.

R. L.

College News.

TOUR AROUND THE COLLEGE WORLD.

PULTE MEDICAL COLLEGE AND THE CINCINNATI PROFESSION.

We arrived in Cincinnati the day after the commencement of Pulte Medical College but we found the building open, clinics in progress and students pressing around to learn all they could. The appetite of students for medical facts is wonderful; "yes an appetite like a mowing machine" as a friend expressed it and the digestive capacity of an ostrich. That is what makes medical teaching so fascinating. We found Prof. McDermott (Wilson's successor) pointing out the interesting features of several eye cases in his enthusiastic way. We were shown over the building by Dean Buck and pointed to several changes contemplated to make room for a still larger class next term.

This college occupies a large four story building, well fitted up and excellently located for clinical advantages. Dr. Quirrel, resident physician, is kept busy. As we rode into the suburbs behind Dr. Buck's spanking span of bays he told us the college was being reorganized and the prospects looked most flattering. Upon the hill at Mt. Auburn we found friend Crank surrounded with children, and of course he is a pædologist. He has quite recovered his health. *Muriate of Ammonia*, Dr. Buck said, finally cleared out his lungs, and milk and cream punch built up his strength—proof to us that phthisis is chiefly a disease of the lymphatics. By the way Prof. Buck is busy on a work on "The Lymphatics: Their diseases and treatment." We do not know of any one in our ranks better posted on this much neg-

lected system. What is said in *Diseases of Infants and Children*, Vol. II. pp. 535—577 is but a prelude to the attention this lymphatic system is yet to receive.

Friend Eaton we found in the elegant office formerly occupied by Prof. Bartholow. He entertained us right royally. At the Gibson Hotel over our coffee he told us how gentlemanly he was treated by this man who told us a year before that "Homœopaths were quacks." "Homœopaths succeeds Allopaths" of the rabid sort, that is the order of events and will be. To avert that they have become more considerate. Dr. Eaton but a few years ago a prominent Allopath in Peoria is an honest, enthusiastic convert and therefore commands the respect of his Old School "deluded friends." We found him busy preparing an elaborate work on *The Medical and Surgical Diseases of Woman and their Homœopathic Treatment*. Familiar with Old School works on gynæcology he thinks our literature defective on this branch. With Jahr, Leadam, Williamson, Guernsey and Ludlam, excellent works, in the field, the appearance of another book will awaken greater interest in this branch. This new author has spent much time in the collection of material and when finished will, he thinks, be more complete than any other yet issued. It is designed especially as a text book.

Father Pulte we found very feeble. He has been forty years in Cincinnati and is one of the oldest physicians. His reminiscences of Allentown Academy were very interesting. He said "we ran it until the money all gave out and then we stopped" each member going to the prominent unoccupied cities. His popular *Domestic Practice* has had an immense sale—over 60,000 copies—and now has an annual sale of about 1,600 copies.

We found the offices of Dr. S. R. Beckwith full of patients. Although the busiest man we met in all our travels he promised our readers cases from his surgical record. He is now we believe the oldest surgeon in our ranks and has had a valuable experience. He further offered to answer any questions of a surgical nature that our readers might send us. When we can draw freely on the wisdom and experience of Surgeons Beckwith, Gilchrist, Adams, and others, our Consultation Department especially should grow more and more helpful.

Prof. Owen we found at his elegant home. He has been making special study of diphtheria. He does not think it is properly understood. He reported some additional valuable experience with *Nitrate of Sanguinaria*.

The two Pharmacies of Smith and Worthington we found full

of business. Courteous, skillful and able chemists, they merit, what they have received, success.

Cincinnati has an able corps of Homœopathic physicians and our system is well received by the people. We were surprised to learn that there are only about thirty Homœopaths in this city of about 300,000 inhabitants. If every house was canvassed with a copy of our Law of Cure would'nt it make business lively for our physicians there—and they would soon ask for help. The same is true of every other place. Few of our profession seem to know how to “work up business.” But of this more anon. QUILL.

BOSTON UNIVERSITY SCHOOL OF MEDICINE.

The seventh annual commencement exercises of the Boston University School of Medicine were held Wednesday, March 3, at half past two o'clock. As usual on such occasions, there was a very large attendance of the friends and relatives of the graduates and those interested in the school; more, in fact, than could be seated in the church. Upon the platform were the trustees of the University, the faculty of the school of medicine, and a number of invited guests, including his Excellency Gov. Long, Hon. Otis Clapp, Dr. Chamberlain, of Worcester, Rev. William R. Clark, D. D., of East Boston, and others.

The exercises were opened with music by the orchestra of the Germania Band, and the invocation was offered by Rev. Wm. Burnett Wright.

THE DEAN'S REPORT.

I. T. Talbot, M. D., the dean of the school, offered his annual report, recommending the graduating class for the honors of the degree of M. D. The class consisted of thirty-five members,—nineteen men and sixteen women. The course of study, he stated, has been and is being made more thorough, the present graduating class having a more complete instruction than any previous class, and being better prepared and equipped for their work. The college has a dispensary attached to it, which last year gave out about 30,000 prescriptions, and the students are required to study into cases, and to give a written report of the disease and condition of at least twenty patients during the year. Feeling that there was need for a more full course of study in medicine than it has been usual to give in the past, the Faculty of the college have started a four years' course, in connection with the present three years' course, the first pupils in which

will graduate next year. Its success has been better than they hoped, the number entering its classes constantly increasing. The address closed with a brief review of the early struggles of the followers of Homœopathy against the severe and unmerited denunciations of the Old School of physicians, contrasting it with the present day, when its merits have secured to it a just recognition, even from its enemies, and many of its remedies and methods are used by the Old School physicians, either knowingly, or as new discoveries which they do not recognize as having been used by the Homœopaths for years.

THE SALUTATORY.

Miss Stella Manning, of Marlboro', delivered the salutatory address, which after alluding to the past experiences and future hopes of the class, went on to describe briefly the methods of study, saying that they felt seriously the need of more clinical instruction, which they have not all the desired means of gaining, as the two great hospitals of this city — the City and the Massachusetts General — are closed to the female students of the Boston University School of Medicine. The Faculty of the University last year petitioned the trustees of the City Hospital to allow such students the privilege of visiting the hospital, but after pondering over the matter for nearly a year, they refused to grant it; so at present they must visit London, Paris, Vienna, or New York to gain this experience. On behalf of future students she asked those present, who were citizens and taxpayers of Boston, to use their influence to procure them this privilege with regard to the City Hospital.

THE DEGREES CONFERRED.

After some music by the band, the President, William F. Warren, LL.D., conferred the degrees upon the graduating class. In his address he spoke of their advance in study during the years they had been in college, and impressed upon their minds the fact that in this progressive age of the world they not only needed to start even with the knowledge of the day, but to keep up even with it. To do this requires constant work, and the progress of the next fifty years will probably far outstrip that of the last century. To master this knowledge and keep in the advanced ranks of practitioners will require the utmost effort. He then awarded diplomas to the following graduates:

Stephen Goodhue Bailey, A. M. Lowell, Mass.; Charles Wilson Bresenham, South Abington, Mass.; Lucy Stearns Carr, Marblehead, Mass.; Frances Henrietta Cole, Boston, Mass.; George Seymour Cummings, Ashburnham, Mass.; Jane Smith Devereaux, Marblehead, Mass.; Ellen Louise Eastman, Woburn, Mass.; Alice Bird French, Winchester, Mass.; George Howard Fulford, Lorraine, N. Y.; Seth Vale Goldthwaite, Boston, Mass.; Mary Jane Hall, Boston, Mass.; Susan Peckham Hammond, Killingly, Conn.; Amos Lindsay Holbrook, Rockland, Mass.; Stephen Worcester Hopkins, West Acton, Mass.; Henry Ames Jackson, Providence, R. I.; Lora Coates Jackson, Philadelphia, Pa.; Charity James, Carlisle, Iowa;

Joseph Melville King, Orrington, Me.; John Edgar Kinney, East Wareham, Mass.; Stella Manning, Marlboro', Mass.; Catherine Ann Mills, Port Byron, N. Y.; Kate Gertrude Mudge, Lawrence, Mass.; George Edward Norcross, Jamaica Plain, Mass.; Horace Packard, West Bridgewater, Mass.; Charlotte Evans Page, Lowell, Mass.; Frederick Bosworth Percy, A. B., Bath, Me.; Willard Osman Ruggles, Worcester, Mass.; Edwin Herbert Russell, Florence, Cal.; Julia Ann Bray Russell, Malden, Mass.; Samuel Green Sewall, A. M., Boston Mass.; George Albert Slocomb, Millbury, Mass.; Charles Sullivan Stanley, Lawrence, Mass.; Mary Elizabeth Webb, Peoria, Ill.; Emma Jane Welty, Gettysburg, Pa.; Benjamin Herbert Young, A. B., Rowlea, Mass.

As the graduates stepped forward to receive their diplomas, they were received with applause, and with a varying quantity of bouquets, ranging from one or two up to a number which it puzzled some of the more fortunate ones to carry gracefully at one time. Mingled with these were occasional presents of a more substantial kind, such as books, medicine cases, etc.

His Excellency Gov. Long was called upon for a speech, and responded in his usual happy manner, speaking of the important place filled in the community by physicians, and the value of well-instructed, conscientious men and women in that profession. The speech was greeted with loud applause.

THE VALEDICTORIES.

After this there was some more music, and then George A. Slocomb, M. D., delivered the valedictory from the class, making a pleasant, straightforward address, alluding in a kindly manner to several of the classmates who were not present, and to the fact that now the pleasant years of study were over, and the hard work of life was to begin. All personal differences, if there were any, would be sunk, and his classmates should remember only that they were classmates, and however scattered over this broad continent they might be, should continue to hold a friendly feeling toward each other, and be ever ready, should there be need to extend a helping hand.

The valedictory from the Faculty was delivered by Prof. Conrad Wesselhøft, M. D., and in it he gave his young colleagues some very good advice with regard to their conduct in life, and the importance of conscientious work, and the avoidance of unscrupulous practices.

Last year provisions were made for prizes of essays upon several subjects, and one of them, that of \$30, for the best essay by a member of the graduating class upon the "Germ Theory of Disease," was awarded to Stephen Goodhue Bailey, A. M., of Lowell. The others will be awarded at the closing exercises of the school in June next. The exercises were then closed with prayer by Rev. William R. Clark, D. D.

RECEPTION IN THE EVENING.

In the evening the Faculty of the school gave a reception to the

graduating class at Hotel Brunswick. About one hundred and fifty, including the alumni, graduating class, Faculty, and a few invited guests were present, and the evening passed very pleasantly. The occasion was a purely social one. For an hour or more the guests wandered through the parlors of the hotel, renewing old friendships or taking leave of their classmates and teachers. About half-past nine they proceeded to the supper room, where an informal and social supper awaited them. After duly enjoying it, a pleasant dance closed the evening's entertainment. The exercises of the day and evening all went off very pleasantly, and will long be one of the bright spots in the memory of all who participated in them, and especially so to the memories of the class whom it ushers into the duties, pleasures, and sorrows of medical life.

Medical News.

The Spring Course of the Chicago Homœopathic College will open April 5.

Dr. R. Ludlam delivers his special course of lectures to physicians on the Diseases of Women, as usual.

Our New Orleans friends are trying to have Dr. de Velleneuve appointed on the new state board of health.

Dr. S. W. Hopkins of West Acton, Massachusetts, succeeds Dr. A. M. Cushing, at Lynn, who comes west on account of wife's health.

The Alumni of the Homœopathic Medical College of Missouri, will please send full name and address to the undersigned.

ST. LOUIS.

J. MARTIN KERSHAW, Sec'y.

Died.—March 25th, at her late residence in Paris, Ill., Mrs. Abigail Hoyt, wife of Dr. P. B. Hoyt, after a long and painful illness due to cancer of the uterus.

T. J. Putnam, M. D., of Pittsburg, thinks that when Allegheny County gets up a case of triplets, she ought to have the credit. Certainly, and Dr. Thos. Putnam, of Farmington, Ill., does not desire the honor. Beg pardon, gents!

Dr. M. Ayers and his partner Dr. Mitchell had a run away, and Dr. A. got two of his ribs broken and his buggy smashed. This forced rest will give Dr. A. some time to complete his work on the Diseases of the Rectum. "No great loss but some small gain."

Consultation by Letter.—In reply to many inquiries from physicians who would like my assistance in selecting the food and the remedy for their many cases of sick children, I will say that if they will follow "How to Examine Infants," I will help them to the best of my ability.

T. C. DUNCAN.

Pulte Medical College.—At a recent meeting of the Faculty, Prof. J. D. Buck was elected Dean, Professor G. C. McDermott (who takes Professor Wilson's chair of eye and ear diseases) was elected Registrar, and Professor C. D. Crank, of Mount Auburn, was elected Treasurer of the Faculty.

C. C. Olmsted, M. D., of Milwaukee, has been appointed Chairman of the Committee of Arrangements, by the Wisconsin State Society, and the Milwaukee Academy of Medicine. That means a jolly welcome. Any members of the Institute that desire information as to arrangements can correspond with him.

The Sixteenth Annual Session of the Homœopathic Medical Society of Ohio, will be held in Cincinnati on Tuesday and Wednesday, May 11th and 12th, 1880. It is hoped to make this session unusually profitable. Your presence and contributions, theoretical or practical, will assist in securing the desired object.

J. A. GANN, M. D., Sec'y.

Dr. T. C. Duncan's Private Course of Lectures to physicians on the Diseases of Infants and Children, will be opened with a public lecture to the profession at the Grand Pacific Hotel. Terms for the course: To physicians \$10.00; to students free. This course will not conflict with that given by Prof. Ludlam, nor by any other.

Bureau of Pædology.—Western Academy of Homœopathy.—The following papers are under promise for next annual session: Diseased Breast Milk, by J. R. Haynes, M. D., Indianapolis, Ind.; The Insanity of Children, by J. Martine Kershaw, M. D., St. Louis, Mo.; Diphtheria, by A. S. Everett, M. D., Denver, Col.; Gastric Catarrh vs. Gastritis, Acute and Chronic, by T. C. Duncan, M. D., Chicago, Ill.; Diphtheria, by J. T. Boyd, M. D., St. Louis, Mo.; Enuresis, by W. A. Edmonds, M. D., St. Louis, Mo. Respectfully,

W. A. EDMONDS, M. D.,

Chairman of Bureau of Pædology.

Honors from the French Nation.—On the 23d of August last, M. Waddington, the French minister of foreign affairs, addressed a letter to Dr. A. B. De Villeneuve, of this city, to say that the Count d' Abzac had informed him, in confirmation of reports previously sent by M. Bellagnet, acting consul at New Orleans, of the devotion shown by the doctor during the yellow fever epidemic of 1878. Designing to recognize these services to the French people, he conferred upon the talented young physician a gold medal. The medal was struck under the direction of the department of foreign affairs, and lately received by the donee. The medal is in gold and about the size of a standard dollar. It is milled and reeded like a piece of money, and

has on the reverse the profile of the Goddess of Liberty, with an inscription "Republique Francaise." On the face of the medal upon the border may be read the words, "Ministre des Affaires Etrangeres," and within, in a concentric circle, the words, "Epidemie de Fievre Jaune," and below, "Nouvelle Orleans." In the centre are the words: "A. M. Le Dr. de Villeneuve. Services rendus 1878." The medal is suspended from a brooch, with tri-color ribbons. Dr. De Villeneuve is justly proud of this compliment from the French government, and will preserve the medal as his proudest possession.

Contrarities in Medicine.— "Tifkins Thudd" (the *nom de plume* of an eminent Allopathic physician, if rumour tells the truth), writing to the *Isle of Wight Times*, says: The system of Homœopathy is very, very far from perfect as a science, as there are amongst its practitioners many men of undoubted intelligence and skill, there are no doubt facts observed which ought to be well considered and discussed. But what happens? Why, the great guqs of the profession—because a drug has been introduced by a Homœopath—ignorantly decline to recognize it, no matter who introduces it to their notice. I uphold, sir, that there is no perfect system in medicine. All are most defective, and therefore our professors, if they desire to be true to themselves and to science, should be careful to examine into every authenticated fact, and if it be found useful or available, to adopt it, no matter whence its source. But I am sorry to say that the bigotry which exists in the medical profession is a bar to the advancement of medical science. Should a man be honest enough to express dissent from the stereotyped teachings of the big-wigs he is at once tabooed. An Allopath will not meet a Homœopath in consultation, although perhaps the latter, so far as scholarly and professional knowledge may avail, is infinitely better and more enlightened than the former. I do not myself, sir, incline absolutely to the practice of Homœopathy, although I feel convinced that there is much of great value in the system, but I grieve to say that the medical journals, in their contemptible bigotry, decline to publish even facts well authenticated, unless said facts are quite within the correct mode of practice. Thus many a valuable hint is lost. A few weeks ago a doctor observed some remarkable effects produced on a child apparently dying by the administration of a certain medicine. The case was so interesting that he sent it to one of the medical papers, in whose columns an immense amount of so-called sanitary twaddle is gravely inserted every week. Unfortunately for future cases of the kind, the drug used was originally introduced by the *Homœopaths* so that most enlightened and liberal paper declined to insert it. What wonder, therefore, is there that such articles as "Medical Contrarities" are written to make doctors ridiculous, when they have so much bigotry in their minds.—*Public Opinion, England.*

[Thudd's will get a dose of *Jalap* the first thing he knows if he does not let "bigwigs" alone in their bigotry.]

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series. VOL. XI., No. 8.—APRIL 15, 1880.—Whole No. 260.

Materia Medica Department.

NOTES ON *CARICA PAPAYA*.

PAPAYA ITS SINGULAR PROPERTIES.

I send you a very interesting letter from an intelligent and educated layman in Jamaica. The tree he alludes to is not the "pawpaw" of the United States, so well known in Ohio, Indiana, whose edible fruit is so delicious to some palates, resembling a rich custard. The name of our pawpaw is "*Asimiru triloba*," of which there is a brief proving in Vol. X., Allen's Encyclopædia Materia Medica, observed by W. H. Taylor, M. D., on some children who ate the unripe fruit. The symptoms were fever, sore throat and a scarlet eruption on the skin, and an obstinate diarrhœa.

In Volume XV., page 167, of the *North American Journal of Homœopathy*, can be found an article from my pen on the "singular properties of *Papaya vulgaris*," which is probably the same tree mentioned in the following letter. I got much of my information from "Nuttall's American Flora." There ought to be some medicinal use made of this tree if its alleged wonderful properties should be proven to exist by carefully conducted experiments. There is reason to fear,

however, that the reputation of this tree, like that of the "Uphas" of Asia and East Indies may prove to be mere fable.

It is to be hoped that Mr. Reinke may personally verify the extraordinary statements which he makes. Science demands something more than the "universal belief" of the masses. If I receive the tincture in good condition I will distribute it to any physician who may wish to make provings, or test its virtues in impotence, as suggested by the author of the letter.

E. M. HALE.

THE JUICE OF THE COMMON PAWPAP, (*Carica papaya* ?)

1. Makes tough meat (if rubbed on) tender, in a few minutes. 2. It destroys virility. (The 30th ought to cure impotency). 3. It dissolves worms into pulp. 4. Is said to dissolve the false membrane in diphtheria. 5. Is said to cure warts (at least makes them sore). 6. Is probably curative for marasmus, and waste of muscular tissue.

REMARKS BY A. S. MONRO, OF GEORGETOWN.

1. Take the healthiest horse and tie him to a pawpap tree, no matter what the length of the rope, and he rapidly loses his health; his power soon fails, and if a stud horse, he is rendered useless. One of these trees adjoining a large stable will render all the horses unhealthy. Its action on other animals, as far as I am informed, is precisely similar.

2. It softens steel. The old mechanics in the colony (before tempering by the forge was so well understood) used to drive their brittle chisels and plane irons into the pawpap tree, and after a day or two extracted them, and found them to answer all the purposes of their calling.*

3. With regard to tough meat, it is only necessary to wrap up your meat, of whatever kind, in a leaf of this tree, for a few minutes. Or if the tree is near, and the leaves high up, as is sometimes the case, drive a nail into the tree, and hang up your meat for a few minutes. As an article of commerce, under this particular head, the juice would be the only exportable part.

4. Children show a great partiality toward the seeds of the ripe fruit. It is an excellent vermifuge. All the seeds contained in an ordinary sized fruit (it is often as large as a very small pumpkin) if perfectly ripe and soft, will not harm a child four or five years old.

*It is also a well known fact that steel driven into the *Quercus alba* (White oak) tree will soon soften.

Ed.

Its anthelmintic properties are more rapid in their effects if the fruit instead of being plucked, to ripen in the house, is left to ripen on the tree.

ANOTHER EXTRACT.

Dr. Bouchut has ascertained that it dissolves the false membrane which obstruct the throat of a patient suffering from croup. This substance is used in Brazil to give tenderness to very fresh meat. Intestinal worms plunged into a solution of it are soon reduced to a pulpy consistency. The famous savant Wurtz has analyzed Dr. Bouchut's new remedy, for the terrible malady which robbed Queen Victoria last winter of her most interesting daughter, the Princess Alice.

E. E. REINKE.

EXPERIENCE WITH REMEDIES IN THE TROPICS.

FAIRFIELD, ISLAND OF JAMAICA, WEST INDIES, Feb. 4, 1880.

DR. HALE.—*Dear Sir:* I who write this am a clergyman, the superintendent of eighteen churches belonging to the mission of the 'Moravians,' on this island, and an American. I am well versed in Homœopathic therapeutics and practice a good deal as an amateur, though I have no time for provings. In common with many others, I admire and appreciate your labors with the "new remedies;" we are particularly indebted to you for the light you have thrown on the primary and secondary action of drugs. Here in the tropics it is well illustrated by the action of the lower and higher dilutions of *Podophyllin* and *Leptandra*. For the "torpid liver" so common here the first decimal, or the pure tincture are capital; for dysenteries, the 30th. May I take the liberty to remark that for diseases based on a psoric diathesis, the 30th (and higher) attenuations are alone calculated. In many cases if given morning and evening for five days, and a strict diet observed, the dose should not be repeated under six months, and sometimes not under twelve. Only in *this way* has it been possible for me to make some splendid cures in *chronic* cases, cataract, ovarian dropsy, rickets, etc. Ordinarily I find the lower potencies best for acute cases, but your law of cure must be observed as *e. g.*, *Nux* and *Calabar bean*. Some do not observe that the primary action of certain remedies is like the secondary action of others, and

the potency must be regulated accordingly. The subject is not yet quite cleared up; I trust you may be able to remove the remaining difficulties. But my object in sending this letter to you, though a stranger, is, to say, that by this mail I take the liberty to send you, for proving, a vial of the tincture of the common pawpaw of the tropics. It has some extraordinary properties, as per paper enclosed. I prepared it myself from the juice of the unripe (half grown) fruit which contains most of the juice. I dare say that the leaves and roots would have the same properties. It has a most extraordinary property—universally known by intelligent people here—of making tender the toughest muscular fibre. I send it to you principally for two reasons: First, its effect on muscular fibre; second, its destruction of virility. If you find it worth while to report on it, I should be glad of a copy per post of the periodical in which your article is inserted.

Yours truly,

E. E. REINKE.

UNDERTAKERS' SUPPLIES.

RECEIPTS NOT FOR PROMOTION OF LONGEVITY.

Bourbon Whisky.—Take a forty-gallon cask and to about seventeen gallons alcohol add twenty-five gallons of soft or distilled water, and two and one-half ounces Bourbon Essence (made from corn, rye and *Fusil oil*) one drop of Green oil, Oil of Grapes= \$2.00 to \$2.25 per pound; cut well in alcohol; one and one-half pint of white syrup, about three ounces coloring or burned sugar; mix well and 'tis done. Or another way is for forty gallons take five gallons of good high flavored Bourbon and balance of proof spirits and color, add syrup to give smoothness and age.

Rye.—Same as above in strength; one and one-half ounce of Essence Rye, one pint of syrup; mix.

Common Whisky.—Reduce alcohol to thirty below proof, add one drop Green oil and color. Gin, alcohol, or spirits as above three ounces, one pint of syrup; mix well.

Jamaica Rum.—Spirits as above, three ounces of Jamaica Essence, color dark, one quart of white syrup.

St. Croix Rum.— Same as Jamaica, only not color. *Cognac Brandy.* Good pale. For forty gallons take two gallons genuine, balance pure proof spirits, one-sixth of one ounce Green oil, one quart of syrup, throw in one pound of raisins; color and mix.

Corn Brandy.— Forty gallon cask, reduce spirits to twenty below, three ounces of Brandy Essence, and one and one-half pint of syrup; color dark and mix.

Tom or London Gin same as Hollond in proportions, only use Tom Gin Essence and make very sweet.

All other liquors are made in a similar way, but judgment must be exercised, of course, in mixing, as oils, essences, etc., are not always of the same strength; would say in addition that more or less of the genuine in mixing is a great improvement, and that the necessary qualifications for a good mixer is to be a good "head taster."

R. S.

POISONING BY CARBOLIC ACID.

Translated from *Bul. de la Soc. Med.*, Nov. 1879, by J. M. Strong, M. D., Allegheny Pa.

This patient, aged forty-one years, entered the hospital suffering from a narrowing of the rectum, evidently of syphilitic origin. The general health was good; there was no marked visceral lesion; nothing to contra-indicate an operation. After a few days interval, she was operated upon by the linear rectotomy method, habitually by M. Verneuil.

Guided by his views upon the wounds of cavities, he administered an injection of *Carbolic acid* for the purpose of disinfecting the traumatic irritation, which he had created; only a portion of the injection was returned. He hoped, by means of a sound extending into the rectum, to obtain a slow and gradual drainage of the antiseptic liquid which he had injected, and prevent any putrid absorption with the rectal wound.

The patient had passed easily into the stage of anæsthesia, rallied readily, answered questions addressed to her, and when placed in bed soon fell asleep. One hour after the operation a second injection according to directions, was administered, of which but a part was returned. At this moment the patient presented a very singular

state of somnolence, from which no excitation was able to arouse her. Towards two o'clock of the afternoon interne in charge, found her pulseless, the eye dull and sunken, no respiration; so that on first view he thought her dead. As he had no precise knowledge of this patient, he thought of *Chloroform* accidents, and used all the means employed in these cases, and as strong injections, artificial respiration, faradization of the diaphragm. These endeavors were not fruitless, for the respiratory movements returned, the pulse became perceptible, and at the end of an hour the patient became conscious, and was seized with vomiting which brought temporary relief. But at 4 P. M., she relapsed into the same syncopal stage, from which all efforts to arouse her were unavailing. At 6 P. M., she was in an almost complete comatose condition, interrupted only by inarticulate cries, and some convulsive movements of the diaphragm. The face was pale and extremely cold, temperature $95^{\circ} 1'$, pulse rapid, almost imperceptible, respiration irregular, interrupted by the diaphragmatic spasms already mentioned.

A subcutaneous injection of *Ether* was given at hazard, in order to combat the collapse and coldness of the surface, which the patient presented; I tried every means to restore warmth, and prescribed a potion of *Acetate of Ammonia*, of which she could only swallow a few drops. In a few minutes bilious greenish vomiting began, which were several times repeated, and were followed by marked amelioration; at 8 P. M., she could reply to questions addressed to her. The temperature was $96^{\circ} 7'$, respiration fuller and nearly at its normal rhythm. Nevertheless the condition of the patient did not relieve me of anxiety during the night, on account of the persistent bilious vomiting, and the extreme weakness. On the morrow, however, the amelioration was more marked. The vomiting had not entirely ceased, but was less frequent, the pulse was 85, and the temperature $99^{\circ} 5'$.

M. Verneul in analysing the different symptoms which we have mentioned, dismissed at once the idea of *Chloroform* as a cause, since this has a very different appearance; he attributed the appearance of these grave phenomena to the absorption of the *Carbolic acid* by the mucous membrane of the rectum; and indeed the special conditions in the midst of which this poisoning took place, justified this diagnosis. The idea of a peritonitis from perforation, which the nature of the operation, and the character of the symptoms, had given rise to in our minds, could no longer be sustained, in the presence of the

absolute negative abdominal signs, and the evident amelioration which the patient presented. It was evident that a part of the *Carbolic* injections, which had been administered to the patient, instead of escaping slowly, had been absorbed and had thus produced the phenomena of poisoning. A still further proof was afforded, by the brown coloration, characteristic of the presence of *Carbolic acid* which appeared in the urine.

On the following days improvement continued, with the exception of an eruption of pemphigus on the hands, face and ears, which did not seem to be a necessary result of this proving. The local condition of the wound had been good and the consequent fever very light.

This case is of interest, since it shows that *Carbolic acid*, employed even in small doses, is far from being an inoffensive agent, and that its employment should be withheld in certain cases. In looking over for the purpose of determining this point, the authentic observations published up to this date, and comparing on the one hand the results obtained experimentally by Messrs. Lemaire, Bert and Jolyet; and on the other hand, the poisoning, arising from the ingestion, properly so-called of this substance; we are convinced that the accidents produced by the surgical use of *Carbolic acid* are real, but that they are produced under circumstances and with clinical aspects entirely different.

Relative to the mode of introduction of this substance into the body, it is necessary to consider separately: First, the so-called exposed wounds; second, lesions of serous or mucous cavities, or accidental lesions; third, the respiratory mucous membrane.

The first are very seldom the cause of these attacks, and unless the wound is very large, the absorption of *Carbolic acid* is not active enough to produce the phenomena of poisoning; the only symptom which we frequently notice in these cases, is the melanuria, the prognostic signification of which, has not yet been determined.

On the contrary, it is in the lesions of serous and mucous cavities and in consequence of uterine or vesical injections, and in the washings of fistulous tracts and the cavities of large abscesses, that these accidents present their greatest frequency and exceptional severity.

As to the respiratory mucous membrane, the following experiment by M. Duret, would seem to demonstrate, contrary to the experience of Lemaire, that *Carbolic acid* can be absorbed even to the point of producing toxic effects.

While assisting M. Tarnier at an ovariectomy at Saltpetriere, M. Duret had been exposed for an hour and a half to *Carbolic acid* vapors, thrown with great force from an apparatus. At the end of the operation he had been suddenly seized with intense cephalalgia with a sensation of squeezing through all the head, nausea, inappetency. These phenomena continued all night together with an inability for mental labor. Not being subject to migrane, he had already experienced the same symptoms from a preceding operation made under similar conditions, and he was led to attribute it to the absorption of the *Carbolic acid* by the respiratory mucous membranes. There is nothing to oppose this hypothesis, for in a number of cases in which the accidents have arisen undoubtedly from the external application of the *Carbolic acid*, the same morbid phenomena have been observed.

As to the dose necessary to produce these toxic effects, it varies according to the individuals, and especially according to the age and sex of the patients. In the case of which I have spoken, the quantity of acid absorbed was about one gramme (15 grs.); while among infants, twelve centigrammes (1.70 grs.) are at times sufficient to produce the poisoning; men present a very considerable resistance to the influence of the poison. I will give briefly the most frequent forms of this poisoning.

The first grave acute form is that of which we have just had an example; it is characterized by a tendency to collapse, or by a complete coma, sometimes with convulsions, and finally by vomiting.

The second acute form but lighter consists only of the phenomena of drunkenness, very evanescent. Finally there is a chronic form which has but lately been noticed by Wolkmann and Sonnenburg, and which properly speaking is not a true poisoning, but is developed from the intolerance due to the too prolonged usage of the acid, and is characterized by the fever, nausea, headache, a tendency to adynamia and melanuria. All of these symptoms disappear on the cessation of the dressings, and reappear as soon as they are reapplied. Notwithstanding the authority of these authors, and the exactness of the facts which they present, we believe they should be accepted with some reserve, until they are confirmed by new observations.

In closing we would note the happy influence which the subcutaneous injections of *Ether* had to combat the collapse, which had resisted all the other means employed. It is evident that a more inoffensive antiseptic agent ought to be substituted in place of the

acid, such as a dilute solution of *Chloral*, as M. Verneuil did in this case. We would not conclude from the preceding facts, that this substance should be banished from surgical practice, but that it ought to be used with caution when applied to lesions of surfaces. (La France Medical).

ARSENIATE OF GOLD.

Dr. D. S. Oliphant of Toronto, Canada, writes to Dr. E. M. Hale, concerning his use of this remedy as follows:

"I have found this remedy to be invaluable in *catarrhal headache*, caused by occlusion of the frontal sinuses, especially when caused by *chronic catarrh*. The agony is relieved very shortly, and a cure soon follows. I use the 6th decimal trituration, three grains in four table-spoonfuls of water; a spoonful four times a day. It is especially useful in chronic catarrhal conditions when there is a syphilitic taint."

Dr. Hale reports that he has found it useful in some seven cases of chronic gastritis, when there is red, cracked tongue, great thirst, hot vomiting of drink and food, very soon after they are swallowed. He advises it in *cancer of the stomach* or pylorus, or *ulceration* of the stomach.

SINAPIS ALBA CHARACTERISTICS.

Disagreeable burning in the pharynx, extending through the œsophagus to the stomach. Burning in the œsophagus, with accumulation of water in the mouth, compelling much spitting; *worse after a meal.* *Violent heartburn.* Very acute bruised pain, even on slight pressure in the pit of the stomach, just beneath the ensiform cartilage. *Very violent burning in the pit of the stomach.* Pit of the stomach painful.

These symptoms produced by *Sinapis alba*, being numbers 33, 41, 58, part of 87, 91, and 98, Allen's *Materia Medica*, I have relieved so often with this remedy that I consider them *very strong* indications for its use. In several cases there were also present ulcers on the tongue, intense burning in the mouth extending into the œsophagus.

and stomach. Some cases were very bad—even the mildest food causing great distress of a burning, smarting character. These symptoms are often found in chronic inflammation of the stomach, where this drug does good work. I use the 2x trituration.

A. L. FISHER.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

NEW ALBANY, Ind., March 26.—No specially prevailing diseases. Some hooping cough. *Phosphorus* is still the remedy.

A. MCNEIL.

HARLAN, Iowa, March 26.—Prevailing diseases are scarlet fever; treated forty-nine cases in less than three weeks; just starting all recovered but one, which was attacked with violent vomiting and severest form of tetanus, died in a few hours. Remedies indicated: *Bell.*, *Lach.*, *Arum trip.*, *Opium*, *Baptisia*, *Ars.* from 3x to 200x.

CARTLICH & PETERSON.

NEWTON, Mass., March 29.—I have not lost a patient under twelve years of age since November 1878, and but one (aged thirteen of heart disease) in 1879 under thirty-six, and only one (typhoid fever) in 1880, (aged nineteen), of 375 patients. I have had cases of almost all kinds of sickness this winter; not much diphtheria, and that mostly catarrhal. Have used for diphtheria, chiefly, *Baptisia* 1st, *Binioidide of Mercury* 1st dilution, (made by putting the crude in alcohol) and *Merc. cyanide*, *Lach.*, *Apis*, *Bell.* occasionally. No gargle and no external application generally.

EDWIN P. SCALES.

FREEMPORT, Ill., March 26.—Prevailing diseases are: Measles, pneumonia, rheumatism and diphtheria, with a very few cases of scarlet fever. Remedies used: In measles *Gels.* and *Puls.*; pneumonia, *Aconite*, *Bry.*, or *Ipecac*; rheumatism, *Rhus* or *Bry.*; diphtheria, *Phytolacca*, *Lachesis*, *Apis*, *Arum trip.*, *Carbolic acid* 3x and *Mercury protoiodide*; scarlet fever, *Rhus tox.* and *Bell.* I believe there is no remedy in the materia medica that will so surely prevent

the much dreaded sequelæ of diphtheria (paralyses) as the proper use of *Lachesis*. J. H. B.

WILKESBARRE, Pa., March 28.—Pneumonia, scarlatina, measles, infantile and articular rheumatism, typho-malarial fevers, catarrhal colds and bronchial complications, are the prevailing diseases for the past two months. *Veratrum vir.*, *Bell.*, *Bry.*, *Rhus*, *Gels.*, *Chelone glab.*, *Ars. jod.* and *Lyc.* have been the indicated remedies; *Rhus tox.* 3x proving itself a specific remedy in several cases of infantile rheumatism, while *Chelone glabra* tincture invariably clears up the malarial cases where the patient has formerly been drugged with *Quinine* and frequently cures the patient without other medicine.

J. ARTHUR BULLARD.

NEWTON, Kansas, March 31.—We are just now having an extensive epidemic of measles; although there are no malignant cases, one or two have died from improper treatment, through errors in diagnosis, by a certain "Regular," who treated one case for several days for pneumonia, report says, even after the eruption came out, would not admit that it was measles. I have had several cases complicated with pneumonia, one with croup. Remedies, *Bryonia* 3x, *Verat. vir.* tincture, *Bell.* 3x, as indicated. For croupy symptoms *Bromium* 6x, or *Spongia* 3x prompt recoveries so far. In March 15th number of THE INVESTIGATOR, page 224, twenty-third line from top, should read *Cim.* 3x instead of *Cin.*; and in next paragraph, same page, after the words "*Sulpho-Carbolate of Soda*," should read, "and in all the arguments against its use," instead of, and all the, etc.

S. A. NEWHALL.

EXPERIENCE WITH RHEUMATISM.

February 24. Called six miles in the country to see a Swede man who has been sick four or five days. I found a thin, spare man, with very high fever, pulse full and bounding, 120 to the minute, with great restlessness, still could hardly move on account of the pains which he described as everywhere, with almost incessant cough and great pain in left lung. Prescribed *Aconite* 100,000, one dose dry immediately and *Sac lac.*; and if no better in ten hours, *Rhus tox.* 100,000, one dose was left, and promised to call again on 26th, but

owning to other engagements, was not able to do more than send him medicine on that day, and as the boy said it was very painful for him to move, I sent one dose of *Bry.* 100,000.

On the 28th of February I made him a visit and found him laboring under a curious compound of symptoms, and it really was quite a question as to the indicated remedy. His form of disease had evolved itself into a most complete attack of articular rheumatism, with a tendency to heart. Pulse 110, but at times it would sink and then rise again. *Every joint on the fingers and toes was greatly swollen, and the larger joints were not so much swelled as very painful to least touch or motion, neither lying still nor motion seemed to relieve. Couldn't put out the tongue as it caught under the teeth. Tongue was coated dark brown with bright red tip. Great pain in left lung and couldn't lie on left side. Wanted to cough but couldn't for pain. Urine very thick and smelled badly, still free urination and no great pain in region of kidneys. Had weak, faint spells very often, must be raised up and fanned, or have the door opened, and these symptoms were worse after each sleep. Delirium and stupid and seemed to be sinking.* In fact everything I could see pointed to *Sulph.* and equally so to *Lach.* After due consideration, gave him one dose of *Sulph.* 100,000 dry, and left one dose of *Lachesis* 10,000,000 to be taken at expiration of twenty-four hours if he was not better.

March 2. Found him considerably better; had taken the *Lachesis*. Was relieved and could move his right foot and left hand without help. His right hand was greatly swollen and very painful, also left foot. Pain in lungs nearly gone. Had felt no better from first dose, but fell asleep right after second, and slept twelve hours, and sweat profusely a warm, stinking sweat which had continued at intervals to date. Still he felt worse after every sleep, and his tongue looked more bright red and would catch under front teeth. Gave him one powder of four pills *Lachesis* 10,000,000 to be dissolved in six teaspoonfuls of water. Dose, one teaspoonful night and morning and *Sac. lac.*

March 4. Found him sitting up talking and laughing, all the joints nearly able for duty. Pain in lungs gone. Bowels which had been costive had moved naturally. Urine clear and free from stink; quite natural; appetite returning. Could use his tongue without catching it on teeth, and in every respect convalescent. After cautioning him as to diet and exposure to drafts, prescribed *Sac. lac.* and left him; this was the last call.

Yesterday, March 8, he sent in a man to know if he could go out

doors as he felt perfectly well and able to work. Advised him to wait a few days longer. I have used the 30th and 3d potencies in such cases many times and never saw any such results as this in so very bad a case as his, nay, rather they would linger and linger and linger till I got tired and sick of Homœopathy as to rheumatic troubles of any kind, but that is all changed now and I find it is very amenable to pure *Hahnemannian Homœopathy*.

WHITEHALL, MICH.

G. H. CARR.

A TRIAL CASE FOR TESTING THE VISION.

INTENDED FOR THE GENERAL PRACTITIONER.

This trial case was designed by Drs. D. B. St. John Roosa and Edward T. Ely, especially to meet the demand of physicians in general practice, to enable them to test the vision of any patient, to make



FIG. 1.

a careful diagnosis of some of the more common optical defects so often met with, and give them the power to shield their patients, to a degree, from the baleful influences of the ordinary country vender of spectacles.

It will be particularly useful to the family physician in the examina-

tion of patients, who, without external evidence of disease, still complain of their eyes, and enable him to put them upon the road to proper treatment. It is the duty of every physician to urge upon his patients the proper care of their eyes, and thus to do his share toward mitigating a large amount of suffering and loss of usefulness due to neglect.

Specially important is it, that the vision of young children in families and schools should be tested in reference to myopia. If an early diagnosis of this defect can be made, and the subject brought under proper treatment, progressive short-sightedness and all its attendant miseries can be largely prevented.

It is confidently believed that this case will, in the majority of instances, meet all the necessary requirements.

Figure 1 shows complete case.

It contains thirty-six pairs spherical trial glasses, convex and concave (eighteen pairs each); they are numbered from 5 to 60, which is nearly as large a range as is to be found in much more expensive cases.

A frame for holding the trial glasses, in which the glasses are held firmly while in use, but can be easily changed, enabling the examiner to make any desired combination.

There is also a set of Jaeger's test-types for near and distant vision, and some general directions for use.

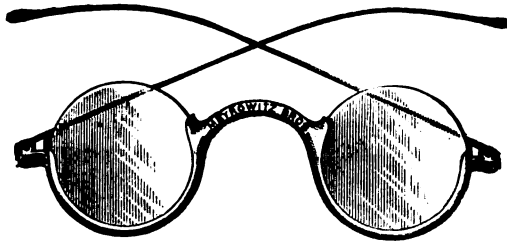


FIG. 2.

Figure 2 shows frame with glasses in place.

Messrs. Meyrowitz Brothers, have carried out the wishes of Drs. Roosa and Ely in regard to this case. And, although the case is not intended to take the place of any now used by specialists, it is thought suitable for fulfilling the purposes already indicated, and that a more ambitious plan would render it less generally useful. It is offered to the profession at the low price of \$12.00 so as to be within the reach of all.

MODIFYING INFLUENCES OF EPIDEMIC ON THERAPEUTICS.

The epidemic may be modified to a certain extent by endemic influence.

“When the plague first broke out in the Indian army in Egypt, the cases sent from the crowded hospitals of the 61st and 88th regiments were, from the commencement attended with the typhoid or low symptoms. Those which were sent from the Bengal battalion, when the army was encamped near the marsh El Hammed, were all of the intermittent or remittent type. The cases which occurred in the cold rainy months of December and January had much of the inflammatory diathesis; and in the end of the season, at Cairo, Rhiza, Boulac, and in crossing the isthmus of Suez, the disease wore the form of a mild continued fever.” (Sir J. M’Gregor, *Cyclopædia of Practical Medicine*, Vol. II, p. 63.)

Dr. Bush tells us that in Philadelphia, when the yellow fever appeared in 1793, “the frequent absence of a yellow color lead to mistakes which cost the city several hundred lives” (Ibid.) “We must carefully distinguish what may depend upon endemic influence; *e. g.*, *Nux vom.* was, at a certain time, indicated for all toothache cases in Leipzig, while *Puls.* was indicated in the cases in Lausitz and *Cocculus* in Basle, and that in more than ninety per cent. of the patients” (*N. A. Journal of Homœopathy* Vol. IV, p. 302.)

In 1874, whooping cough prevailed severely in San Francisco, *Calc.* and *Veratrum* was the epidemic remedy; while at Chattanooga, Tenn., at the same time, it was promptly arrested by *Ipecac.* (Drs. G. M. Pease and D. G. Curtis, *MEDICAL INVESTIGATOR*, Vol. XI, pp. 516-517.)

In 1873, when Memphis was being visited by cholera, then inflammatory dysentery, then yellow fever and malarial fever, Philadelphia’s chief diseases were cholera infantum and morbus (severe,) then dysentery, and then intermittent typhus fever. New York reported *Veratrum* diarrhœas and *Carbo veg.* colics, closing the season with *Baptisia* typhoids; while Chicago reported severe *Veratrum* cholera morbus and infantum cases, then dysentery, and then typhoid (*MEDICAL INVESTIGATOR*, Vol. X.) The type of the remedies indicated was, however, about the same.

THE CHANGING NATURE OF EPIDEMICS.

The fact that has impressed careful observers more than any other, is the varying character of all the epidemic diseases. Sydenham, who lived during the frequent epidemics of plague, says: “I am convinced that epidemic diseases differ from one another like the North and South and that the remedy which would cure a patient at the beginning of a year, will kill him, perhaps, at the close. Again, that when, once, by good fortune, I have hit upon the true and proper

line of practice that this or that fever requires, I can (with the assistance of the Almighty) by taking aim in the same direction, generally succeed in my results. This lasts until the form of the fever epidemic becomes extinct and until a fresh one sets in. Then I am again in a quandary and am puzzled to think how I can give relief." (Sharp's Essay on Medicine, p. 23.)

The same changing character has been observed in the different epidemics of cholera. In one epidemic, one class of symptoms have been prominent while, in another, they have been less prominent.

Hahnemann, who lived during the vacillating period between the plague and cholera epidemics, noticed this changing nature in the lesser epidemics of remittent, intermittent, typhus fevers, etc. But he soon found he had remedies by which to name and to cure them. "When Ægidi visited Hahnemann in March 1813 in Kothen, Hahnemann remarked to him: "You will have to treat a number of cases of intermittent fever on the Rhine; please observe whether there, also, as it does here, *Natrum mur.* corresponds to the epidemic constitution, and let me know it. If we regard the genius epidemicus we accomplish more quickly and with less trouble the desired end even in acute diseases, which usually are only efflorentia of the three chronic ailments.' Ægidi found it so. In one case, however, the paroxysms came back again, although *Natrum* had relieved for a while. Hahnemann, being consulted, advised *Carbo veg.* 20, because this remedy had corresponded to the last year's epidemic constitution, and the relapse in the case might be considered merely as a continuation of the same. It cured at once. In another case, where the intermittent paroxysms, one every eight days, had continued for two and a half years, with swelling of the spleen and liver, and œdema of the extremities, Hahnemann advised *Cantharis* 30, because, two and a half years ago this remedy had been very efficient against the epidemic constitution which prevailed then, and also because *Cantharis* has the eight day type of the paroxysms. *Cantharis* broke the paroxysms; the remaining difficulties were cured by other remedies. Dr. Stuler, in Berlin, collected likewise observations on the effects of *Sepia* and *Spigelia* as epidemic remedies, and all this was done ten years before Rademacher's 'Erfahrungs Heillehre' was published." (*Internationale Hom. Press, Vol. II, p. 95.*)

Hering says: "Intermittents appear nearly every year in a different form. One year *Arsenicum*, another *Belladonna*, or *Antimonium crud.*, or *Spigelia*, *Aconite* in alternation with *Ipecac*, *Nux vom.*, *Ammon. mur.*, *Natrum mur.*, *Opium*, *Cina* alone or in alternation with *Capsicum*, or *Capsicum* alone, *Menyanthes*, *Calcarea*, *Pulsatilla*, *Carbo animalis* or *veg.* *Arnica* alone or in alternation with *Ipecacuanha*, etc., curing the fever in a few days." (*North American Journal of Hom.*, Vol. III, p. 308.) In 1870 Dr. J. W. Hawkes, in Delaware, found *Natrum mur.* indicated in three-fourths of the cases, while next year it was called for only a few times. In January 1871, Dr. C. Lippe of New York, writes: "The epidemic (intermittent fever) was cured this year in

the most of the cases by *Arnica*. (*North American Journal of Hom., February, 1872.*)

In no disease perhaps is this change in the genius epidemicus more, apparent, from year to year, than in whooping cough. Hartmann truly says: "Every epidemic of whooping cough is more or less distinguished from those which preceded it and has, therefore, to be treated in accordance with its own characteristic symptoms. This is probably, the reason why Hahnemann's specific *Drosera* has not produced equally fine effects in all cases" (*Diseases of Children, p. 357.*) In 1859 *Corrallium rub.* was the whooping cough remedy in Detroit, Indianapolis, etc., (Drs. T. F. Pomeroy, W. Eggert, etc., in *MED. INVEST.*) In 1874 *Drosera* was the epidemic remedy in Lewiston, Ill. (Dr. Stillman, *MED. INVEST., VOL. XI, p. 59*) and in Oregon (Dr. W. E. Jones, *U. S. MED. INVEST., New Series, VOL. II, p. 102.*) In April 1875, *Kali carb.*, in powder, was the whooping cough remedy in Hackensack, N. J., (Dr. A. P. Macomber, *U. S. MED. INVEST., VOL., I, p. 375.*)

The same changing character is also noticed in epidemics of influenza. But as these are forerunners of the lesser and greater epidemics they must necessarily be varied. In no disease perhaps has this changing nature been more confusing than in scarlet fever epidemics. Repeated failures have demonstrated that *Belladonna* is not always the specific. Dr. Lippe says: "The older practitioners will well remember what an important remedy *Ammon. carb.* was in the scarlet fever epidemic of 1840. Later, the same disease often yielded to *Capsicum* and in turn to *Nitric acid* or *Lycopodium*, and in later years to *Arum trif.* or *Apis mel.*, etc." (*MED. INVEST., VOL. X. p. 171.*)

In the winter of 1874 and 1875, *Belladonna* was the epidemic remedy in Tidioute, Pa., and especially in an epidemic of influenza in March. In April, a severe epidemic of scarlet fever broke out, in which *Belladonna* proved a valuable prophylactic, but not so satisfactory as a remedy, as dropsical sequelæ followed some of the cases. (*U. S. MED. INVEST., VOL. I, p. 374.*)

About the same time, this disease prevailed at Utica, N. Y., complicated with cerebro-spinal meningitis and diphtheria. Dr. L. B. Wells, who proved *Apis* in 1850, detected its application to certain of the cases attended with a sense of suffocation, "as if they could never breath again," and he adds: "*Apis* has been a better remedy in scarlet fever than *Belladonna*." From the reports from various places, where the disease has been prevalent, it is noteworthy, that when *Belladonna* has been given, *Rhus*, *Mercurius* or *Apis*, had also been needed to complete the cure. In September, Dr. C. C. Smith, of Philadelphia, reported great success with *Apis*, having no sequelæ, and no deaths. In New Albany, and in the fall months, intermittents were complicated with the angina, and subsequently Dr. McNeil reported *Apis* to be the chief remedy. The fall and winter of 1875 and 1876 being a hydrogenoid (wet) one, *Apis* was also found to be

the chief remedy in the scarlet fever epidemic in Louisville, Ky. The physicians there avoided cold water and did not lose a case. (U. S. MED. INVEST., VOLS. I, II, and III.)

(To be continued.)

SOME EXPERIENCE.

When I commenced to practice medicine, it was with very strong prejudice in favor of the lowest three or four attenuations, and when I saw now and then in THE INVESTIGATOR a sarcasm aimed at the high "delusionists," I smiled as lowly as—one of the Milwaukee Academy, for instance. But I soon observed that in their reports the high potency men generally exhibited a superior knowledge of our materia medica, and their reports were the more valuable in that they almost invariably prescribed but a single remedy. At length I procured a few remedies, *Nux*, *Sulph.* and *Rhus*, in the 30th, intending to experiment a little as I had opportunity.

CASE I. S. S., strong built man, farmer, had lame back of seven or eight years standing, received *Rhus tox.* low, and at first seemed a little better, but finally stated that he did not experience any relief. As he had given it a fair trial I was "up a stump," for I was certain that *Rhus* was the remedy. I happened to think of my *Rhus* 30, so I gave him a vial of it, and when he reported it was with the startling announcement that he "never had any medicine do him so much good in his life;" a complete cure was the result. To my unsophisticated mind, this looked like positive evidence, yet I was afraid to repeat the experiment when there was anything at stake, *i. e.*, in acute cases, or when patient belonged to one of the "first families;" and thinking that such extra shots were not made very often, considerable time elapsed before I had case two.

CASE II. While attending a case of acute disease, my attention was called to a girl of fifteen years, who had been much troubled with "diphtheria," which was burned out by one of our scientific gents, without, however, preventing frequent attacks of sore throat. She had also a swelling of the thyroid gland that was very sensitive to the touch, so that her dressmaker had numerous exhortations to carefulness. I gave her one dose of *Lachesis* 200, with the result that not long after the sensitiveness was relieved, and subsequently the swelling disappeared.

CASE III. I indulged in the extravagance of a high potency pocket case and shortly after prescribed for case three, a case of toothache, that had annoyed for three weeks, night and day. Four doses of *Cham.* 200 at first aggravated, and then cured.

CASE IV. A woman, sore mouth, had *Merc., Sulph., Calc.*, in turn without relief. Then noticed that the corners of her mouth appeared to be ulcerated. *Natrum mur.* 80 cured promptly.

The logic of these and other like cases caused my unbelief to relax a little; now I usually prescribe the 30th or 200th in chronic cases and occasionally in acute diseases, although I must confess to a lingering fear that in dangerous cases the high potency may not be "strong enough." This is doubtless, partly because of the old skepticism that stubbornly refuses to be dislodged, and partly because I am conscious that I have not a perfect knowledge of the symptomatology. By the way, isn't this latter the reason why some of our "low" friends so vehemently oppose the "bottle-washing" business? For I have heard a professor say that he "was never very good in materia medica." To the beginning physician who is, as I was, skeptical, I write this experience, and Naamans would do well to take counsel of their servants: "My father, if the prophet had bid thee do some great thing, would'st thou not have done it? how much rather then, when he saith to thee, wash and be clean?" But when the claims of able, honest men are set aside with an "impossible," I answer, Bonaparte said that "impossible was the adjective of fools." "Behold, ye despisers, and wonder, and perish; for I work a work in your day that ye will in no wise believe, though a man declare it unto you."

CASE V. Mrs. P., about thirty-five, amiable disposition, came to me from a distance to be cured of a tumor of the breast that had given her much uneasiness for a year or so. In fact, I had prescribed several times for an obscure pain in her breast, three or four years before, with partial success. She had tried various remedies, and becoming discouraged, she left the church of her choice and went over to the "Latter Day Saints," who had created considerable excitement in her neighborhood by claiming to cure all manner of diseases by the laying on of hands. Failing of relief there, her distress took [the form of religious delusion; she had sinned away her day of grace, and despaired of salvation. Her former pastor and friends tried to reassure her, but all in vain. At times her mental distress was terrible, she lost all regard for her family, and every-

thing else, was continually going from house to house, and the husband became convinced that he would be obliged to send her to the State Insane Asylum, as she could not be trusted alone, talking of suicide, and desiring her husband to shoot her. October 24, 1878, I prescribed for her, but though she tried the medicine faithfully for a month, was not in the least benefitted, and went home. During the winter I heard now and then that she was growing worse. One day it occurred to me to read up her case again. I sent March 3, 1879, three doses of *Sulphur* 200 and *Placebos* for two weeks more, directing them to report when they were finished, at the same time, sending a few powders of *Puls.* 30, telling them not to use them without orders. While taking the *Sulphur* she felt much worse and wished to discontinue, but kept on with the blanks, in a few days felt better than she had done in three months, and not receiving my letter she took the *Puls.* A complete cure resulted in a short time the tumor, menstrual difficulties, and mental troubles having entirely disappeared.

CASE VI. About a month ago, Mrs. W., large, fleshy, sensible looking lady came to me with this history: When nine years of age, had an eruption on her head cured by external applications, but some years after ulcers broke out on her leg; took Kennedy's Discovery with benefit as she then thought, as hitherto she had had "lumps swell in her neck." The ulceration healed. Five years ago her last child was born, lochia stopped and she came near dying. Has not been well since. Two years ago had terrible mental distress without any assignable cause. Felt as if some dire calamity were impending; as if she might lose her reason; would sit as if watching for some one; forgetful; things looked strange; did not want to be spoken to. About a year ago began to have weak, faint spells, which would last half a day if she attempted to perform her household duties. Her hands and feet were sometimes bloated, upper lip would suddenly swell, and her face would be swelled for three weeks; urine some times dark and scanty, occasional pain in liver. A short time ago, ulcers broke out on leg, and after being scientifically treated for two weeks, meanwhile becoming worse and ulceration threatening in the other leg, she came to me. The aforesaid mental symptoms had been present from the first attack though in a somewhat less degree. Gave *Sulphur* 200, three doses, and blanks. Returned in two weeks to say that for a few days she felt much

worse, then improvement set in and she did not think any more medicine was needed. The ulcers were healed, and she was in every way greatly improved.

A. F. RANDALL.

WEATHER PROVING AND DISEASE TENDENCY.

BY BUSHROD W. JAMES, A. M., M. D., PHILADELPHIA, PA.

Meteorological summary for January, 1880, by C. C. Smith, S. S. Corps, U. S. A.: Highest barometer, 30.714 (29th). Lowest barometer, 29.559 (20th). Average barometer, 30.190. Monthly range of barometer, 1.155 inches. Highest temperature, 63 (28th). Lowest temperature, 19 (14th). Average temperature, 41.7. Monthly range of temperatures, 44. Greatest daily range of temperature, 23 (22d). Least daily range of temperature, 7 (7th). Mean of maximum temperature, 48.6. Mean of minimum temperatures, 33.5. Mean daily range of temperature, 15.1. Mean relative humidity, 55.0. Total rainfall or melted snow, 1.51 inches. Prevailing direction of wind, northeast. Maximum velocity of winds, 32 (W. 20th to 21st). Total movement of wind, 6,878 miles. Number of foggy days, 2. Number of clear days, 4. Number of fair days, 20. Number of cloudy days on which rain or snow fell, 5. Number of cloudy days on which no rain or snow fell, 2. Total number of days on which rain or snow fell, 12. Frost or freezing temperature occurred on 12 days. About 2 inches of snow fell during the month.

COMPARATIVE TEMPERATURE.

January,	1875,	28.1 inches.	
"	1876,	37.7 "	
"	1877,	28.4 "	Average for } 32.8. six years. }
"	1878,	32.7 "	
"	1879,	29.9 "	
"	1880,	41.7 "	

COMPARATIVE PRECIPITATION.

January,	1875,	2.83 inches.	
"	1876,	1.52 "	
"	1877,	2.62 "	Average for } 2.52. six years. }
"	1878,	3.94 "	
"	1879,	2.78 "	
"	1880,	1.51 "	

DISEASE TENDENCY.

During January, the average temperature has been high for a winter month in this latitude, and the average rainfall and snow greatly below the average for years past, while high winds were absent, the highest being eighteen miles on the 13th. As a consequence I believe that the scarlet fever and diphtheria have been less severe in type. In my own observation of these two diseases, I have found them worse in damp, chilly, cold and suddenly variable months and especially if much wind prevails.

Patients who ride out in open vehicles or sit by an open window in damp, windy weather, are apt to become affected with a sore throat with whitepatches on the tonsils, and posterior part of the pharynx, a new or modified form of disease, upon which I have written a paper, calling attention to its characteristics and peculiarities. At the beginning of the month heart diseases were peculiarly troublesome, and rheumatism, bronchial catarrh, laryngitis and hæmorrhages were the main features.

Dyspepsia as a consequence of the Christmas holiday dissipations was very common among all classes, as might be anticipated from the custom of over loading the stomach and eating large quantities of condiment and indigestible articles of food. Headache, gastralgia, enteralgia and depression of spirits were the concomitants. Then succeeded febrile attacks, congestion of spinal and cerebral meninges, neuralgia and debility. Variola appeared the latter part of November (after an absence of several years) in a few cases that were discovered in the northeast part of the city near the shipping of the Delaware front. How it was introduced no one seems to know, though it is generally attributed to old rags for paper making, old clothes, etc. The people, however, generally had themselves revaccinated, and the disease has kept from extending to any degree, and is rapidly waning. Nasal and pharyngeal catarrhs have been unusually prevalent. There was some typhoid tendency, while bilious, splenic, and gastric derangements continued throughout the month, and nausea and vomiting were very general attendants. During the latter part of the month, epistaxis, pneumonia, pleurisy, neuralgia, headache, diarrhœa, sore throat, rheumatism, paralysis, remittent and malarial fevers have been the main tendencies. Chicken pox, scarlatina, diphtheria, measles, mumps and hooping cough have prevailed in a mild form, and have been confirmed by several medical observers of the city.

WEATHER PROVING FOR FEBRUARY.

Meteorological summary by C. C. Smith, Signal Service Corps, U. S. A.: Highest barometer, 30.637 (8th). Lowest barometer, 29.163 (30th). Average barometer, 30.120. Monthly range of temperature, 29.163. Highest temperature, ~~47 (27th)~~. Lowest temperature, 12 (20th). Average temperature, 39.1. Monthly range of temperature, 55. Greatest daily range of temperature, 24 (25th). Least daily range of temperature, 6 (15th). Mean daily range of temperature, 17.3. Mean relative humidity, 68.4. Total rainfall or melted snow, 2.43 inches. Prevailing direction of wind, northwest and west. Maximum velocity of winds and 48 miles from northeast to northwest (3d and 23d). Total movement of wind 8,255 miles. Number of foggy days, none. Number of clear days, 10. Number of fair days, 12. Number of cloudy days on which rain or snow fell, 6. Number of cloudy days on which no rain or snow fell, 1. Total number of days on which rain or snow fell, 10. Frost occurred on 18 days.

COMPARATIVE TEMPERATURE.

February,	1876,	34.0 inches.	
"	1877,	36.9 "	
"	1878,	36.6 "	Average for } 35.8. five years.
"	1879,	29.9 "	
"	1880,	39.1 "	

COMPARATIVE PRECIPITATION.

February,	1876,	5.03 inches.	
"	1877,	0.84 "	
"	1878,	1.64 "	Average for } 2.23. five years.
"	1879,	1.19 "	
"	1880,	2.43 "	

DISEASE TENDENCY.

Bronchial catarrh, rheumatism, typhoid fever, neuralgia, heart diseases, spinal congestions and pulmonary diseases have been the most prominent during the month. At the beginning we had also some sore throat, glandular swellings especially about the neck, dental abscess, odontalgia and cephalalgia, croup and epistaxis. Then nervous debility, neuralgic pains in different parts of the body and aches and pains in right iliac region and above the ilium itself, hepatic derangements, jaundice, general and local hydrops were marked conditions. Then diarrhoea with burning stools followed, heart diseases were aggravated, and many aged people succumbed without apparent cause.

Towards the close, apoplexy and paralysis were very noticeable

tendencies, also wakeful nights. Nervous people were more restless and excitable than usual. It closed with tendencies to diphtheritic catarrhal and spinal forms of disease.

EXPERIENCE WITH SULPHO-CARBOLATE OF SODA.

On page 221, March 1880 of THE UNITED STATES MEDICAL INVESTIGATOR, I was somewhat interested in reading the criticisms of Dr. S. A. Newhall on Dr. W. H. Burt's treatment of a reported fatal case of diphtheria.

The doctors remarks on *Phytolacca dec.*, I feel are pert and true and I think its merits are fully recognized by Dr. Burt and by the profession at large. Why Dr. B. did not give *Phytolacca* in the case, are reasons best known to himself. I have no doubt that it seems to Dr. Newhall, hundreds of miles away, and after the patient is dead and buried that *Phytolacca* would have been the best affiliated remedy, and it may be the best thing to do to give busy men such reminders, but our friend Dr. Newhall shows his own position as a clear prescriber by lugging in the *Sulpho-carbolate of Soda* as an intercurrent remedy without a pathogenetic symptom to indicate its use, and in giving "*Bell., Kali bich., Ars. and Capsicum, alternately, regardless of it,*" p. 223. I would like to ask the doctor what kind of hash this is? The doctor asks why such men as Small, Hall, Burt, and Talcott, and others do not sanction the use of *Sulpho-carbolate of Soda*, and recommend it to the practitioners throughout the country, young and old. For myself I would answer, some two years since I published my opinion on, and experience with this much lauded antiseptic compound. In the first place we have never had any pathogenesis of this remedy and it has never been prescribed by any one to my knowledge except on an antiseptic basis and this basis, founded on a supposition that the remedy entered the circulation to antagonize some morbid influence there. Chemists who have examined the action of the gastric and other fluids of the body, upon this compound, say that a chemical change does take place before it can enter the blood. It is doubtless true that the remedy may have been given, just as the *Chlorate of Lime, Carbolic acid* pure are given, and the patients recover but this does not substantiate the fact that the recovery was due to

the *Sulpho-carbolate of Soda*. I do not question what others may have done, but my experience has been unfortunate and unsatisfactory. I have tried it in seventy-five cases of various grades of diphtheritis, laryngitis stridula, tonsillitis, scarlatina and erysipelas, and the only benefit gained from my own observation is the fact that in diphtheritis it seemed to prolong the stage of exudation, and in scarlatina materially delayed the appearance of the eruption. I know from my own experience it is not what it was supposed and hoped it would be, sure prophylaxis against scarlatina and diphtheritis.

I have yet to learn of one well authenticated case of diphtheria or scarlatina of an aggravated type that has recovered under the use of *Sulpho-carbolate of Soda* alone, nor do I believe that it performs in any sense the measures assigned to it. My opinion is not the hasty conclusion arrived at by the observation of the treatment of others, but by my own experience. This remedy was first published in our Allopathic works, and like other compounds it was at first thought would prove a panacea for all forms of zymotic diseases. It was taken up by some able members of our profession. It was brought into public notice at a time when great excitement prevailed throughout the land in regard to the mortality of scarlatina. It was tried by a majority of our practitioners, whose experience remains to this date unwritten, unless it be in the fact that it is not mentioned in the list of curative or prophylactic remedies, and that at the present time is not mentioned or used by so few, is sufficient evidence of its real merits. My high regard for my esteemed and beloved brother, Dr. G. D. Beebe, not only a classmate, but also a warm professional friend, induced me to try it. Had it come from a less authentic source, I should have treated it with the same silence I give to many compounds of the present day.

CHICAGO.

G. A. HALL.

EXPERIENCE WITH DIPHTHERIA.

Dr. Newhall's article in *THE INVESTIGATOR* of March 15th, interested me so much that I felt inclined to drop a word of encouragement to any physician who had therapeutically treated diphtheria from the "law of similia," and thus arrest the pathological condition,

which must result, in the "croupous diphtheria" or some sequelæ, which bring a fatal result, sooner or later. Why [not nip the *septic poison* in the first stage of the disease, and thus avoid every or any sequelæ that might follow. I have found some forms of the *Sodiums* the best anti-septic, and since Dr. Beebe first called the attention of physicians to his formula of *Sulpho-carbolate of Soda*, have used it with results that have always been favorable, and have used it without regard to any other remedy indicated. I have found *Lachesis* the remedy indicated, when the patient, complained of sharp, lancinating pains, a dose or two, relieved very soon. Indicated remedies, as the "*similia*" is what we want in diphtheria. Dr. Newhall's experience, and the remedies used are almost identical with my own.

OAKLAND, Cal.

MRS. DR. M. D. WILSON.

OUR LIFE INSURANCE COMPANY.

[From various sources we have received inquiries concerning our Homœopathic Life Insurance Company. These we forwarded to President Kellogg who kindly consents to tell us all about it.—ED.]

Yours of March 31st is received, in which you propound to me several questions touching the history, growth and present condition of Homœopathic Life Insurance, which I will endeavor to answer plainly and briefly. You ask :

1. *How many Homœopathic Life Companies are now in existence?*

Our New York Company is now the only one in the United States or in the world. It was chartered in April, 1868, and consequently is just twelve years old. It has safely passed through all the perils of dentition and the diseases of infancy, has been "examined" several times by a parental government, and pronounced sound, and now, like a sturdy boy just entering his 'teens, gives good promise of a vigorous manhood or a long life.

2. *What were the causes of the suspension of the other Homœopathic Companies?*

This question doubtless refers to the fate of 'Hahnemann' and 'Atlantic' Life Insurance Companies. But so many other 'regular' companies have also come to grief during the past few years, that

the same general causes must have more or less affected all; causes begotten by a period of great inflation, the natural results of which were wreck and failure, intensified by six continuous years of "hard times." But of one thing I am satisfied by personal investigation, and that is, that the 'Hahnemann' and 'Atlantic' were not obliged to suspend, by reason of excessive mortality among their risks. That was not the special cause of their failure, as was the case with some companies I could mention. The Homœopathic principle, on which they started, was not at fault; but, according to their own statements, their failure was largely due to the lack of active co-operation on the part of the Homœopathic profession. I have heard the officers of both companies complain, repeatedly and bitterly, of the apathy of our physicians. They had counted upon a support and backing which they did not receive. Therefore, they say after sinking over \$200,000 each in the endeavor to build up a company which should demonstrate the advantages of Homœopathic treatment by showing greater longevity of its patrons, they abandoned the effort because the profession, as a whole, held aloof and gave them no support. This was the principal reason which they assigned for their lack of success; and they warned me that the "Homœopathic Mutual" would receive the same lukewarm treatment at the hands of our practitioners — and judging by my experience, I may say here, that they were no false prophets, and that there is a great lack of *esprit de corps* in our ranks. There are some noble exceptions, who are interested in everything Homœopathic, and who have heartily backed up this one company; but the bulk of our brethren need to see some direct pecuniary benefit to themselves, before they can be induced to act. And those of them, who did interest themselves in aiding the 'Hahnemann' and 'Atlantic,' felt themselves so aggrieved and injured, and with justice too, by the conduct and outcome of those companies, that they have since held aloof from all co-operation with this company. This class comprises many of the best men in the profession, and it is their confidence which I desire especially to win; and of them I would ask, whether the "Homœopathic Mutual," which has thus far fulfilled all its obligations promptly and to the letter, which to-day has a surplus of \$100,000 making the security of its policies undoubted and ample, which has passed through these six years of unexampled financial and business depression, and come out even stronger than before, which has been so carefully and economically conducted as to live through an ordeal which destroyed

every other one of the twenty Life Companies which started out contemporaneously with ours, in the "flush times" of 1868, which has collected and published Homœopathic statistics from every reliable source, and freely distributed them for the propagation of our practice and the benefit of our practitioners, is not such a company, with such a record and history worthy of your earnest and cordial support? If we have been able to do so much, with less than 10 per cent. of the profession to aid us, how much more may we not do, if they all rally around us? This company would be like a "city on a hill;" it would loom up before the world, a standing monument of the truth and vitality of our system of medicine. Thus much, Mr. Editor, for the present. In my next, I will answer two or three more of your queries.

E. M. KELLOGG, M. D.

A PORTION OF BRONCHIAL TUBE COUGHED UP.

BY DR. F. C. ECKLEMAN, ELKHART, IND.

Edward P., aged thirty-five called at office November 18, 1879, for a hæmorrhage occurring on the street; at patient's residence November 24, for another attack of the bleeding, very profuse, gave *Gallic acid* and *Bryot*; recurred every three to six days to December 25th which was the last, at which time he coughed up a portion of bronchial tube five inches long, with a bifurcation three or four inches from larger end, each tube shortly dividing into numerous smaller ones, some not larger than a cambric needle, free from lung tissue, but with a few bronchial glands adherent.

Died January 7, 1880. Autopsy conducted by Dr. C. S. Frink, assisted by Drs. Eckleman, Work, Pratt, Neal and Fisher. The left lung was found adherent in places, the apex studded with tuberculous masses and hepatized; lower portion and back of the lung discolored by hypostatic congestion, other portions normal. Right lung. Some very firm adhesions, one surrounding an opening from a cavity in apex; cavity was about three inches across, irregular in shape, and showed quite plainly how a mass of lung tissue or a portion of bronchus may be separated and coughed up. Such a mass containing portions of bronchi was found where the surrounding substance had broken up leaving it isolated except by a very small attachment. The

cavity was surrounded by hepatized lung, filled with tuberculous matter. Nearly the whole of the right lung was involved.

The stomach was distended and had the appearance of being somewhat dilated and the coats thinned. Intestines, liver, kidneys and spleen healthy. The heart, auricles, ventricles and aortic and mitral valves normal, the pulmonary vein and pulmonary artery each contain a firm clot, about six inches long. (The specimen of bronchial tube coughed up, and microscopic specimens of the lung tissue may be seen at Dr. Frink's office.)

College News.

PULTE MEDICAL COLLEGE COMMENCEMENT.

The eighth annual commencement of Pulte Medical College was held March 4th. The order of exercises was as follows: Prayer by Rev. C. W. Wendte. Address by Rev. C. W. Wendte.

Mr. John P. Epply, president of the board, in a few neat words, presented the trustees prizes, as follows: First prize, \$65 in gold, C. A. Oliver; second prize, \$50 in gold, Wm. C. Hastings.

Prof. J. D. Buck presented the faculty prizes in the order named, to C. A. Oliver, W. L. Lusk and J. W. Means. The first special prize offered by Professor J. D. Buck, for best notes and examination in physiology, one copy of Foster's Physiology, was awarded to the young lady student, an undergraduate, Miss Stella Hunt, of Mt. Adams, Cincinnati. The third special prize, offered by Professor T. P. Wilson, for the best notes on Theory and Practice, one copy each of Dunham's "Therapeutics," and "Materia Medica," was awarded to W. L. Lusk. The fourth special prize, offered by Professor Wm. Owens, for the best report of his Clinical Lectures, one copy of Aitken's Science and Practice of Medicine, was won by M. R. French. The sixth special prize, offered by Professor D. W. Hartshorn, for best examination in operative surgery, one pocket case of instruments to J. A. Utter. The seventh special prize, offered by Medical Advance Publishing Company, for best report of ten clinical cases, cash \$10, was awarded to J. W. Means. A special prize for the best notes on intermittent fever, offered by Professor T. P. Wilson, was won by J. A. Utter.

The degrees were conferred by Mr. J. P. Epply, on the following graduates :

J. Andrews, Geneva, Ohio; N. H. Bailey, Jackson, Mich.; R. S. Brigham, Cincinnati, Ohio; B. I. Barbee, Grove City, Ohio; J. T. Ellis, Springboro, Ohio; W. H. Enos, Marine, Ill.; M. R. French, Cincinnati, Ohio; A. J. Hammer, Shannondale, Ohio; T. A. Hammond, Nunda, N. Y.; Wm. C. Hastings, Pennville, Ind.; M. D. Heath, Pa.; L. M. Kimball, N. H.; O. C. Link, Ind.; O. Lang, Detroit, Mich.; W. L. Lusk, Battle Creek, Mich.; J. W. Means, Covode, Pa.; C. A. Oliver, Santa Barbara, Cal.; S. J. Randall, Hartford, Wis.; F. D. Sargent, Denver, Col.; J. A. Utter, Ind.; A. H. Vance, Springfield, Ohio; J. B. Wise, Minneapolis, Ohio.

After the commencement a banquet was held, which was highly enjoyed.

THE COMMENCEMENT OF THE CHICAGO HOMŒOPATHIC COLLEGE.

The commencement exercises of the Chicago Homœopathic College were held in Hershey Music Hall, Tuesday evening, March 30. There was a large audience present. Neven's band discoursed fine music. After prayer by Rev. Mr. Breeze, the president, J. S. Mitchell, M. D., delivered the annual address. The college year just closing had been a most prosperous one. The college building had been enlarged and refitted. The course had been graded, the instruction given had been very thorough, and the attainments of the classes commendable; 666 didactic lectures had been delivered 286 clinics held. Fifty-two exercises in the microscopic laboratory, and twenty-six in the chemical had been conducted, and some fifty lessons in practical anatomy given, total 1090 college exercises. Each member of the graduating class had in addition attended one or more cases of obstetrics. The course was actually graded, the lectures to the different classes being given separately. This method is only possible with a full corps of professors and the introduction of careful system in the plan of instruction.

Prof. E. M. Hale delivered the valedictory which was catholic in spirit, and of great value to those entering the profession of medicine. A very interesting address on behalf of the class, then followed by

Henry Sherry, M. D. The following candidates having passed careful written examinations were found eminently worthy the degree :

Robt. F. Adams, Wm. A. Bryd, Mary B. Bridges, Susan E. Bruce, H. E. Colvin, Robt. H. Curtis, Jas. T. Dicks, Clyde E. Ehinger, Byron C. Elms, B. Louise Heegard, Ezra Hoover, Isabella T. Hotchkiss, George C. Howlette, May Ogden, Henry Sherry, C. Dawson Smith, W. M. Stearns, Homer K. Winne, E. T. Woodworth, J. E. Bickley, M. D., *ad eundem*.

After the exercises the faculty students and alumni with invited friends to the number of 150 repaired to the Palmer House where an elegant banquet was served. Speeches and music made a most enjoyable time, which was prolonged to a late hour. .

The spring class is the largest in the history of the college, and the prospects for the next session, very flattering.

TOUR AROUND THE COLLEGE WORLD.

CHICAGO HOMŒOPATHIC MEDICAL COLLEGE.

This is the eleventh and last college we can visit this season. We have looked into the faces of over 1000 Homœopathic students, and can say that the coming generation of physicians, will, we believe, be a credit to our school.

All of our colleges have been called into existence for some apparent good reason. The first was to teach Homœopathy, the others to meet the local demand, and the branches of state institutions, because we demanded equal justice ; but neither of these called the Chicago Homœopathic Medical College into being. In every college (and throughout the profession), there are two classes. One that believes in "giving the fellows a good start in the shortest time, and then sending them out to work out their own success" or failure, while the other believes that college work cannot be too thorough, and are disgusted when they have advised three full years, and find their students whisked through two short mixed courses. The desire to have large classes and to be "popular with the students" are the two elements that incline to "slide them through easy." We know many professors who quietly resigned rather than put their names to the diplomas of those whom they knew were not competent to have the care of human lives. But it is not often that this sort of protest takes measures to remedy the evil by making provision for more thorough work. In 1870 in Chicago the American Institute gave expression to

the quite general desire for "more thorough education" in clear unequivocal language. In 1877 we find a college here organized on the basis of more thorough education. To accomplish this, courses must be graded and the time extended.

We were curious to see its practical working as fully adopted this year. The classes we found composed of about eighty very intelligent ladies and gentlemen. Two lectures go on simultaneously, except during the clinic hours, and every moment is utilized. The practical advantages of a thorough chemical and microscopic drill we were curious to see. The following valuable analysis of urine made by one of the junior class, was handed us :

Color, pale; odor, offensive; specific gravity, 1022; appearance, turbid; reaction, alkaline; solids, 48.4; water, 951.6; albumen, none; sugar, small amount, (added to the specimen as a catch); blood, absent. Deposits: Urates, present; uric acid, absent; phosphates, present; chlorides present; pus, absent; grains urea per pint, 220. Normal urine. We were particularly pleased with this result, from the fact that we had just witnessed an exciting contest, between four Homœopaths with an equal number of Allopaths, over an urinary analysis. The Homœopaths came out ahead.

Prof. Mitchell we found busy pointing out the differential features of the chest diseases and their remedies, particularly of phthisis, bronchitis and asthma. A mass of clinical material was utilized. One case with neither cough, expectoration nor pain, came for examination. A brother had died from consumption, but the only thing found was diminished chest capacity, with some emaciation from worry and hard work. Chest exercise and nutrition were the remedies prescribed. We learned that Prof. Mitchell has a work on Diseases of the Lungs and their Homœopathic treatment under way, which will fill a most important place in our libraries.

This college is centrally located and has extensive clinical advantages. Adjacent to the operating rooms are wards for patients. Piles are here cured without operations, and gonorrhœa without injections. The treatment is successful, being purely Homœopathic. Prof. Adams in his forthcoming work on Diseases of the Urinary Organs, will tell us all about it. As a microscopist, surgeon and prescriber we do not know of any one better qualified to give us a good work. Those interested in this college conduct three flourishing dispensaries which give the finest opportunity to study the specialties. The clinic on skin diseases is particularly rich, and Prof. Kippax has epitomised

his experience in a practical Handbook on Diseases of the Skin, which we shall give to the profession shortly. It will supply a great need.

Prof. Mitchell assured us that although the graded course would give them a smaller graduating class this year, still the outlook was most flattering. The students, we learned, were enthusiastic in their admiration of the graded course, for they learned more, and easier, than in the short mixed course.

Of the comparative merits of the two systems of instructions, as at present adopted, more anon.

QUILL.

Consultation Department.

DR. J. FLETCHER'S CASE.

I advise *Borax* 3x and *Berberis v.* 3x, alternating monthly (commencing with the *Borax*) using the remedies higher each month.

D. A. H.

FOR DR. G. H. BECK'S CASE.

I should give *Psorinum* cm. (S. Swan's) for one month, and alternate with *Lac caninum* cm, (S. Swan's.) Also consult hay, bran and tan baths, either of these twice daily.

D. A. H.

ANSWER TO CASE.

Dr. C. F.'s case for counsel, p. 237, Mørch 15, THE INVESTIGATOR, add to your already well selected group of remedies, *Plantago* 1m, *Lac caninum* 1m, *Awa samoa* tincture, *Hepar sulphur* 3x, and you will cure your patient.

D. A. H.

EXPERIENCE WITH PETROLEUM.

I would like to ask "through the columns of THE INVESTIGATOR" those of our brethren who have had experience with *Petroleum in any form*, to report cases, and what preparation used.

W. C. LATIMER.

CASCARA IN CONSTIPATION.

In regard to *Cascara sagrada*, the result has been very satisfactory, when given in fifteen drop doses of tincture repeated twice or three times daily, but in smaller doses it produced no effect whatever. Have been expecting to see reports from physicians on this subject.

D. S. MORE.

CASE FOR COUNSEL.

S. M., aged fifty-five, much emaciated, a distinct tumor in the region of the greater curvature of the stomach. At a point about opposite the œsophageal orifice; has been troubled with pain in the stomach for a year or more, also pain in back on left side just below the ribs, which often caused him to sit up at night to relieve. Six or eight months ago cold drinks began to cause water-brash and paroxysmal pain in the stomach. Also aggravated by eating, worse at night. Accompanied by a diarrhœa, which was worse in the morning, for this some friend prescribed a teaspoonful of white mustard seed three times a day; this checked the diarrhœa and the result was most complete torpor, never moving without aid, seemingly no inclination to stool. At the present time, the pain is present the greater portion of the time, described as a twisting, drawing pain. Aggravated by eating or drinking, frequent water-brash, constant eructations of wind, which he describes as hot like a heartburn. No appetite. No thirst, disinclined to move about. Has had slight cough and recently a sore tongue and throat, with an unnatural redness, but this has been relieved except there is yet some roughness and tenderness in the region of Steno's ducts. Cannot lie well on the right side feels as though something was pulling from the left, in the region of the swelling; does not hurt to ride on horseback, can sleep well when the pain will permit; pain often worse at night, bowels swell up as if full of wind, no appetite, and even to think of eating sometimes brings on the pain. Will some one suggest relief.

ROBERT M. WEIR.

WHEN TO USE THE FORCEPS.

"How shall I know when to use the forceps?" I hear a dozen answering in chorus. One says never, another says twice in forty years, another uses them at the mother's request, without *Chloroform* merely to shorten a normal labor. I have read THE MEDICAL INVESTIGATOR for ten years, but still need answers to the following questions: Will not strong pains detach the placenta? How shall we know when this has occurred? How much dependence can be placed on the cessation of motion, in deciding the second question?

I have had two cases in ten years where strong normal pains during four to six hours failed to engage the head in the superior strait. *Chloroform*, forceps, hard pull, delivery — cord not pulsating! (Am not absolutely sure about the pulsations in the first case in 1870.)

Mother had felt no motion for two hours. In the recent case the heart was beating feebly, and by artificial respiration could be made to beat rapidly; but when these efforts were stopped the heart gradually sunk away, to be again revived as before. Still no natural breathing could be produced, and being obliged to go to the mother for a moment, on my return the heart was still. And here let me say to a recent writer I think in this journal, who said that blowing into the mouth was useless as it inflated the bowels, that one can blow the bowels full, and then fill the lungs besides. I apply a cloth to the face, having a hole over the mouth, then apply my mouth over this hole, while I press the body with one hand, and hold the nose with the other.

But I want to know if any one can tell me what to do next time. Had I used the forceps two hours earlier, the children might now live to call me blessed — or the opposite. But how could I know? Guernsey speaks, (first edition, page 481) of the child being asphyxiated by the detachment of the placenta, in breech presentations, may it not also occur in vertex cases, as in the two I have mentioned?

NUMBERING MEDICINES.

Vol. XI, page 131, speaks of Dr. Beckwith's numbers to be placed on patients' packages, to enable the physician to know the remedy without referring to his book, and to prevent mistakes. The plan is good, but the execution is not. Witness his numerous fractions, and ask him how to provide for the 500 remedies which he has not numbered. I have used numbers for ten years, and my plan was to take a book of gilt labels (on purple glazed paper,) having the names of nearly 700 remedies, ten on a page. The number can be ascertained by the page. I have but few fractions. His *Aconite* is 7, mine 22; *Merc.* 69,419; *Nux.* 77,458; *Veratrum*, 108,633; etc. I also give the potency: 22.3; 419^{cc}; 633^m; etc. Also when we do not want the patients to compare figures, take the word fish-tackle, the letters to represent numbers. The above remedies would then be indicated thus: u. s.; hfc^{cc}; ass.^m; etc. The figures 700 to 799 inclusive indicate placebo, 800 is alcohol, 1000 is water, etc., *ad lib.*

ON BOOKKEEPING.

Now that I am writing, let me mention a form of bookkeeping which has given me great satisfaction. Size of Faulkner's, paper thin and tough, 200 or 250 pages, use number 5 pencil, very sharp. Ordin-

ary column for date; two narrow ones, the first for visits, the second for other prescriptions; one for charges; and the rest of the page blank. Or, if preferred, one other column for name of patient. Make entries at bedside, and have no posting. When sending bills the footing of the narrow columns will show what the charges are for — as per advice of *INVESTIGATOR*, Vol. X, page 429. Draw one line across page to indicate that the account has no further money value. Have book for list of bills sent. Page from book to book, not beginning at one with each new book. In front of book have pages for index. Also few pages ruled as in Faulkner's, to mark each day's visits enough to refresh the memory. With a three-fourth inch carpenter's gauge cut places for thumb to open index. To open at visiting list, cut off lower corner of leaves, cutting one more from time to time, as the pages are filled. Thus the treatment is always before the physician, there is space for symptoms, (in new cases write across the full width of the page), and the account is kept without any posting.

O. B. BIRD.

Book Department.

All books for review must be sent to the Publishers.

FUNCTIONAL HEART TROUBLES. BY CHARLES KELSEY, M. D. A paper read before the New York Clinical Society at the annual meeting, April 25, 1879.

This little pamphlet contains a record of seven cases of what the author terms "over action" of the heart, but most of which were, in reality, examples of cardiac debility with deficiency and irregularity of action; in other words, palpitation. Following these are several pages devoted to general remarks on the history and treatment. He places great stress upon the necessity of so radical a change in the manner of living as to entirely remove the cause. If this has been too active a life, as doing the work of two or three men, or too much business excitement, as when staking one's all upon a single issue and awaiting the result, these habits must be abandoned, and at least a more reasonable course adopted. Concerning the curative action of medicine, he seems to take altogether too gloomy a view. On page 9, he says: "I know of no affection in which the uselessness of trusting to drugs is more strongly marked. A physician may run through the whole range of tonics, nervines, and anodynes, and see the patient steadily grow worse under his hand." Possibly the doctor might be benefitted by a careful study of this subject from a Homœopathic standpoint.

W. P. ARMSTRONG.

SURGICAL THERAPEUTICS. By J. G. GILCHRIST, M. D.; Third edition. Chicago: Duncan Bros. Cloth, \$4.00.

The new edition of Gilchrist's *Surgical Therapeutics* is a very readable book, and one that contains much of value to the practitioner who attempts the surgeons specialty. Its design is to give indications for remedies and their administration, to successfully combat such cases as strictly belong to the domain of surgery, without recourse to the knife. The author has displayed no little ingenuity in the arrangement of the material he has industriously taken from all reputable sources, thus giving a resume of the literature of the subject as well as the results of his own study and experience.

It does not seem probable that all of the readers of his work will endorse all that has been written. For instance, in speaking of the treatment of bone diseases, both as to the potency of the remedy and kind of disease. (page 256), the author concludes by saying: "By this means I have cured cases of all varieties of diseases of the bones, as given in the text, and any attempt to confirm or discredit my clinical experience, must only be made with the same agents given in the same manner." Referring to the text, some of the variety of diseases named as cured are, caries, necrosis, exostosis, osteo-sarcoma, etc.

The authors experience with the last named and dreaded disease has been most happy — if he has cured even one case without resort to operative skill. It is not that we wish to call in question the author's statement, but rather that we may require in such cases, so widely differing from the experience of many authors, that the evidences of diagnosis may be given that the disease is unmistakable, and the anxious surgeon may with greater confidence rely upon the therapeutic measures than to feel that a mistake in defining the characteristic of the disease had been made. We can commend the book to the practitioner and student.

G. A. HALL.

Medical News.

Dr. H. M. Previn has entered into partnership with *Dr. E. Parsons*, of Kewanee, Ill.

Now Ready.—*Infants and Children*, Vol. I., second edition, is now ready. Price in cloth, \$3.50.

A Pædological Convention.—It is proposed to hold a Pædological Convention in Chicago, June 14.

Removal.—*Dr. A. A. Whipple* from Cuba, N. Y. to Quincy, Ill., where he takes the place of *Dr. Moore*.

The Illinois Homœopathic Medical Association will hold its twenty-fifth annual meeting this year in Chicago, May 18, 19, and 20. Every member should have something to present. A lively and interested time is expected.

The Headquarters of the Western Academy of Homœopathy at Minneapolis, June 1, 2, and 3 will be the Nicollet House, \$(2.00 per day). Board at the St. James, \$1.50 per day. An excursion to Lake Minnetouka, the Saratoga of the west, will be tendered the delegates and members. A. E. Higbee, M. D., will deliver the address of welcome. A circular will soon be issued by the committee of arrangements giving full particulars. C. H. GOODMAN, M. D., Gen. Sec'y.

The Homœopathic Medical Society of the State of Kansas.—The twelfth annual meeting of the Homœopathic Medical Society of the State of Kansas will be held at Lawrence, Kansas, beginning Wednesday, May 5, 1880. Reduced rates have been secured on all of the leading railroads throughout the state. A large attendance and a profitable session is anticipated. A cordial invitation is extended to the members of the profession generally to be present with us at this meeting, not only of our own state but those of sister states as well.

J. H. MOSELEY, Secretary.

Died.—Dr. John Moore, of Quincy, Ill. "It is my sad duty to inform you of the death of my husband, Dr. John Moore, which occurred on the 22d of March. His health had been failing for more than a year, but he did not give up business until the 23d of December."

Respectfully,

MRS. E. V. MOORE.

Mrs. Dr. Hoyt.—A tribute of respect to the memory of a noble woman. Mrs. Hoyt has passed away; a good wife, a kind and affectionate mother, a charitable neighbor; a Christian lady has been called from earth to the spirit land. I had the pleasure of meeting Mrs. H. first in May, 1877, at Indianapolis. subsequently at her pleasant and happy home in Paris, Ill. I recall with *extreme* pleasure and the most *profound* sorrow, the October, 1879, meeting of the Homœopathic Medical Society of the Wabash Valley. It was my good fortune to be her guest, and well do I remember how royally she presided over that sumptuous repast. Little did I then think that the tearful wail of stricken ones should so soon be heard. She has gone; faded away like a mist at eve; passed as it were into the viewless air, into the land of shadows and dreams, but not forever; she will come again, bearing upon her brow a diadem of immortal glory, robed in spotless white, the habiliment of angels, and in her hand a palm, and upon her forehead the ensign of redemption through the blood of Christ.

Fierce spirit of the glass and scythe; — what power
Can stay thee in thy silent course —,
Or melt thy iron heart to pity —
On, still on, thou pressest, and forever!

GEO. B. SARCHET, M. D., Rawlins, Wyo. Ter.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series. VOL. XI., NO. 9.—MAY 1, 1880.—*Whole No.* 261.

Society Proceedings.

PROCEEDINGS OF THE NEW YORK CENTRAL HOMŒOPATHIC MEDICAL SOCIETY.

At the quarterly meeting in Syracuse, N. Y., March 19, A. D. 1880, Dr. Boyce, the President, read the 3d paragraph of *The Organon*, and said: This contains the meat of *The Organon*. There is symmetry in *The Organon*. In the 3rd paragraph, Hahnemann has concentrated the whole *Organon*. From the 3d to the 71st all is explanatory. In the 71st paragraph three questions are raised: 1. By what means shall the physician know disease? 2. How shall the physician learn the powers of medicine? 3. How shall he apply the medicine so as to cure? The subject of to-day is the second question: How investigate the nature of the medical powers of drugs?

Dr. Wells—*The Organon* needs close and careful study. It will bear it, and will reward it. An Old School physician was writing upon the different forms of quackery, designating Homœopathy as the last and greatest form of quackery. A Homœopathist, (recently deceased) advised him to read *The Organon* through once carefully;



and, then, to read it a second time; and, then, to read it a third time, giving time to the reading. He read it, began to experiment, and is now a member of this Society.

Dr. Nash—Is it true that all the morbid symptoms of a drug must be known before using it to cure disease? Dr. Guernsey says: When we are guided by key-notes, we often cure symptoms which have not appeared in provings. We must be guided mainly by our provings.

Dr. Boyce—Paragraph 110 calls up something. It is said cases of poisoning cannot furnish symptoms to guide us to success in practice. Our pathogeneses are obtained by provings from small doses.

Dr. Hawley—Yes, in some cases. *Opium* produces intense sopor and stertorous breathing. These symptoms in a patient would suggest *Opium* to a physician.

Dr. Stow—Septic poisons, like *Arsenic*, are quick acting and destructive. A case may compare closely with the poisonous effects of *Arsenic* structurally, and still be curable.

Dr. Jones—Characteristic symptoms of destructive action being present in a case, the case never gets well.

Dr. Boyce—That is true in nearly all cases.

Dr. MacPherson—Is our *Materia Medica* made up chiefly of provings, with potentized drugs? *e. g.*, in *Sulphur*, the mid-day aggravation? The general provings have been of crude drugs, nearly all.

Dr. Boyce—What becomes of provings from potentized drugs? They are not to be overlooked. *Carbo veg.* has no symptoms till carried to the 3d attenuation.

Dr. Hawley—Symptoms of poisoning are cured by potentized preparations of the same drug. We rely upon toxical symptoms with the utmost confidence, even upon symptoms produced by fatal doses.

Dr. MacPherson—The greater number of drugs are proved in large doses of the crude preparation.

Dr. Nash—Some claim that symptoms from poisonous doses are not as valuable as provings from doses which do not overpower the organism, and disable it from reacting. Hence, the value of the provings of *Silex* and the like.

Dr. Brown—Would like to ask a question. Can we rely upon the provings, when the provers are of different temperaments? Some remedies are polychrests, and they hardly ever fail to give provings which confuse us. A dozen remedies may have similar symptoms, and it is hard to decide which of the sets to apply. Half of our provers are nervous and sick.

Dr. Boyce—One class of physicians claim that they do not use any remedies except those whose symptoms are toxic. They refuse to be guided by symptoms obtained from potentized drugs.

Dr. Nash—A symptom rarely excited is not to be undervalued. It may be of great importance.

Dr. Brown—*Opium* may put me to sleep. My brother will be kept awake; and the next day he will be crazy.

Dr. Boyce—Which would you throw out?

Dr. Brown—Neither. We must note idiosyncrasy at the bedside, and select medicine accordingly.

Dr. Stow—You will always meet with a train of symptoms belonging to the idiosyncrasy.

Dr. Nash—In either case, the *Opium* sleep, or the *Opium* wakefulness will be unmistakable. The crude dose can be so graduated as to produce the same effect in both men. In the case of a woman susceptible to *Belladonna*, *Belladonna* was indicated. The 3d was given. She recognized it. Then, one of Fincke's potencies was exhibited. Her headache ceased in half an hour. She did not detect the *Belladonna* in Fincke's preparation.

Dr. Wells—A child was sick with pneumonia. *Aconite* 6 was given. It produced aggravation. *Aconite* 30 worked like a charm.

Dr. Nash—In a case of typhoid fever, *Baptisia* cm was given. The patient grew worse rapidly, to the extent of involuntary movements of bladder and bowels, with stupor. Dropped to *Baptisia* 3. Patient improved at once. Then changed to the 200th. In four days the child sat up.

Dr. Hall—Would ask, does not paragraph 112 of *The Organon* say you cannot get an aggravation from a low potency?

Dr. Boyce—It speaks of provings, not of treatment.

Dr. Hawley—We may mistake one man for another, because not well acquainted with the two men. So with drugs resembling each other very closely.

Dr. Gwynn—A difficult case will call for six physicians as many different suggestions of remedies, and the patient's chance would be one in six.

Dr. Boyce—I would not venture an opinion in a difficult case without consulting my books.

Dr. Wells offered the following resolutions:

Resolved, That we see in the not distant future the dawn of a brighter day for true Homœopathy.

Resolved, That we hail with satisfaction the more elevated tone of our Homœopathic Medical Literature in sustaining the doctrine of Hahnemann that the law of similars is the fundamental principle in therapeutics. The resolutions were seconded by Dr. Nash and others.

Dr. Wells—There is an improvement in the tone of our journals. It began at the last meeting of The American Institute of Homœopathy.

At the request of Dr. Wells, Dr. Stow read from *The Medical Advance*, an editorial from the pen of T. P. Wilson, M. D., the President of the Institute. The editorial is of like tenor with the resolutions.

Dr. Hawley called attention to non-Homœopathic advertisements in the *American Homœopath*. Dr. Stow pointed to similar advertisements in the *Cincinnati Medical Advance*, and said, the profession should remonstrate with our editors, and ask them to be consistent.

On the resolutions he desired to say: That the rejecting of any symptoms from a pathogenesis because different temperaments are affected differently by the same drug is to wield the club with which the Eclectics among us would brain Homœopathy. There is a brighter day dawning. In a short time, those who now make Homœopathy the exception will take our side; and, those who make this the rule, will stand together, and so unity will obtain in our school.

Dr. Swift—Attended the State Society at its last meeting. Was gratified. Many able physicians were there. They are determined to purge the society of its evil elements. The "Fowler Resolutions" were rescinded and expunged. Resolutions condemning high attenuations were voted down. It was determined to keep the State Society a Homœopathic Institution. The influence of the hostile element was *nil*. A paper censuring the Central Society for its expulsion of Dr. Doane was presented, and a request made that a paper be referred to the Publishing Committee. That paper was withdrawn.

Dr. Wells—The committee on the Constitution did not throw out the item which declares that the Homœopathic law is the law of cure. The leaving out of that item was without authority.

Dr. Hawley—The State Society, at its last meeting, nominated Dr. Doane to the Board of Regents of the degree of M. D.

Dr. Swift—If half of the members here to-day had been there, that matter would have been disposed of in a satisfactory manner. The State Society thinks well of the Central Society.

The resolutions presented by Dr. Wells were adopted.

Dr. Hawley, from committee on publication of Dr. Jennings's paper reported that Boericke & Tafel will publish and distribute 6000 copies for \$72. A number offered to contribute each \$5, toward the amount; more, if necessary.

Dr. Jennings—If the paper is really worth publishing, to issue it in pamphlet form will provide material for the waste basket. To preserve it in permanent form, it were better to publish it in some one of our journals.

On motion of Dr. Benson, the committee was instructed to procure the publication in one of the journals of our school.*

On motion of Dr. Hawley, the Secretary, was instructed to send to the Board of Regents of this State, also to Dr. Wright, President of the Homœopathic Medical Society of this state, the protest of this society against the recent action of the State Society in recommending Dr. Doane to the Board of Regents for the degree of M. D.; the secretary to state the ground of said protest to be; that the said Doane is not a Homœopathist, and, therefore is not a representative of Homœopathy; the secretary to send to said persons a copy of the action of this society in the expulsion of the said Doane; and, the secretary to state that the vote upon this resolution is unanimous.

Dr. Hawley—Have a difficult case, and desire suggestions as to treatment. The patient is a clergyman, sixty-nine years of age. The 8th day of November last, he was attacked with embolism of one of the cerebral arteries. Was rendered insensible. Was not paralyzed in the extremities. The 10th, he was able to say "yes" "no"; but, he recognized no one. The 12th, he appeared to recognize persons. Had *Quinine* treatment. Three months ago he came under my care. Had perpendicular half sight, seeing only the left half of things, or left side of things. Could neither read, nor write. *Lycopodium* 77m, one dose. In a week could read and write to some extent. In trying to reach anything, he would fall short invariably. *Bovista* 3m was followed by a little improvement. It was the nearest I could find to suit the case. Physical vigor has increased, but his symptoms continue. Asks childish questions. Is possessed with an inordinate desire for coffee.

The patient, Rev. Mr. Willard, came in. He stated his condition: Difficulty of hearing; confusion of mind; something like dizziness; perceptions clear as ever; very forgetful; understands what he hears;

*This valuable paper will appear in the next issue of THE UNITED STATES MEDICAL INVESTIGATOR.

some points of a subject he can state clearly, other points with difficulty, loses the subject, forgets it; can generally, not always, recall it; has an unnatural hesitation in speech. In the recent attack, lost consciousness almost; lost the use of language; was unable to form the words to express the ideas. Does not see objects in their true places. Does not hear as persons do ordinarily; does not sound to me in the right place; head has ringing, humming, buzzing in it; growing less clear. The trouble in the head seems to be working downward. Have more vigor than three months ago, in general health; can walk with less fatigue. It is now four months and a half since the attack.

Dr. Boyce—It seems to have been an apoplectic attack. Probably, paralysis always goes with embolism. No paralysis in this case. This looks more like having been a congestion, an apoplectic attack, passive congestion.

Dr. Hawley—Over eating will make him worse in the head. All his life before this attack he has been subject to attacks of headache. Eight years ago, he fell down a cellar, striking on his head.

Dr. Nash—Do as Dr. Lippe did in a case in New York city. A stout boy. Right eye turned outward. Perspired profusely the moment he shut his eyes to go to sleep. Dr. L., after studying three hours, sent *Conium*. Study this case. I think of *Natrum muriaticum*, *Lithium* has the symptom, cannot see the right half of an object.

Dr. Stowe—Dr. Lippe takes note of single symptoms. A woman, sick many years. Old School treatment. She applied to Dr. L. He prescribed. No improvement. He took notes. Accidentally he found that she could not go down stairs, nor look down, without fear of falling. He gave her one dose of *Borax*. She recovered.

Dr. Jennings—*Arnica* is worth studying in Mr. Willard's case.

Ordered to begin with paragraph 146 at the next meeting.

Adjourned.

Attest, C. P. JENNINGS, Sec'y.

INTERNATIONAL HOMŒOPATHIC CONVENTION.

LONDON, ENGLAND, JANUARY, 1880.

DEAR COLLEAGUES: At the close of the "World's Homœopathic Convention" which met in Philadelphia in 1876, it was determined to hold a similar meeting every five years in some principal city of

Europe or America ; and a general wish was expressed that the seat of the next gathering might be London.

On this determination and desire being communicated to the Congress of British Homœopathic Practitioners meeting in Bristol, in September, 1876, it was unanimously resolved that such a convention should be held in London in 1881, and that the congress would undertake the arrangements necessary for the purpose. A committee, consisting of the undersigned, was thereupon appointed to draw up a plan of proceeding ; and its report, which is herein enclosed, was accepted at the Congress of 1877, and the committee re-appointed, with instructions to obtain adhesions and contributions.

Report of the committee appointed to make arrangements for holding a " World's Homœopathic Convention " in London in 1881. Presented to and adopted by the British Homœopathic Congress meeting in Liverpool, September, 1877.

Your committee beg to report that they have had several meetings ; and after much consideration, and in conference with the lamented president of the last convention, Dr. Carroll Dunham, have agreed upon the following recommendations, which they present for the acceptance of the present Congress :

" SCHEME FOR THE WORLD'S HOMŒOPATHIC CONVENTION, 1881.

" 1. That the convention shall assemble in London at such time and during such number of days as may hereafter be determined.

" 2. That this meeting take the place of the Annual British Homœopathic Congress, and that its officers be elected at the Congress of the preceding year ; the convention itself being at liberty to elect honorary vice-presidents from those foreign guests, and others whom it desires to honor.

" 3. That the expenses of the meeting be met by a subscription from the Homœopathic practitioners of Great Britain ; the approximate amount to be expected from each to be named as the time draws near.

" 4. That the expenses of printing the transactions be defrayed by a subscription from all who desire to possess a copy of the volume.

" 5. That the convention shall be open to all medical men qualified to practice in their own country.

" 6. That all who attend shall present to the secretary their names and addresses, and a statement of their qualifications ; and, if unknown to the officers of the convention, shall be introduced by some one known to them, or shall bring letters credential from some Homœopathic Society, or other recognized representative of the system.

" (a). That members of the convention, as above characterized,

shall be at liberty to introduce visitors to the meetings at their discretion.

"7. That the committee be authorized to enter into communication with physicians at home and abroad to obtain

"(a). A report from each country supplementary to those presented at the convention of 1876, recounting everything of interest in connection with Homœopathy which has occurred within its sphere since the last reports were drawn up.

"(b). Essays upon the various branches of Homœopathic theory and practice, for discussion at the meetings, and publication in the transactions; the physicians to be applied to for the latter purpose being those named in the accompanying schedule.

"8. That all essays must be sent in by January 1, 1881, and shall then be submitted to a committee of censors for approval as suitable for their purpose.

"9. That the approved essays shall be printed beforehand, and distributed to the members of the convention, instead of being read at the meetings.

"10. That for discussion the essays shall be presented singly or in groups, according to their subject-matter, a brief analysis of each being given from the chair.

"11. That a member of the convention (or two, where two classes opinion exist on the subject, as in the question of the dose) be appointed some time before the meeting to open the debate, fifteen minutes being allowed for such purpose, and that then the essay, or group of essays, be at once opened for discussion, ten minutes being the time allotted to each speaker.

"12. That the order of the essays be determined by the importance and interest of their subject-matter, so that, should the time of the meeting expire before all are discussed, less loss will have been sustained.

"13. That the chairman shall have liberty, if he sees that an essay is being debated at such length as to threaten to exclude later subjects of importance, to close its discussion.

"14. That the authors of the essays debated, if present, shall have the right of saying the last word before the subject is dismissed.

"15. That, as at the first convention, the subjects of the essays and discussions shall be :

"(a). The Institutes of Homœopathy.

"(b). *Materia Medica*.

"(c). *Practical Medicine*.

"(d). *Surgical Therapeutics*, including diseases of the Eye and Ear.

"(e). *Gynæcology*."

At a subsequent meeting of the committee, it was determined that the gathering shall be known as the "*International Homœopathic Convention*."

The latter, viz., reports of progress and papers to be discussed at the meetings, we are soliciting from individual physicians practicing Homœopathically throughout the world. But we now request your good offices towards interesting the readers of your journal in our proposed gathering, by bringing the subject before them, and also towards making it known to the Homœopathists of your country in such a way as you may think best.

The exact time and place of meeting, with the office-bearers, etc., will be finally decided at the Congress we shall hold in September, 1880; and information thereof will be duly forwarded to you, and published in all British Homœopathic journals.

Hoping to hear from you ere long, and to find your services enlisted in the cause, we remain

Very faithfully yours,

R. E. DUDGEON, Chairman.
W. BAYES,
A. CLIFTON,
A. C. POPE,
R. HUGHES, Secretary.

All communications to be addressed to the secretary, Dr. Hughes, Brighton, England.

NORTH EASTERN OHIO SOCIETY.

The regular semi-annual meeting of the Homœopathic Medical Society of Northeastern Ohio, was held April 14 at the office of Dr. Bierce, in Warren.

Members in attendance were Drs. Childs, Murdoch and Wilcox, Akron; H. C. Royer, Massillon; G. E. Allen, Youngstown; D. E. Crantz, Wadsworth; R. B. Johnson, Ravenna; R. T. Marks, Leetonia; E. T. Allen, Dayton; Drs. Sherwood and Bierce, Warren; Dr. Castle, Bristol. Dr. Royer in the chair; Dr. Childs, Secretary.

The election of officers for the ensuing year resulted as follows:

PRESIDENT.—H. A. Sherwood, M. D.

VICE PRESIDENT.—D. E. Crantz M. D.

SECRETARY.—DeWitt Wilcox M. D.

TREASURER.—R. B. Rush M. D.

BOARD OF CENSORS.—Drs. Murdoch, Carter and Bierce.

Dr. Johnson read a paper on hemicrania; Dr. Childs on Constitutional Constipation; Dr. Johnson reported a clinical case, the patient

being affected with an extensive ulcer of the scalp, involving both tables of the parietal bone. The diseased bone being removed was soon replaced by healthy growth and ulcer healed. The cases presented were discussed at some length on the medical treatment and the appropriate regiminal management.

Society adjoured to take dinner at the Clifford House, being guests of Drs. Sherwood and Bierce. Resuming at 2.30 p. m., Dr. Allen presented a clinical report on "Meningeal Spasms;" Dr. Marks on "Threatened Miscarriage;" Dr. Murdock on "Hydrothorax," in which the aspirator was used. Dr. H. C. Royer on Surgery reported a case of rupture of perineum and urethra from falling astride a timber. Urine being drawn by superpubic puncture with aspirator needle; also a case of necrosis of lower third of femur, six inches of it being removed.

Dr. Sherwood was elected delegate and Dr. Murdoch, alternate to the meeting of the State Association, at Cincinnati, May 18th and 19th, next. Dr. Childs, of Akron, was elected delegate and Dr. Rush, of Salem, alternate to the American Institute, at Milwaukee, in June.

The Society adjourned to meet at the office of Dr. Allen, Youngstown, on the third Wednesday in October next.

ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

(Continued from page 381.)

SECOND DAY — MORNING SESSION.

Association called to order by the president. The vice-presidents were appointed to act as censors with Dr. Tooker. Communications from Drs. F. L. Bartlett, of Aurora, J. B. Gully, of Geneva, and E. A. Guilbert, of Dubuque, were read by the secretary.

Dr. Tooker, bureau of physiology, read a paper on the germ theory of disease.

Dr. D. S. Smith moved that Dr. T.'s paper be published in THE UNITED STATES MEDICAL INVESTIGATOR. Carried. (See page 532.)

If the germ theory of disease is true, it proves the potency of our remedies; that powerful doses of poisonous drugs are not needed to destroy these germs, for it is a fact that we do cure disease. At all events, our patients get well. I read somewhere recently that bacteria had been discovered in whooping-cough sputa, and we cure whooping-cough.

Dr. Hedges—In conversation with Allopathic doctors, I have found that they take the ground of the truth of the germ theory of disease, and state that this theory alone is an answer to Homœopathy.

Dr. L. Pratt—We may assume that a Homœopathic remedy acts upon the organization, and destroys the germ and cures the disease.

Dr. D. S. Smith—Dr. T. has placed the subject so far beyond our reach. Believes that our remedies go far beyond the power of the microscope. Every little pill is a little god.

Dr. Delamater—"Gentlemen, you make assertions, but do not present scientific tests," says the Allopath. Whatever we claim we should prove.

Mrs. Dr. Harris—The Homœopathic remedy puts the mucous remedy in such a condition that the parasite can not exist.

Dr. Duncan said—"And Herod was eaten of worms." From that day to this the worm theory of disease has been very prevalent. It is interesting to glance at the various causes of disease given, viz., animal, vegetable, chemical, electric, dynamic and more recently changed secretions. Looking at the close similarity of yellow fever to *Crotalis* effects, he was inclined to the chemical side of the question. He believed that some day our chemists would tell us the changes in the atmosphere, that now causes one epidemic and again another epidemic."

Dr. Chapman, of Polo, thinks we have got this thing controlled just about where we want it. (See Josh Billings).

Dr. Ludlam—Bureau of Gynæcology, no report.

Dr. Julia Holmes Smith read a paper on Diseases of Women.

Dr. Mitchell—I can not refrain from speaking of the excellence of this paper. When we have the keen observation and accurate judgment of woman in this direction, mankind must be the gainer. The doctor is right in naming neurasthenia as the foundation of many of the sufferings of woman,

Dr. Cooke—Nervous diseases will find their conqueror in woman. I predicted this ten years ago.

Dr. Duncan admired the report and suggested *Ignatia* for one of the cases related, and hot water after meals—a valuable adjuvant in chronic gastritis,

Dr. Tooker—A Scotchman made a tour of this country, and wrote a book, speaking of the beauty of American women, but stated that they were inferior to Scotch women in health. Due to eating too

much pie. Americans when traveling live on newspapers and periodicals. The English eats his ham-mock of beef.

Mrs. Harris—A few doses of *Sulph.*, *Nux* and *Podophyllin* overcome the trouble caused by false feeding. Believes in the dyspeptic theory.

Dr. White—Spoke of a case that had continued for six months; left half of face, throat and tongue neuralgic, sensitive to touch; burning, tingling pains. *Platina 200* overcame the great hyperæsthesia. Wondered why others can not see the soreness of organs and cervix. Followed by *Ignatia 200*, five pellets; six aggravated.

Dr. Hawkes—Glad to hear so much good Homœopathy coming from lady members. The doctor's mode of treatment is correct. Uterine diseases should be treated as other cases.

Dr. Hedges—Agrees with Dr. H. mainly, but thinks there are cases of endo-cervicitis that must be treated by local means, afterwards treats for constitutional disturbance. *Calc. phos.* cured one case.

Dr. Ballard—Cited a case of prolapsus uteri cured with one dose of *Ars.* 61 m. Diagnosis and cure were proved by examination before and after treatment. Agreed with Dr. Hawkes. Should treat cause, not results.

Dr. Smith—Advocated local treatment, cleanliness and proper feeding. Hope ladies will correct this evil of uncleanness. Glad to hear Dr. Harris speaks of *Podophyllin*, which acts on the uterine organs. Uses high and low remedies.

Dr. Ludlam—Glad to listen to the paper. Both of these extremes are right and both wrong. I can not determine a disease of the uterine organs without an examination. Not gifted with the keen insight of Dr. B. Reporting cases treated without having examined them is worthless testimony. Like reporting diphtheria cured without looking into the throat. Agrees with Dr. Hedges.

Dr. Harris—If every woman would take a hip bath daily of one minute's duration, few would be troubled with what is called female weakness.

Dr. C. Mitchell of Bureau of Histology, presented a paper through Dr. Delamater, entitled Chemical Experts:

Dr. Hedges—Should not be passed over slightly. It is a question that should be studied. Examination should not be left to one man alone. Does not believe that *Colchicum* can be found in the human body three months after death, as has been pretended lately. Here-

Children's Department.

ENTERO-COLITIS VS. CHOLERA INFANTUM.

BY T. C. DUNCAN, M. D., CHICAGO.

Read before the Western Academy of Homœopathy at St. Louis.

When invited to make a report on diseases of children, for the benefit of this Academy, I cast about for the most profitable subject. Being at the time up to the ears in the bowel troubles of children, I naturally looked them over to see which it should be. I first thought of taking up cholera infantum as an obsolete disease, but as I was especially requested to report cases, "make your report clinical." I confess I was puzzled, for I had only one case of cholera infantum last season, and that was a clear case of mistaken diagnosis. We will consider that case and compare it with one earlier recognized and readily cured.

CASE I. July 6, 1878, a very hot day I was called to see Roy, aged ten months, taken two days before with severe diarrhœa. Now has profuse, green watery stools every hour. Vomited this morning so they concluded the child was sick. To get a better idea of the case we will investigate the situation. To our first question, "What are you feeding the child?" comes the answer, "condensed milk." "Why did you not nurse it?" "Because I had no milk for it." The next question is a mental question, "Why had she no milk?" She volunteers an explanation. "Had sore nipples and the milk seemed to dry up; growing less and less." We see she is of light complexion, tall, and well-formed, but her fat has a waxy look. This adipocere is a degenerate fat, it is found in dead bodies. "When the human body has been some weeks in water, it assumes this appearance." As human milk is chiefly an oily emulsion, containing much oil, this waxy stearin or palmative kind of fat is not favorable to the generation of milk, hence we are not surprised at the milk fountain drying up in this case. The father of the child has a very similar constitution. The mother might be called consumptive, not disposed to the tubercular, but to the miliary form which would indicate feeble action of the lymphatic or absorbent system. Under such circum-

stances we would not expect a very active nor vigorous growth. The child was small at birth, much troubled with colic, and it grew with difficulty. Tardy dentition, only six teeth. Various foods were tried but it seemed to thrive best on condensed milk. For some time it had been troubled with a heat rash indicating acidity of system. The fontanelles were not closed, and even the saggital suture was open, symptoms at any time suspicious, but at ten months diagnostic of cranial effusion, hydrocephalus acquired. The excessive amount of lactic acid in this sweet milk was dissolving the phosphate of lime out of the child's bones. The head was square on top but narrow between the ears supported by a very small, long neck, indicating to my mind a feeble hold on life. The frequent stools were at first whitish, then yellow, and now greenish with tenesmus, notwithstanding this profuse diarrhœa the child was remarkably bright with a pearly appearance of the eye. It all the time kept up a whining moaning. It was some feverish, but this I attributed to the effect of the extreme July heat and thick woolen clothes. Great thirst for water. I diagnosed the case as cholera infantum setting in on hydrocephalus acquired and gave them a grave prognosis. I was now informed that two years before they had lost a child at six months from teething after a six weeks sickness. That child was also bottle-fed.

We have not time for the daily record of this case, but briefly, for several days the diarrhœa persisted with fever, but upon *Belladonna* and *Arsenicum* the disease was checked, but we could find no food that it could assimilate, even beef tea was passed undigested. The stools were chiefly green and the milk was changed so that it looked like chopped spinage, or as a friend has aptly compared it to "duck's dung." Sometimes when fed on cow's milk sweetened with sugar or sugar of milk, it was grayish, more like "hen's dung." The next burst of hot weather produced a decided relapse, the stools became frequent, once in half an hour, profuse, green water, that soaked through the diaper, leaving only a little mucus stain or rolls of white curd, sometimes streaked with blood. Vomited as soon as it eat and had a high fever, hot head, flushed face and coma, but not profound as there was twitching of the extremities, and it kept up a distressing moan with an occasional sharp cry. Thirst very great, no appetite. The urine was suppressed. *Apis* was given six hours without effect. Looking upon the case as necessarily fatal and listening to the promptings of humanity, to quiet the child I gave for the

night, *Opium* tincture, three drops in water. It slept, had less fever, perspired — the first since the first attack — stools less in quantity and better in quality. But the addomen became hot, swollen. As there was a chewing motion of the mouth, it was put upon *Pod.* with decided relief. Again it slowly improved in general appearance and seemed to do well for a few days on corn starch with a little milk. Beef tea was formerly given now and then with bad effect. It had more or less fever at night, and the stools continued to resemble “duck’s dung” with tympanitis of the abdomen. There was continuous nervous restlessness. These symptoms gradually subsided and the child seemed holding its own, but no food was really digested — and everything was tried, giving some beef tea every day or two. Finally the parotid glands began to swell, whether from mumps or from the prostrated condition of the child, closing the orifices of the ducts I don’t know. The effect of this swelling was to produce fever, obstruction of the circulation to the head, coma with spasmodic jerking of the body. Head thrown far back. Abdomen again became tympanitic, and in forty-eight hours after the sudden swelling of the glands, death closed the scene.

Now let us analyze this case a little to see if the diagnosis was correct. The three most prominent symptoms throughout were the green stools, the fever and the pain, or distress of the child—symptoms not very prominent in cholera infantum. If we add to this another fact that the fever kept pace with the violence of the disease, we get the true expression of the disease that it must have been inflammatory in character—that it was entero-colitis and not cholera infantum.

The characteristics of cholera infantum are severe vomiting, profuse diarrhœa, and tendency to collapse. Infantile cholera is as near like cholera in the adult as it is possible to be. I do not now see one case of cholera infantum where I formerly saw twenty. Every case of simple diarrhœa is not due to teething as I used to think. Indigestion (gastric catarrh), gastritis and entero-colitis now absorb the mass of cases of bowel troubles in children with me. But to return to our case of supposed cholera infantum. Why was I misled? The severe vomiting, the aggravation with every burst of hot weather and suppression of urine were the misleading elements in the case. But over against them I should have placed the previous diarrhœa, the great distress of the child, the peculiar green lumpy, duck-dung stool, the excessive thirst and lack of assimilation on dry diet.

The stool of cholera infantum may be green and persistently so if the weather is very hot (giving us enlarged liver) and if the bile is constantly decomposed, the soda it contains attempting to neutralize the large quantity of acidity in the intestinal contents. The stools are acid at first, but as the spasmodic action of stomach and bowels persist, the fluids thrown off becomes serious, alkaline. simple mucus, or there may be empty gagging. Along with this condition of the stool goes the prostration, which becomes more and more profuse, and in all cases as a rule coldness rather than fever is present.

(To be continued.)

Consultation Department.

THANKS.

Case in Vol. VIII, page 392, of December 1879, signed J. A. D., and was for counsel. It was answered in one of your journals. Allow me to thank the doctor that responded. *Dulcamara* cured in one month.

J. A. DUNLAP.

QUERY.

I have a patient. Young man of consumptive tendencies just recovering from pneumonia. He has been for a year blowing a B flat cornet. Will it injure his lungs? Is band practice good or bad for weak lungs?

A. F. R.

WHAT SHALL I DISTRIBUTE?

Have you anything for distribution among the people that I could purchase cheap by the hundred or thousand, to teach the people what *Homœopathy* consists of? We have "4000 inhabitants" who know little of *Homœopathy*.

C. W. H.

[Yes, sir. The "Law of Cure" put into *every home* would cause "a talk" that would attract attention and provoke controversy. Then, for the intelligent obstinate ones give them a dose of "Law of Similarity" to digest. That would fetch them over lively. Then put a copy of "Diet Rules" into the hands of *every mother*, present and prospective, and you will capture them and the babies also. A hint to the wise is *q. s.* — Ed.]

STRABISMUS.

Some, and I believe most cases of strabismus, are worse at one time than at another, being especially aggravated by fatigue, either of the mind, of the entire body, or of the eyes alone. In view of this fact, will an operation which is sufficient to neutralize the average degree of deformity in a given case, remove the deformity altogether, or will it simply convert it into a very mild case of alternating convergent and divergent strabismus?

Granting that the strabismus can be entirely removed, will the eyes be restored to their original appearance, the same as before the deformity began, or will they still have a doubtful appearance?

Will some of our oculists who know by extensive experience, and close observation, oblige me by answering through THE INVESTIGATOR.

A.

CASE FOR COUNSEL.

E. W., male, aged twenty-eight, married, dark complexioned, medium sized, melancholy disposition, despairs of ever being cured.

Three years ago while working on the railroad he was very much exposed in wet and cold weather and suffered at various times from coughs, colds and pleuritic pains. Since that time his health has never been good.

At present he has the following symptoms: dull pain in upper portion of left lung extending at times to back and across to the right shoulder, no cough, no expectoration, no dulness on percussion, no rales; respiration normal; contour of the chest full, after eating, pain in stomach; bowels constipated; appetite good; bitter taste in mouth in morning; feels worse in morning; headache at times; sleepless; feels languid all the time; seminal emissions at night for four or five days every month. Has no bad habits. Does not drink, chew, smoke, use coffee or swear. *Cannabis indica* 30x and *Conium mac* 12x cures the spermatorrhœa for a time but it soon returns. I have given him at various times *Colocy.* 4x, *Hydrastin* 3x, *Nux vom.* 4x, *Sulph.* 4x, and 30x, *Podoph.* 4x, *Chelidon.* 3x, *Bryonia* 3x, *Chenopod.* 4x, *Cinchona*, *China*, *Rhus tox.*, 6x, and *Canth.* 3x.

Will some one suggest a remedy for this case? I would be especially pleased to hear from some high potency brother. Bring on your remedies brethren and I will give them exactly as you direct. Be careful to state potency, dose and repetition of dose.

F. F. C.

Medical News.

Dr. S. R. Beckwith, has had a severe attack of erysipelas.

You a member of what committee? Paper in preparation. See Society notices.

A Treatise on Sea Sickness by Dr. G. M. Beard is announced by E. B. Treat publishers.

Prof. Yandell of Somerville, contends that malaria is the chief source of acute skin diseases.

The Illinois Homœopathic Medical Association meets in Chicago May 18. (See committees, p. 349.)

Removed.—F. H. Foster, M. D., Eye and Ear Surgeon, from 126 State to 83 Madison Street, Room 7, Hershey Hall.

Dr. Alfred Walton from High Bridge to Perth, Amboy, N. J.

The Fourth Annual Meeting of the Missouri Institute of Homœopathy will meet in Hannibal on Wednesday and Thursday, June 9th and 10th. A large and interesting meeting is expected.

WM. D. FOSTER, Sec'y.

The Homœopathic Medical Society of the State of Michigan, will hold its eleventh annual session in the city of Jackson, on Tuesday and Wednesday, May 18th and 19th, 1880. An unusually interesting meeting is expected.

R. B. HOUSE, Sec'y.

La Presse Medicale relates an instance in which death was caused by the rupture of an aneurism of the right gastro-epiploic artery. The patient, a very stout woman was attacked with severe and circumscribed pain in the abdomen, followed by collapse and death in twenty-four hours.

Died.—April 21, Mrs. Dr. A. D. Bellamy of Grand Rapids. We sympathize with the doctor in this, his great loss.

Frederick H. Bradner, M. D., of Middletown, N. Y., died of Addison's disease, on January 8, 1880. He had a policy of \$2000 in the "Homœopathic Mutual," and his insurance was paid in full on February 12, 1880, less than three weeks after the proofs of death were received.

The Homœopathic Medical Society of the State of Ohio, will be held in Cincinnati, on Tuesday and Wednesday, May 18th and 19th, 1880, (instead of May 11th and 12th, as before announced.) All railroads entering Cincinnati will issue tickets at excursion rates on the above

dates. The session promises to be unusually profitable. You may expect the annual circulars soon.

J. A. GANN, Sec'y.

The Western Academy of Homœopathy will hold its session this June on Wednesday, Thursday and Friday, the 9th, 10th and 11th, instead of the 1st, 2d and 3d, as announced. This change is made at the request of many delegates wishing to attend the American Institute also, which meeting occurs on the 15th of June.

C. H. GOODMAN, Gen. Sec'y.

Bureau of Gynæcology — American Institute of Homœopathg.—Subject for discussion; Pelvic Cellulitis. Papers will be presented on its Etiology and Diagnosis, by O. S. Runnels, M. D., Indianapolis; Differential, by F. H. Krebs, M. D., Boston; Prognosis, by R. Ludlam, M. D., Chicago; Medical Treatment by C. Ormes, M. D., Jamestown; Surgical by S. R. Beckwith, M. D., Cincinnati; Ovarian Tumor by B. F. Betts, M. D., Philadelphia; Uterine Fibroid by C. P. Seip, M. D., Pittsburgh; Laceration of the Cervix Uteri by H. F. Biggar, M. D., Cleveland, O.

Whole Wheat Meal (in the shape of *fine flour*) has been a need that none has recognized as of such great importance as has the medical profession. We take pleasure in calling the attention of our readers to the advertisement of the Franklin Mills Company, which appears in this issue. This flour is a fine article, containing all the food elements in the wheat, and from what we know of this company it will continue to be uniform and reliable. Our western readers may address W. Warren, 95 Fifth Ave., Chicago, where the flour may be had at mill rates.

The Fourteenth Annual Session of the Indiana Institute of Homœopathy will be held in the parlors of Plymouth Church, at Indianapolis, Ind., May 25th and 26th, 1880. You are earnestly invited to attend this meeting and present a paper on medicine or surgery, or report cases from practice. The Institute needs your best counsel and most hearty co-operation in its work of advancing the true practice of medicine in Indiana. *Please send to me without delay the subject of your paper for the coming session.* A great many physicians have already notified the secretary of their intention to be present and take a part. A meeting of unusual profit is expected. Do not fail to come.

MOSES T. RUNNELS, Sec'y.

The Northwestern Academy of Medicine will hold its fourth annual meeting on the 5th and 6th of May, in the parlors of the Ogden House, Council Bluffs, Iowa. The indications for a profitable session are flattering. Prof. A. C. Cowperthwaite will give a popular address on Wednesday evening. The following is the list of bureaux and chairmen: *Materia Medica*, A. C. Cowperthwaite, M. D., Iowa City, Iowa; *Surgery and Surgical Diseases*, T. H. Bragg, M. D., Hamburg, Iowa; *Anatomy, Physiology and Pathology*, J. F. Sanborn, M. D., Tabor,

Iowa; Obstetrics and Diseases of Women, Bart. L. Paine, M. D., Lincoln, Neb.; Pædology, W. H. Parsons, M. D., Glenwood, Iowa; Ophthalmology and Otology, C. L. Hart, M. D., Omaha, Neb.; Clinical Medicine, O. S. Wood, M. D., Omaha, Neb.; Medical Education, C. Starr, M. D., Nebraska City, Neb.; Thermo-Electric Treatment of Diseases, C. M. Dinsmoor, M. D., Omaha, Neb., and P. W. Poulson, M. D., Council Bluffs, Iowa. Papers can be sent to the secretary.

C. L. HART, M. D., Pres., Omaha, Neb.

W. D. STILLMAN, M. D., Sec., Council Bluffs, Iowa.

State Microscopical Society.—The annual meeting of the State Microscopical Society of Illinois, was held at the Academy of Science, 263 Wabash Ave., Friday evening, April 23, 1880. The treasurers report showed a highly satisfactory financial condition, about \$200 having been paid in during the past year, while the expenditures were less than \$50. The following papers have been read before the society since the semi annual meeting, last October. Recent microscopical work by Jas. Colgrove. The Microscopical Examination of Signatures, by Lester Curtis. The Microscopical Examination of Dust, by A. C. Thomas. A New Observation on the Histology of the Fœtal Lungs, by Lester Curtis. The Microscopical Examination of Tissues after the Administration of *Mercury*, by S. V. Clevenger. The study of the Cell, with Reference to the Nerve Theory, by Lester Curtis. Plant or Animal? A popular description of some of the myogastric fungi, by the secretary. Notes on Micro-lithology, by A. C. Clark. The Intra-ovular Life of the Chick, by C. H. Kimball. The following gentlemen were elected: President, B. W. Thomas, Vice President, Lester Curtis, M. D. Secretary, Prof. E. J. Bastion. Corresponding Secretary, E. B. Stuart. Treasurer, W. H. Summers. Trustees, Prof. E. J. Hill, Dr. S. J. Jones, Dr. F. W. Mercer, H. M. Thompson and Chas. Boring. E. B. STUART, Sec.

The Source of Infectious Diseases.—All of the infectious diseases undoubtedly possess an original *habitat*, where it is probable they are now as always capable of spontaneous origin in their primitive form, whatever that may be. The difficulty of tracing disease-types through varying localities, and among different people of the globe, have, up to this time, prevented a precise knowledge upon the point, which time may yet bring us. It seems tolerably certain, however, that the several acute infectious diseases named below have the nativities here attributed to them. The cholera has its home in India. The small-pox in the East. Known in China nearly 1,200 years before Christ. The plague is an Oriental disease. Has a distinct geographical range. The typhus fever has its birthplace in Ireland. The typhoid and relapsing fevers have fixed centres in Ireland, Galicia, Upper Silesia, and some provinces of Northern Italy. The miliary fever is endemic in a few provinces of France, Germany and Italy. Scarlatina is probably native to Arabia. Epidemic dysentery has its home in the tropics. The dengue originates in southern latitudes, with sharp geo-

graphical limits. The yellow fever can be distinctly traced to the Antilles. The chabalonga to Chili. The veruga to Peru. Certain it seems that no general influence of exposure or even bad hygienic surroundings will establish the typical disease away from its local habitat, except through the penalties of hereditary.—*Logan's Physics of the Infectious Diseases.*

The Annual Meeting of the Western Academy of Homœopathy, and the Minnesota State Homœopathic Institute for 1880, will be held in Minneapolis, June 9th, 10th and 11th, 1880. Everything points to a large and enthusiastic convention of our very best men in the west. The leading and representative men of our school in Chicago and St. Louis, have promised to be here, and take an active part in the work of the convention. The various bureaus are hard at work, already have many important papers in hand, and more are promised. The headquarters of the convention will be at the Nicollet House, where ample accommodations will be furnished to physicians and their families, at two dollars (\$2.00) per day. The St. James Hotel, a smaller, but newly fitted house, offer their accommodations for one dollar and a half (\$1.50) per day. The different railroads having a terminus in this city, will furnish transportation at reduced rates. Realizing that it is well, occasionally to combine fun with physic, the committee will make arrangements for an excursion to Lake Minnetonka—the Saratoga of the West—and a steamboat ride upon its beautiful waters, to a point where ample refreshment will be in waiting. In addition, trips to the Falls of Minnehaha and Fort Snelling, are being arranged for. Will you not make an effort to be with us? We feel that it will be for your good to do so. To invigorate your system, and to gratify your taste for the beautiful, Minneapolis has no superior in the whole breadth of our land. Any further information may be promptly obtained, by addressing the chairman of either committee.

D. M. GOODWIN, M. D.

Chairman Executive Committee, Minneapolis, Minn.

A. E. HIGBEE, M. D.

Chairman of Committee of Arrangements, Minneapolis, Minn.

The Hahnemann Medical Association of Iowa.—Eleventh Annual Meeting.—I am instructed by the executive board to announce that the eleventh annual meeting of this association will be holden at Waterloo on Wednesday and Thursday, May 26th and 27th, 1880. The local committee of arrangements—Drs. G. F. Roberts, J. H. Crippen and John Bickley—have selected as the place of rendezvous the well-known Logan House, and for the meeting of the association, an elegant society hall within a few steps of the headquarters. The usual reception will occur on Wednesday evening, under the joint auspices of the united and influential Waterloo brethren, and the immediate direction of the chairman of the local committee, Dr. Geo.

F. Roberts, and at the commodious suburban residence of the latter. The committee of arrangements request me to say that they and their enthusiastic professional associates will spare no efforts to make the forthcoming annual meeting fully as agreeable, and equally as notable, as those which have preceded it. I know the men who authorize these promises, and can say that they will fulfil them to the letter. President Button, Vice President Hindman and Treasurer Virgin, of the Executive Board, unite with me in renewing a cordial invitation to all unaffiliated physicians of the state, who are legally qualified, to join us in this influential organization, whose benign ends are the elevation of its membership and the advancement of the cause. The executive board likewise earnestly invite the members of the association to be present in force on this occasion, and to come prepared with essays and contributions to the literature of the episode. Aside from the papers which will be submitted and discussed, matters of importance pertinent to the general weal of our school will be presented by our active committee of legislation. The entrance fee is \$3.00; the annual dues, \$2.00. Members not intending to be present are requested to remit their dues to the treasurer, Dr. W. T. Virgin, Burlington, Iowa, before May 20th proximo. Applicants for membership must be graduates of reputable medical colleges. Petitions may be presented by any of the officers or members, and must set forth the full name, age, residence, date of graduation, and the title of the *alma mater* of the candidate, and must be accompanied by the entrance fee in order to entitle the aforesaid petitions to come before the board of censors. The bureaux for the ensuing annual meeting are as follows: 1. *Materia Medica and Provings*: A. C. Cowperthwaite, chairman; E. Cartwright, G. H. Patchen, J. H. Drake, V. M. Law and G. E. Cogswell. 2. *Clinical Experience*: J. D. Burns, chairman; W. H. Pettit, F. Becker, E. H. King, Cordelia Hickox and H. P. Button. 3. *Obstetrics and Diseases of Women and Children*: C. H. Cogswell, chairman; E. A. Guilbert, P. W. Poulson, D. R. Hindman and E. H. King. 4. *Surgery and Surgical Diseases*: G. F. Roberts, chairman; J. H. Crippen, E. A. Guilbert, S. E. Nixon and S. B. Olney. 5. *Medical Education*: A. C. Cowperthwaite, chairman; R. F. Baker and W. T. Virgin. 6. *Anatomy, Pathology, Physiology and Hygiene*: M. R. Waggoner, chairman; V. M. Law, G. H. Patchen, E. H. King, Clara Yeomans and E. Cartwright. 7. *Medical Electricity*: Cordelia Hickox, chairman; H. P. Button, J. H. Drake and A. C. Cowperthwaite. 8. *Diseases of the Eye and Ear*: A. C. Rockey, chairman; J. H. Drake, H. W. Roberts, with the invited co-operation of Dr. A. E. Smith, of Vinton. The bureau chiefs are earnestly requested to at once address each one of their respective associates, and to urge upon them the importance of preparing papers for presentation, and to remind him to bring such papers fully prepared for the press, and written on only one side of the legal cap used.

EDWARD A. GUILBERT, Sec'y.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series. VOL. XI., No. 10.—MAY 15, 1880.—*Whole No.* 262.

Hygiene Department.

VENTILATION.

BY G. W. FOOTE, M. D., GALESBURG, ILL.

Read before the Joint Convention of the Western Academy and Missouri Institute of Homœopathy, May, 1879.

There is no subject in which physicians are, or should be, more interested than in that of ventilation. The duty we owe to patrons both sick and well, demands that we should direct their attention to this all important science, for science it is.

No department of the science of health has called forth so much discussion as this one and of none are the public generally less well informed. The requirements of ventilation meet us at the door of the sick room, at the entrance of the place of amusement, of the hall of public discussion and legislation, and upon the threshold of schools and churches. It is a subject that is attracting the attention of a large body of the scientists of the civilized world, and is one regarding which there has been more diversity of opinion, than upon any other of like importance, and practical bearing upon the every-day life of the human race. The different theories upon which plans for

ventilation have been based are almost innumerable. Only since a comparatively recent date have the masters in this science, reached anything like unity of view as to the nature of the object to be attained, and the best means of effecting the attainment by a perfect ventilation.

Ventilation and its complement drainage are corner stones of sanitary science, and of late the latter has attracted scarce less attention than the former. So long as the truth of the golden maxim that, public health, is public wealth, is recognized, so long must the investigations of the science be judged as a necessity. The crowding together of ten, twenty, or thirty thousand human beings upon each square mile of earth is an entirely unnatural condition of life; and to correct the evil thereby entailed will in all countries demand the active efforts of scientific and educated men. Physicians therefore have a double duty to perform, first to secure the correct condition of living and therein prevent sickness; and secondly to alleviate and cure such disease as results from causes beyond our control and foresight. Our patrons need to have the economy of health, public and individual, impressed upon them continually. The time is coming, nay is already upon us, when the family physician will be called upon to teach sanitary science as well as to treat the sick. He must not only restore the lost health, but teach the individual how to preserve it, and perfect it, by the every-attention to the laws of physical being.

There are few, very few comparatively of our public buildings or private dwellings and places of business throughout the land in the construction of which any attention has been paid to the conditions of proper ventilation. Whatever of health due to a supply of pure air the community may possess, may rather be ascribed to unlearned carpentering and poor workmanship than to intelligent design and skillful application of scientific knowledge. To the occupants of the houses of the present day, the rattling windows, and ill fitting doors are unrecognized blessings.

WHAT IS FOUL AIR ?

A people cannot be too strongly impressed with a knowledge of the fact that the repeated respiration for a length of time of the air contained in a close room charges it with carbonic acid gas, and the insensible exhalations from the body through the skin and glands, adds still more poisonous compounds. Nor with the equally important

corollary that air thus charged is when inhaled the most potent of all predisposing causes of disease; especially such as are termed zymotic and which cause the terrible epidemics so dreaded in every community. Pure air is a mixture of oxygen, nitrogen and carbonic acid gases, in the proportion of about twenty-three parts of the first, seventy-seven of the second, and one tenth of one part of the last named. Of these the first is essential to the preservation of animal life and health, and must be contained in the respired air in about this proportion; other-wise evil effects must follow. The two other gases named if not poisonous are at least inimical to animal life. The office of this oxygen in removing carbon from the venous blood is too well understood to require explanation here.

The average amount of oxygen necessary to be supplied through the lungs to each person in health is about one sixth of a cubic foot per minute. To "ensure safety" three times this amount should be provided for in all occupied rooms owing to the pollution of the atmosphere arising from respiration and other causes. At each act of respiration sixteen cubic inches of air are destroyed for breathing purposes, and at the rate of fifteen to twenty inspirations per minute, therefore, not less than three hundred cubic inches of air are rendered unfit for use by the human lungs, in that space of time; and in one day the amount becomes enormous.

The expired air from the lungs is found to contain three and one-half per cent of carbonic acid gas or in the space of one minute, an average of twenty-seven and one-half cubic inches of carbonic acid is evolved from each pair of lungs. This equals forty thousand cubic inches of the gas in twenty-four hours, weighing three pounds, and containing eleven ounces of solid carbon derived from the worn out particles of the animal tissues, and thus ejected from the body. An adult uses two gallons of air at each inspiration and at sixteen respirations per minute he uses over fifty-six thousand gallons per day. A child respire more frequently and uses more in proportion than the adult. To meet these requirements a large quantity of fresh air must be supplied to ensure perfect decarbonization of the venous blood. But were the air to be breathed free from all other poisonous matters and simply thus surcharged with carbonic acid, while the oxygen is correspondingly diminished, asphyxia must result.

FATAL EFFECTS OF FOUL AIR.

Several instances in illustration of this are recorded; the most prominent of which occurred in Calcutta in the year 1856.

The name of the "Black Hole of Calcutta," if not the whole series of facts connected therewith is familiar to you all, and the death in one night of one hundred and twenty-three men, out of one hundred and forty-six confined in this dungeon, eighteen feet square, most forcibly illustrates the necessity of ventilation and a supply of pure air containing oxygen for the support of life. Scarcely less impressive was the lesson taught, when seventy out of one hundred and fifty persons, shut up in a close cabin of the Irish steamer, London, expired in a few hours from the same insufficient supply of oxygen. The life processes are designed in accord with the constitution of the atmosphere, the life processes of both animal and vegetable forms. The health of these is very greatly dependent upon the normal condition of that atmosphere, but unimpeded nature beautifully regulates the supply and demand of the needed elements for either, and will not suffer with tolerance the hindrance of outside and improper influences. By the union of carbon, hydrogen, oxygen, and nitrogen, in varying proportions and with comparatively unimportant additions of other elements, all the proximate principles of animal tissues are formed. Into the proximate principles, carbon largely enters. Constituting for instance fifty-three per cent fibrin, of which muscles are mainly composed.

In the disintegration constantly going on in the animal organism the liberated carbon is excreted mainly through the blood vessels and lungs as carbonic acid gas and hence may be always found in the venous blood. But if, through an insufficient supply of oxygen this process is impeded and the blood becomes surcharged with carbonic acid, the latter then acts as a poison, partially suspends brain and nerve function, thereby retarding still more the proper action of the lungs. There are other causes of atmospheric pollution than that of respiration.

Loss of oxygen and increase of carbonic acid arises from the action of the skin, likewise from open combustion of whatever kind or purpose. The combustion of the oil from one single lamp consumes as much air, or rather oxygen, as does the respiration of one person. To supply a good ventilation, signifies the supply of an abundance of

fresh air of the normal atmosphere, sufficient to meet fully the requirements of all occupants of the building and for every moment of time. This is necessary to health and long life, furthermore, air like water should be in constant motion to remain pure, and when stagnant from any cause rapidly loses its life and health sustaining qualities.

Let us then see to it that our houses, offices, barns and even our out-houses are each and all well ventilated, and teach and encourage our patrons to do the same. As windows are the principal means of ventilation, as houses are now constructed, let them be used as such and be so arranged summer and winter as to provide a current of pure air from without, thus effectually preventing a stagnation of air within. The proper means in which good ventilation may be secured is not definitely settled. The diversity of opinion that exists with regard to obtaining pure air is aptly illustrated by a scene in a railroad car not long since. A controversy arose between woman passengers, concerning the ventilation of the car they happened to be riding in. One insisted that if a window was opened it would surely result in her death by cold. The clamor grew until the remaining passengers proposed as a desirable settlement that it should be opened and kill one, then closed and suffocate the other.

Few persons realize how impure the air becomes in public halls and school-rooms when occupied. A lecturer once declared that there had been an accumulation of carbonic acid gas in the room to the depth of four feet and by way of illustration placed a lighted candle near the floor which was immediately extinguished by the foul atmosphere. More than this, he actually dipped it up by the pailful. Carbonic acid gas is much heavier than the normal atmosphere and unlike heated air does not rise to the highest level, but rather like water will flow to a lower one, or in a closed room will remain near the floor as shown by the experiment just mentioned. Hence the commonly received view that an opening of some sort at the top of a room will ventilate it and carry off the impure air is erroneous, so far as carbonic acid gas is concerned, and this is the atmospheric poison with which we have most constantly to deal. But it may be forced out and upward. Upon this principal is based the Ruttan system of ventilation which when rightly arranged gives good results in this direction and it is the only one that does.

RUTTAN'S SYSTEM OF VENTILATION.

I suppose all here are acquainted with that system but it will perhaps be not amiss to refer to it more fully. This system consists in warming a room by the diffusion of heated air conducted to it from a furnace below. A chamber in which the furnace is placed is constantly supplied with air from outside the building, conducted to it by means of a tube or pipe. Here it is warmed before being allowed to enter the room above, which it does by means of other conduits, the supply being regulated in quantity by means of registers, or valves that may be opened or closed. An exit for the impure air is arranged by means of a hot air pipe, or flue, which receives the air from the room through an aperture at the floor and conducts it to the roof of the building. When the heated air from the furnace enters the room, a current will (if the heating capacity is sufficient) at once be formed of this air to the ceiling of the room, causing a pressure from above which displaces the cold air, and impure air below, forcing it to flow out of the aperture near the floor and thence to the outside through the before mentioned flue.

This flue also conducts the smoke and heated air which has passed through the fire, and by means of which, the lifting of the impure air from the room is facilitated. Upon the theory that impure air rises instead of falling, the ventilator is sometimes placed near the top of the room, or in the ceiling and connected with the flue, but such are practically useless. It is time that a portion of the impurities resulting from respiration may be thus discharged; but these are in general of less importance than the heavier gases. Beside the carbonic acid, the chief product of the process of respiration is the vapor of water charged with effete animal matter. The vapor of water is much lighter than common air and of course rises. While carbonic acid gas is always invisible and inappreciable to the sense of touch, watery vapor though generally so, sometimes in a cold day may be seen in the form of white cloudlets, or congeals still more upon the beard or other object forming water and even icicles. Defective ventilation is no doubt the cause of the spread of epidemic diseases to a much greater extent than the profession realize.

(To be continued.)

Children's Department.

ENTERO-COLITIS VS. CHOLERA INFANTUM.

BY T. C. DUNCAN, M. D., CHICAGO.

Read before the Western Academy of Homœopathy at St. Louis.

(Continued from page 364.)

Now let us look at what takes place in the bowels. Before I do that let us recall the fact (developed by Brown-Sequard's experiments) that irritation of the quadrigeminal bodies in the brain produces peristaltic action of the intestines and that irritation of the striated bodies produces vomiting. We can now perhaps see farther into these cases than we otherwise would, at least we can understand the empty retching in the later stages of cholera infantum. If we remember that the strait sinus of the brain commences between the quadrageminal bodies and that the choroid plexus passes over and about the striated bodies, and if this blood becomes poisonous, acting as an irritant we have the condition for reflex diarrhœa and vomiting independent of the condition of the bowels themselves. Perhaps a poisonous condition of the blood is induced by the atmosphere, which has come to be recognized as choleraic — a certain blue mist. This condition of the atmosphere and great heat are looked upon as the predisposing causes, but the exciting cause is as a rule some indiscretion in eating or drinking; as foreexample, articles that decompose in the bowels instead of being digested, or cold drinks which arrest digestion and favor decomposition. Whatever the cause may be, the rapid action of the bowels is a characteristic phenomena. I am pleased to place before you the actual results of cholera upon the intestinal mucous membrane, through the kindness of my friend, Dr. I. N. Danforth, Pathologist, and an authority on the microscope. He gave me these illustrations for my book on Diseases of Children. (See opposite page).

He thinks and I believe similar results follow in true cholera infantum. Now what should cause this? Acidity? The blood and the bulk of the secretions in a healthy child are alkaline.

Alkaline reaction is necessary to a large number of vital processes, and this reaction is present without exception in all the animal fluids



FIG. 1.



FIG. 2.



FIG. 3.



FIG. 4.

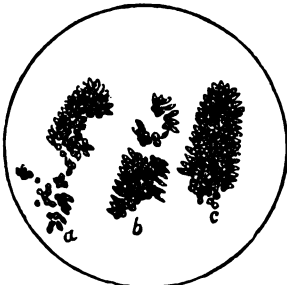


FIG. 5.

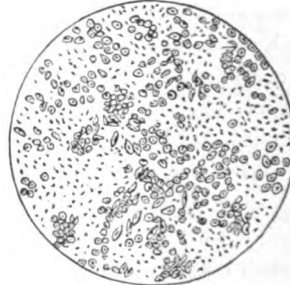


FIG. 6.

THE EFFECTS OF A CHOLERA TORNADO.

FIG. 1 represents healthy villi, during the interval of intestinal digestion. FIG. 2 represents a section from the middle third of the ileum of a man who died of cholera in Chicago, 1873. FIG. 3. Section of the ileum six inches above the ileo-cæcal valve. FIG. 4. Section immediately above the valve. The torn and ragged appearance is no exaggeration: "Not a single perfect villus could be found." FIG. 5 shows the cohering cells after being stripped from the villi: (a) considerably broken and torn; (b), less so; (c), the entire cell-covering of a villus "pulled off." FIG. 6. The intestinal contents being composed of fully-developed conoidal cells half-grown conoidal cells, white blood corpuscles, altered red blood corpuscles and multitudes of minute granules, all floating in serum. 200 diameters.

which are actually contained in the circulatory system, or in the closed cavities of the body. An acid reaction is found in very few of the organic fluids which are employed either in the process of digestion, or are discharged externally.

The following list shows the comparative frequency of alkaline and acid reactions of the animal fluids. (Dalton):

Alkaline.—Blood plasma, lymph, aqueous humor, cephalo rachidian fluid, synovia, fluids of the living muscular tissue. mucus in general, milk, saliva, tears, pancreatic juice, spermatic fluid.

Acid.—Gastric juice, perspiration, mucus of vagina, urine.

If we take into account the carbonic acid exhaled with the breath, we see that the *excretions* present universally an acid reaction.

Of all the internal fluids, the most essential is the plasma of the blood, since it affords the materials for nutrition to the entire system; and its alkaline reaction, which is distinctly marked, is found to be invariably present, not only in the human subject, but also in every species of animal in which it has been examined. This reaction of the blood is necessary to life, since Bernard has shown (*Liquides de Organisme*, p. 412), that if an injection of diluted acetic or lactic acid be made into the veins of the living animal, death always results before the point of neutralization has been reached.

The alkalinity of the blood gives to it extraordinary capacity for dissolving carbonic acid. According to Liebig, water with one per cent. of sodium phosphate is enabled to absorb and retain twice its usual proportion of carbonic acid; and the other alkaline salts, as is well known, have a similar dissolving action on this gas. Consequently the blood rapidly absorbs the carbonic acid which has been formed in the tissues, and incessantly carries it away to be eliminated by the lungs.

If, however, the weather is hot and lowry (cloudy) the exhalation of carbonic acid is impeded and the tendency is to a larger deleterious proportion of acid, carbonic acid remains in the system. In the child's food may be found the causes of these diseases under consideration. Grauvogl found that one of the causes of green stools was the large proportion of lactic acid in the blood dissolving the phosphate of lime out of the bones. It doubtless unites with the other alkaline bases in the system and robs the child of its alkalinity which is so necessary to health. But green stools are not characteristic of cholera infantum, but of the less severe disease enterocolitis. I think the decomposition of the oil and casein of the

milk (giving us another set of acids) are necessary to the production of cholera infantum. The decomposition of the oil is easily recognized by its "old cheesy odor." The acid here is butyric. With this decomposition of the fat we have the arrest of the digestion of the nitrogenous elements of the food, and then follows their decomposition also. (We can not go into the history of food or milk digestion to-night, this you will find fully explained in the work on Diseases of Children, I have the privilege to edit, perhaps more fully and clearly than in any other work on the subject). Here is a chemical fact I wish to call your attention to :

"When an organic substance containing nitrogen and carbon is heated, those elements will not unite directly; but if heated with alkaline potassium or sodium, out of contact with the air they instantly combine to form Cyanogen $C^2 N$ =bicarburet of Nitrogen," (Brand & Taylor, Chemistry, p. 278). It is a significant fact that food (milk) decomposing in the intestine of a child on a hot day — when the exhalation of carbonic acid is impeded — is very favorable for the production of a cyanate.

Cholera and prussic acid poisoning are so very similar that many have noted the fact. "Dr. Horn, of Munich, believes that this is the poison developed in the air and body, giving us cholera. He says if a small quantity of *Hydro-cyanate of Ammonia* is added to the blood the low forms of cholera (choleraic diarrhœa, choleraïne) are produced." (MEDICAL INVESTIGATOR, 1874, April number). If the transformation of nitrogen giving a cyanate is necessary to the production of cholera infantum, then my case was not this disease at all. For the lactic acid effect upon the cranial bones, the miliary eruption and the sour perspiration were too apparent to be mistaken. It was a case of systemic irritation, which in the intestines took on congestion, then positive inflammation.

We might glance briefly at the anatomical lesions of enterocolitis. Dr. J. Lewis Smith offers an analysis of the post mortem appearances in eighty-two cases of intestinal inflammation in children. The upper part of the small intestine, embracing the duodenum and jejunum, was found inflamed in twelve cases, while in fifty-one cases it was free from inflammation, and of a pale color. The ileum was inflamed in forty-nine cases, and the cæcal portion, including the ileo-cæcal valve, was the part in which the inflammation was uniformly most intense and to which it was often confined; in thirteen cases there was no enteritis whatever, and in sixteen there was no

inflammation of the ileum, so that the ileum was inflamed in all but three cases where enteritis was present. On the other hand, in all the cases excepting one, namely, in eighty-one out of eighty-two cases, there were lesions indicating inflammation of the mucous membrane of the colon. In thirty-nine the inflammation had effected nearly or quite the entire extent of this portion of the intestines. In fourteen it was confined to the descending portion entirely, or almost entirely; in twenty-eight cases the records state that colitis was present, but its exact location was not mentioned.

In the acute stage, the increased vascularity (inflammatory hyperæmia) may present itself as a uniform, more or less intense, redness of the mucous membrane; an appearance which may sometimes exist in the duodenum, but far more frequently is observed in the lower end of the ileum, and in the colon. More frequently it takes the form of arborescent congestion, occurring in patches surrounding the enlarged follicles. The peritoneal surface may also be more or less vascular, and quite frequently there are little patches of redness, and arborescent vascularity corresponding to the bases of the inflamed mucous follicles.

The thickening of the mucous membrane usually corresponds to the degree of vascularity, and when the latter is but slight may be scarcely appreciable; while in other cases, and especially when associated with much enlargement of the mucous follicles, and œdema of the submucous tissue, the thickening is highly marked. The inflamed portions of the mucous membrane are also more or less softened, so that they can be detached from the subjacent coats more readily than in health. In some instances, the softening is so extreme that it is impossible to raise up the mucous membrane in strips at all. These lesions are all most frequent and marked in the lower part of the ileum and in the descending part of the colon. In addition to these changes in the color, thickness, and consistence of the mucous membrane, the mucous follicles are prominently enlarged. In the normal state the isolated follicles of the mucous membrane of the intestines, in young children, appear as minute, grayish-white bodies, and present a grayish point, the excretory orifice, which is only visible with the aid of a lens. In the course of entero-colitis, however, the morbid development which they undergo, causes them to present the following characters: The isolated glands are enlarged, and seem, therefore, more numerous than in the healthy condition; they appear in the form of lenticular grains, seated in the texture of the mucous

membrane, sometimes projecting from its surface, sometimes not, and in other instances appearing to be situated beneath it; the excretory orifices of the follicles are often enlarged and tumid, and easily distinguished under the form of a grayish or blackish point in the middle of the gland; in other cases the orifice can not be distinguished until slight pressure is made upon the crypts, when a drop of turbid mucus may be seen exuding through the open point.

The color of the distended follicles is dull white, rosy or yellowish; they are generally from one-third to two-thirds of a line in diameter. Dr. Horner speaks of them in this stage of development as resembling "small grains of white sand sprinkled over the mucous membrane, and about the size of a millet seed." The agminated glands, or patches of Peyer, are found in the same state of increased development; they are tumefied, and project above the level of the surrounding mucous membrane, and the orifices of the follicles are congested, so as to appear as dark points, giving to the patch a dotted, punctated appearance, which has been compared to the freshly shaven chin.

Microscopic examination shows the follicles distended with small, rounded, granular cells, and imbedded in a luxuriant growth of similar cells, which render it almost or quite impossible to draw the line where the follicle terminates, and the surrounding tissue begins. Ulceration usually appears to originate in the rupture of one of the closed follicles, and the discharge of its softened contents into the intestinal cavity. This is followed by the liquefaction of the intercellular substance, and the consequent liberation of the broods of the minute cells into which the surrounding connective tissue has been transferred. Hence results one of the punched out ulcers described above. In the subsequent extension of the ulcerations by which large irregular sinuous ulcers are produced, the progress seems to take place chiefly in the submucous connective tissue, the superficial part of the mucous membrane resisting the process until undermined and its nutrition supply cut off. Hence arises the excavated undermining character of the edges of the ulcers. From the anatomical point of view, it will therefore be perceived that the morbid process, in the cases in which there is no ulceration, is essentially the same as those in which ulceration is present. The one lesion is only a later stage of the other. Not unfrequently there will be found one or more intussusception of the ileum. These are usually readily

restored, and have evidently occurred during the act of dying. Smith has however "in a few instances found intussusceptions which sustained the weight of two feet or more of intestine, without being reduced, and which from being in their interior more vascular than the contiguous membrane, had probably occurred some hours or days before death, but being sufficiently previous to allow the food to pass, the symptoms of obstruction were lacking."

The mesenteric and mesocolic glands are nearly always enlarged, the most marked enlargement corresponding to the lower end of the ileum, and the descending colon. The enlarged glands are of a pink color, and rather more soft and succulent than normal.

Stomach.—In a great majority of cases the stomach is quite healthy; in a few instances, however, there may be found congestion of the mucous membrane, slight enlargement of the mucous follicles, or softening of the mucous membrane, probably cadaveric in most cases.

Liver.—Many authorities, apparently led by the presence of symptoms supposed to indicate disturbance of the function of the liver, have assumed that there is in most cases of entero-colitis some morbid condition of this organ, but extended observation has disproved this view. Smith has published the result of thirty-two post mortem examinations in regard to this point. Thus, he states: "There was no congestion or torpidity, or hyperactivity, or perverted secretion. The size of the liver was in some cases very different in those of about the same age, but probably there was no greater difference than usually obtains among glandular organs within the limits of health. In most of the cases the liver was examined microscopically, and the only fact worthy of note was the variable amount of fatty matter. Sometimes it was in excess, sometimes it was in moderate quantity, or deficient, and sometimes in greater amount in one portion of the organ than another."

The thoracic viscera present no constant or important lesion, though in a certain proportion of cases there may be found more or less hypostatic bronchitis, with collapse of portions of the lungs.

The brain presents no lesions dependent upon the disease, when death occurs during the acute stage. When the case has been protracted, and attended with much wasting of the solids and fluids of the body the brain also diminishes in size, and there is frequently found marked excess of subarachnoid effusion, in cases where the fontanelles have closed, while, if these spaces still remain unossified,

they become markedly depressed. These appearances are, however, purely passive in their character, and depend upon wasting of the brain.

Some might think that it made little difference whether we could accurately diagnose the case as far as treatment is concerned, that is true to a certain extent, but when we come to food it is very important to know the condition the bowels are in. In cholera the most serious effects is in the ileum, so we must choose food easily absorbed and that high up—the higher the better. Milk will not do, although easily digested it is absorbed low down in the bowels. To give a cholera case milk alone will be to protract the case. Beef tea being already digested and absorbed in the stomach, forms one of the best of nutriments.

In entero-colitis it is too stimulating, we need a bland, soothing, mucilaginous article like arrow root or milk porridge in small quantities. No one would think of stuffing a person with inflammation of the bowels or dysentery. I am quite confident that our mistaken kindness in feeding this child was one cause in the way of recovery.

September 16. During a burst of hot weather (when astronomers told us that Saturn was in apposition with the earth) was called to see the child of Mr. C—, aged four months. It was vomiting and having diarrhoea, frequent thin green stools, which on the second day became slimy and streaked with blood. There was a high fever, restless, uneasy sleep, with starting and crying out. Constant whining when awake. Must be tended constantly. Could not bear to be laid on the back, and would shrink when it was elevated by the feet, as in changing its diaper. Passing much flatus, abdomen tympanitic, face pinched, bluish and pearly appearance of cornea. An injected zone seemed to be forming about the iris. This to me has become very diagnostic of enteric inflammation. Child bottle-fed on Gerber's milk food. Was nursed for two weeks, but the mother was so feeble and fussy that the milk disagreed (soured). The child was a little thing, only six pounds, and had colic—as almost all small babies will have till fleshy. No effort was made by the attending physician to correct the mother's milk by proper diet as might easily have been done. Although the child is small it has a thick head between the ears and a short neck, indicating to me a good grip on life. It was put on the most infantile food except breast milk—arrow root with cream—and the condition explained so that the child would be kept very quiet. The remedies given were *Belladonna* 3 and *Arsenicum* 3 once

an hour. On the second day when the stools were bloody, *Merc.* was substituted but child was worse, and it was put back on former remedies. In four days it was convalescent and was put on its former diet in gradually increasing quantities. Comprehending the gravity of the case, the happy father sent me a \$20 gold piece as an evidence of his appreciation of the result.

The hint I learned from this case was the value of a correct diagnosis and proper feeding. In a therapeutic point of view it is always well to recognize the true nature of the intestinal disease we have. The inflammatory character of entero-colitis will need an inflammatory remedy. Prominent among these stand *Belladonna* and *Arsenicum*, while the type of cholera infantum is that of prostration, that phase of the disease should be kept in mind, to this *Veratrum* corresponds.

I hope I have made sufficiently clear the marked difference between cholera infantum and entero-colitis, so that we will have more correct and scientific reports. During 1877 there were only sixty-one deaths reported from entero-colitis, while from cholera infantum there were reported 530 deaths. I do not believe that there were a tenth of the cases. If the health officer treated every case reported as cholera infantum as true cholera, and disinfected the premises, we would, I imagine, have more accurate reports in Chicago.

Do you know that in all our Homœopathic literature I could find only one article on this disease, and that is not very clear, but it is the best I have seen. It was from our old friend Dr. W. H. Holcombe, of New Orleans, and appeared in the old *United States Medical and Surgical Journal*. This with much more valuable matter I have put in my work on Diseases of Children.

THERMOMETER IN FEVER.—The Berlin *Klin Wochensft* details an instance where the symptoms of fever were simulated. The respiration and pulse were voluntarily hastened and the temperature apparently raised by placing the thermometer in a fold of the night dress in the axilla and moving the arm against the chest.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

MONROE, Wis., May 4.—There was a good deal of diphtheria here during the winter. Remedies used: *Kali bi.*, *Merc. protoid.* *Phytolac.*, and *Ars. iod.* were among the most useful.

H. E. BOARDMAN.

SWANSTON, Vt., April 30.—Prevailing diseases are pertussis, a few cases of measles, and scarlet fever. Remedies used: (1.) *Gels.* *Bell.*, *Ipecac.* (2.) *Acon.*, *Bry.*, *Puls.* (3.) *Acon.*, *Bell.*, *Merc. protiod.*

J. C. FARLEY.

FAIRFIELD, Cal., April 20.—Weather here is cool and raining, with winds from south and southeast. Diseases most prevalent: Catarrh of bronchial passages; also, some pneumonia. Remedies mostly used: *Gelsemium*, *Bell.*, *Merc. sol.*, *Bry. alb.* and *Phosph.*

G. W. WILCOX.

MANITOWOC, Wis., May 12.—We have had a great deal of sickness here this winter and spring. Bronchitis, pneumonia, jaundice, diarrhœa and dysentery have been the principal diseases. Diphtheria has cropped out occasionally, and just now is quite prevalent, so much so that some of the schools have closed on account of it. The city has just re-appointed me city physician. "Poor doctor you know."

R. K. PAINE.

LYONS FARMS, N. J., May, 11.—The past fall and winter has been with us here remarkably healthy. Such few cases as have come to our notice have been mostly such as required *Bry.* and *Lycopodium*, one or both, but especially the latter in the more serious cases. In fact, the range of this much overlooked and (strangely enough) despised medicinal agent is something wonderful to even one familiar with the oft-times marvelous results to be witnessed in the gravest of cases after the exhibition of the proper Homœopathic remedy. Its depressing action being especially evinced in the vegetative sphere, in a gradual undermining of the very

citadel of life, this valuable polychrest should be better known and appreciated by the members composing the Homœopathic profession than it is. We are satisfied that *Arsenicum* has been frequently administered for a state of great bodily prostration occurring in the later stages of many acute diseases where *Lycopodium* should have been. In fact, the universally accepted key-notes for *Arsenicum*,—*frequent thirst for small quantities*, and an after-midnight aggravation—are of no uncommon occurrence in these *Lycopodium* cases. Frequently, we have also an *early afternoon* rise of fever coupled with other symptoms such as would lead us to think of *Bellad.* But especially to be noted is a *pernicious form of intermittent* (congestive chill) appearing at 9, A. M., and continuing throughout the day—passing off about 5, P. M. of the first day, *without subsequent heat or sweat*. The next one anticipates by coming at 7 A. M. *Cold nose, hands and feet*. Look out for them. *Belladonna* seems to be contesting for the lead with *Lycopodium* this spring. It bids fair to be the epidemic remedy this coming summer from present appearances. To return to *Lycopodium*, unless men are willing to throw overboard all mere theorizing concerning the efficacy of the higher attenuations (200th and upwards) they *need not expect* any very satisfactory results from the administration of this remedy, even in the 30th., in many cases.

J. E. WINANS.

WEATHER PROVING AND DISEASE TENDENCY.

BY BUSHROD W. JAMES, A. M., M. D., PHILADELPHIA, PA.

Read Before the Hahnemann Medical Club of Philadelphia.

Meteorological summary for April, 1880, by T. F. Townsend, S. S. Corps, U. S. A.: Highest barometer, 30.374 (28th). Lowest barometer, 29.548 (10th). Average barometer, 30.22. Monthly range of barometer, 831 inches. Highest temperature, 81° (14th & 15th). Lowest temperature, 29° (12th). Average temperature, 52.4°. Monthly range of temperature, 52°. Greatest daily range of temperature, 31 (14th). Least daily range of temperature, 5° (24th). Mean of maximum temperature, 62.2°. Mean of minimum temperature, 43.4°. Mean daily range of temperature, 18.8°. Mean relative humidity, 57°. Total rainfall snow, 2.43 inches. Prevailing direction of wind, southwest.

Maximum velocity of winds, 41 miles (W.30th). Total movement wind, 96.24 miles. Number of foggy days, none. Number of clear days, 14. Number of fair days, 8. Number of cloudy days on which rain fell, 6. Number of cloudy days on which no rain fell, 2. Total number of days on which rain fell, 10. Frost occurred on the 8th, 11th, and 12th. Solar halos on 22nd.

COMPARATIVE TEMPERATURE.

April.	1876,	49.1 inches.		
"	1877,	50.0 "	Average for	} 51.3.
"	1878,	55.9 "	five years.	
"	1879,	49.1 "		
"	1880,	52.4 "		

COMPARATIVE PRECIPITATION.

April,	1876,	2.16 inches.		
"	1877,	2.66 "	Average for	} 2.80.
"	1878,	2.55 "	five years.	
"	1879,	4.21 "		
"	1880,	2.43 "		

DISEASE TENDENCY.

During April the mean daily range of temperature being about 18°, the least daily range being 5°, and the greatest daily range being 31°, with a considerable amount of humidity, together with high winds and more or less frost, caused most of the disease tendencies of March to linger well on through April.

The general disposition of diseases of the entire month were catarrhal influenzas, bronchitis, pneumonia, hepatic, gastric and enteric derangements, neuralgia, rheumatism, especially lumbago, albumenurea, measles, scarlatina, typhoid fever, and such skin diseases as erythema, erysipelas and hives.

In addition to these we found in the early part of the month that heart and nervous diseases were worse, and there was a great disposition to languor, debility, headache, sorethroat, epistaxis and hepatic disturbances, and renal complications, resulting, in some cases, in the suppression of urine; then followed otalgia, enteralgia, paralysis and a great disposition to dropsy.

During the second week hepatic and gastric derangements with vomiting of bile, diphtheritic angina tonsillaris, diarrhœa, lumbago, and nervous debility, with tired drowsy feelings, were more prominent.

During the high winds of the 11th., which caused a great amount of dust to fly in the atmosphere, we found an increase of

neuralgia, bronchial, laryngeal, and pulmonary congestions and inflammations; sorethroat and coughs were in this manner induced also.

During the third week coryza, croup, debility, backache and headache, erysipelas, otalgia and odontalgia, sorethroat and malarial fever were especially noticeable.

During the last week there was more sore throat, and it assumed more of a diphtheritic character.

Asthma and bronchial cough, intermittent fever, epistaxis, nervous diseases, typhoid fever, diarrhœa were the other observable tendencies.

OBSERVATIONS.

The sorethroat, and bronchitis, and pneumonia and some of the rheumatic attacks were due to change of clothing from thick to thinner garments which people make regardless of consequences when the spring season sets in, whereas, the sudden and frequent rise and fall of temperatures that always occur in this part of the year, as well as in the autumn, are heedlessly overlooked. The great disposition to lumbago, and albumenurea and renal diseases is not so easily accounted for, as they have not been so prevalent in former years. The typhoid tendency and general debility, and nervous prostration were doubtless, in a great measure, due to the "letting down" of the normal physical tone of the human system from the cooler months, to the more relaxing and enervating atmosphere of spring; while people continue the same amount of mental and physical toil during the twenty-four hours of the day that they were in the habit of in winter, or even use additional exertion in view of spring trades of every kind, household cleansings, movings and taking on various new duties in one way or another.

This, over-burdening the now relaxed physical powers, doubtless allows a loophole for the inroad of any of the prostrating fevers and nervous derangements.

REMEDIES.

Colocynthis came into very general use for the umbilical colic and neuralgic pains, and the painful diarrhœas.

Belladonna met the erysipelas, the mild sorethroats, the epistaxis, headaches and congestions resulting from fresh colds.

Bryonia for the rheumatic and pleuritic tendencies.

Mercurius vivus for the diarrhœa in general.

Arsenicum for the eruptions and gastric troubles.

Sulphur also was quite frequently needed.

AN EXTENSIVE BURN.

During the month of February last, a case of an extraordinary burn from lightning came under my care, and the healing of the wounds under the treatment pursued was so satisfactory that it seems to me worthy of publication.

During a severe thunder-storm the patient and another man were working under the shed of a brick kiln. The shed was struck by lightning, which ran down a post near which they were standing, and leaving the post, struck first one and then the other man. They were both knocked senseless and their clothes set on fire. They both remained in this condition some minutes, and on coming to, found their clothes almost burnt off, and their flesh badly burned. They so far recovered their senses as to be able to roll in a puddle of water near by and put the fire out. I was called to one of them within an hour after the accident, and found him in a severe chill from the shock and cold. We undressed him and put him to bed, and by the aid of external heat and small frequent doses of whisky and hot water, soon brought about a re-action. On examination I found he had a large burn on both shoulders, and from the left extending to the elbow and over the entire left half of the back, extending over the crest of the ilium to the pubis, covering also the whole of the buttocks and between them to the verge of the anus on both sides; it also covered the entire outer half of the left leg and the dorsum of the foot. In addition to this the charge exploded in his boot at the ball of the little toe, tearing his boot to pieces and tearing his foot fearfully at that point. The skin was burnt off over most of this surface, the rest was blistered and in most cases the blisters burst open and covered with the sand and dirt in which they had rolled. It may safely be imagined that I was thoroughly alarmed for his recovery from so severe and extensive a burn, the febrile reaction likely to occur and the inflammation which would follow. The thing that seemed to me most reasonable was a poultice, and I had immediately made a poultice of ground flaxseed mixed with hot water and large

enough to encase the whole leg with others for the body and shoulders. These I allowed to remain for thirty-six hours before removal, keeping them constantly wet from the outside with hot water. I also put the patient upon *Aconite* internally, once every hour unless he fell asleep. Under this treatment he was able to sleep considerable the first night, and afterwards as much as he needed; the wounds on removing the first poultice seemed almost entirely free from inflammation and covered with a nice coat of thick mucilaginous serum, did not have any burning pain, and commenced the healing process from the first. The pulse also kept in excellent condition and never exceeded 100 and only reached that during one day.

We continued the poultice until the inflammation was entirely gone, and then treated the wounds with *Cosmoline*. The inflammation was entirely under control all the time, there was very little suppuration at any time, the healing process began immediately and continued steadily and in four weeks he was able to be dressed and around the house with a cane.

His prompt recovery was the wonder of everybody, and can be ascribed to nothing else but the prompt and beautiful action of the flaxseed poultice and the internal treatment. It might be proper to state that his fellow sufferer, who was not so badly burnt, was under Allopathic treatment with whisky and *Opium* internally and linseed oil and limewater applied on cotton to his burns; that he lay for weeks in a burning fever, suffering intense pain with his burns; that the inflammation spread steadily; that the suppuration was excessive and prostrating, and that he to-day, while his mate of thirty years greater age is now walking about in almost sound health, is lying doubtful of recovery, worn out with pain and exhausted by suppuration and bad medication.

The flaxseed seems to me especially worthy of consideration, in that it so completely controlled the inflammation while it protected the parts, that it kept the sufferer free from the severe burning pain that accompanies a burn, and that it promoted so quickly the healing process.

While claiming nothing new or original in this treatment, I think it is worthy a place in every physician's memory and a trial in these severe cases which one occasionally meets in practice.

T. M. WATSON.

ACUTE AND CHRONIC DISEASES.

BY C. P. JENNINGS, S. T. D.

An Essay prepared by Appointment of The Central New York Homœopathic Medical Society, read at the Quarterly Meeting in Syracuse, N. Y., Dec. 18, A. D. 1879, and Ordered to be Published.

Disease—what is it? It is common to look upon disease as an entity, a “definite, concrete thing” existing in the organism. A name is set down over against it, and therapeutics is expected to remove the morbid entity. Pathology traces disease to the abnormal action of the walls and nuclei of the microscopic cells; and, it thinks it has found in such abnormal action the nature of disease. It fails to see that the disturbed function of cells is an effect, instead of being the primary cause. It should ask the reason for the deranged action of the cells; and, then, it would find itself face to face with a dynamic force, invisible, intangible, known by its effects only, itself always eluding us. Its essence remains an unsolved mystery. The very name, disease, teaches this. Dis-ease, loss of ease; not a substantive thing, but a negative, although it brings to pass positive results. The loss of ease is in itself an effect. Some occult force disturbs the equipoise of the organism, and gives rise to a certain morbid process, more or less painful and damaging. We call the process disease. The name is accepted universally. It cannot be displaced from medical nomenclature. We must speak of diseases; but, we need not allow ourselves to be misled by the error which lies in the name. Though they are not concrete entities, yet diseases are definite conditions of the organism; and, these conditions admit of names, and of general descriptions as types in pathology. We accept pathology as necessary to diagnosis, and to prognosis; but, we know that the same disease is not completely identical in different persons.

How distinguish between acute and chronic diseases?

Carroll Dunham thought that, “from the standpoint of practice,” “a clear and well-defined distinction between acute and chronic diseases is not possible;” that we cannot “base such a distinction upon the element of time alone, paying regard only to the duration of the disease,” nor “upon a pathological conception—*i. e.*, upon the presumed existence in the patient of some dyscrasia, diathesis, or miasm.” He says, that in practice it is impossible to make the distinction at the beginning of an illness. Many cases, which “begin without any sign of miasmatic or dyscratic complication, often develop

such complication; at the outset regarded as acute, they "prove in their course to be unmistakably *chronic*." (See Transactions of the N. Y. State Homœopathic Medical Society, Vol. II., Art. V.)

Hartmann defines acute diseases to be "sudden disturbances of the vital force, characterized by the greater rapidity with which they run through their course and by the powerful reaction which takes place in the vascular system." Concerning chronic diseases the same author says, that they "frequently arise from a disturbance of the vital force, which is seated in the vegetative system." Their beginning is scarcely perceived. They gradually prevail over the vital force, "so that it is only able to offer an inadequate resistance." (See *Acute and Chronic Diseases*, by F. Hartmann, M. D., Hempel's translation, New York, 1847, Vol. I., pp. 45, 46.)

Hahnemann defines acute and chronic diseases thus: Acute diseases "are rapid operations of the vital power departed from its natural condition, which terminate in a shorter or longer period of time, are always of moderate duration." Chronic diseases "are less distinct, and often almost imperceptible on their first appearance." They "seize upon the organism, each according to his own peculiar manner, and remove it by degrees so far from the state of health that the automatic vital energy which is destined to support the latter, and which is called the vital power, cannot resist but in a useless and imperfect manner; and not being potent enough to extinguish them herself, she is compelled to allow them to grow, until, in the end, they destroy the organism." (*Organon*, p. 72).

The distinction has reference to time. Acute, Latin, *acutus*, means sharp, coming quickly to a point, or termination; and, as applied to disease, it describes the duration of the disease as limited; while the term chronic, Greek, *chronos*, *chronikos*, is given to disease when slow in its movement, and tending to a long duration.

"Acute diseases (says Grauvogl) run their course, so to say, in the track marked out by the bodily constitutions." If an acute disease change the bodily constitution, it has resulted in some form of chronic disease." (See Grauvogl's Text Book, p. 291). When a disease has compelled the organism to tolerate it, and adjust itself to it, it has become chronic. Hence, a chronic disease tends to structural changes even if there be no other change than the thickening of the cuticle or of the mucous membrane over a small surface. Because of structural changes there is diminished or augmented sensibility in chronic diseases. Hence, also, they do not disappear of themselves; they

continue to increase in intensity, though slowly; they prevail notwithstanding vigour of constitution, and strictness of regimen. Acute diseases are self-limiting. They tend towards a crisis. In the crisis, either the patient dies; or, the disease is extinguished, and the patient recovers; or, the disease passes into a chronic form.

Hahnemann speaks of "chronic diseases which border on the acute" (*Chronic Diseases*, p. 161). To-day, we call them sub-acute.

It is to be said, that diseased conditions, though long-continued, should not be called chronic, when they are due to causes from without the organism, and disappear upon said causes ceasing to act.

Can a satisfactory account be given of the causes of disease? Generally speaking they may be classified as: (1.) Proximate. (2.) Remote. Among the proximate causes of acute diseases are all those specific miasms which produce such independent, idiopathic, self-limiting diseases as scarlatina, rubeola, variola, etc. And many diseases, both acute and chronic, are due to exposure, fatigue, excesses, abstinences, and the like, causes over which men have some control. There are proximate causes over which men have little or no control, causes telluric, atmospheric, solar, and even asteroidal. There are those who would add the adjective, lunar, to the list; and not without reasons drawn from experience. Nor should we omit to signalize improper medical treatment as a fruitful cause of chronic diseases. Probably these are the most difficult of cure. Also, there are states of mind which beget disease of the body. Oftentimes, acute diseases leave chronic diseases behind them.

Do these statements meet all the conditions of the problem? Many think that they do not; that, there are remote causes, which underlie proximate causes, and make these proximate causes effective. They conjecture that there is, in a majority of sick persons, a latent constitutional dyscrasia, which predisposes them to disease. It may be hereditary; or, it may have been acquired.

This conjecture is thought to be warranted by such facts as the following:

1. A patient improves under a carefully selected remedy, and then comes to a stand. The same remedy seems to be indicated, and it is repeated; the improvement proceeds, but it moves more slowly, and then it ceases. The same medicine seems to be indicated; and yet it fails to affect the patient. Why? Or, a portion of the symptoms disappear under the administration of a remedy; but, the disease retains a firm hold upon the patient. Why? There may not be

causes *at extra*; nor, change in the normal and mental feelings of the patient; nor, medicinal aggravation; nor, any discoverable cause. The inquiry after the cause is supposed to find an answer in the theory of a latent dyscrasia.

2. Acute idiopathic diseases often yield promptly, while chronic affections prove obstinate against well-selected remedies. New symptoms come to the front as old ones disappear. Why?

3. The members of the same family are vaccinated with the same virus, at the same time. Some of them improve afterwards in general condition, while others are harassed with an eruption, or with blennorrhœas, or suppurations, etc. Why? Some specific contagion, as scarlatina, may seize upon all the children of the same family. Some of them recover; some of them are left with chronic *sequelæ*; some of them die. The treatment has been skillful. Why the difference in the results? Some will answer, a latent constitutional taint reposed in the organism, and the vaccine virus, or the contagion waked it up.

4. A cause of disease acts upon many men at the same time, under the same environment. Some of them sicken. Others have perfect immunity. The *causa occasionalis* must needs find and concur with an individual susceptibility. How shall we account for this susceptibility? An analogous fact is cited, that all parasites require a suitable soil, or *nidus*. In the absence of this, they will not fasten upon the organism; they cannot live in it. It is claimed that this is a fact and that it points to a constitutional cachexia.

5. Dermal eruptions may be killed by topical applications; but, the patient is liable to be attacked thereafter with other and severer forms of disease. Ulcers, instead of yielding to local, and surgical treatment, are made thereby liable to become phagedænic. Dropsies are not cured by removing the fluid. These facts show that such diseases are not purely local. They are the localized expressions of general affections of the organism. It is inferred by some that nearly all chronic diseases owe their existence to a bad habit of the body.

6. In contagion there is, first of all, the moment of infection, when the system takes the poison. This is followed by a period of incubation, during which period the entire internal system is brought under the power of the poison. The virus propagates itself, and obtains control of the centres. The third stage is the disturbance of the general health. This declares itself in symptoms objective and subjective. The virus has extended its power from the centres to the

periphery. The tendency is from within to without. The external manifestations are secondary and vicarious effects of the infection. They presuppose an inward empoisoned condition. Exhaust the internal fountain-head of the disease, and you extinguish the outward signs of it. The infection having become general, the amputation of a limb, whereon a malignant token of the infection may have localized itself, will not heal the disorder. This series of facts is thought to sustain the position that, by way of analogy, chronic diseases are manifestations of an internal infection of the system from some miasm; that the inner feeds the outer; that as, in morals the outward action is held to embody and index the inward disposition, and no permanent cure of the outward evil life is expected until the inward disposition be corrected, so external symptoms of disease are sure tokens of constitutional derangement, and the cure is to be accomplished by annihilating the internal disturber. Ablutions, cauterizings, setons, exsections will avail nothing towards healing a contagion "instilled into the hidden fountains of life."

Painful internal sufferings are often relieved by an eruption on the skin; and, they return if the eruption be suppressed. Certainly this fact suggests that the eruption is vicarious; that it is in the line of cure, if a cure be possible; that the eruption is not a purely local affection, but has an internal fountain-head. It is claimed that this fact suggests also the probability that nearly all chronic diseases are due to a constitutional miasm.

It is said, that, under favourable conditions, this latent miasm consists with a good degree of vigour and health; but, at any time, contrary conditions permit it to rouse itself into action. Then, the resulting disease is likely to be violent; convalescence will be tardy, and easy of interruption; relapses will be difficult to guard against; and, some enervating, if not disabling, chronic disease will settle down, like an incubus, upon the patient. These results are out of proportion to the proximate causes of the disease. It is inferred that they belong to a deeply-seated, constitutional dyscrasia.

7. There are medicines which are polychrests. This fact is interpreted to mean that a very large number of maladies, seemingly different, have a principle of unity; and, that unity lies in one fountain head; and, that fountain-head is a latent constitutional dyscrasia.

8. Syphilis and sycosis will yield to Homœopathic remedies; but, never do they tend to become extinct of themselves. Why should other chronic ailments prove incurable, and grow worse, notwith-

standing the exhibition of Homœopathic medicines? This is thought to suggest the presence of a constitutional depravation lying back of them, and sustaining them.

In looking for the principle which underlies such facts, many have set forth this law, that almost all non-venereal, and non-toxic chronic diseases are due to an internal psora. Hahnemann says: he observed "the non-venereal chronic diseases, even after having been repeatedly and successfully removed by their known Homœopathic remedy, continually reappear in a more or less modified form, and with a yearly increase of disagreeable symptoms." This led him to think, "that the phenomena which appeared to constitute the ostensible disease, ought not to be regarded as the whole boundaries of the disease;" "but that this ostensible disease was a mere fragment of a much more deep-seated, primitive evil, the great extent of which might be inferred from the new symptoms which continued to appear from time to time." He says: he "became convinced that the first condition of finding out one or more Homœopathic medicines which should cover all the symptoms characterizing the whole disturbance, was, to discover all the ailments and symptoms inherent in the unknown primitive malady." He concluded that this primitive disease owed its existence to *some chronic miasm*. For as soon as it had reached a certain height, it never yielded to the simple action of a robust constitution, or to the best regulated diet, or mode of life." He fixed upon a previously existing itch as the cause of the persistence of seven-eighths of non-venereal chronic diseases. He says, this may "exist either with or without an eruption upon the skin." He claims that this theory led him to new successes in the combat with inveterate chronic diseases; and, his successes confirmed him in the belief that he had found the internal enemy which had baffled him and his colleagues so long, and so mysteriously. (See Hahnemann's *Chronic Diseases*, Hempel's translation, pp. 19-21. Also, *The Organon*, par. 80).

Hahnemann designates this latent miasm by the name of psora. He calls it a kind of internal itch (*Chronic Diseases*, p. 21). He speaks of the psoric eruption as having been reduced, in civilized countries, in the 14th and 15th centuries A. D., "to a simple manifestation of the common itch" (*Chronic Diseases*, p. 26).

Hahnemann's doctrine, stated by himself with careful precision, is this: "All non-venereal chronic diseases that can neither be cured by regular diet nor favourable circumstances, which on the contrary,

increase in the course of time, originate in psora" (Chronic Diseases p. 106, Note). He believed such a patient must have had itch-vesicles, few or many, at some period of his life, although he cannot recollect them, and even may not have been aware of the infection. He believed it must have been communicated to him by contact, somewhere, at sometime. He excepts all venereal diseases, all chronic maladies arising from unhealthy modes of living, and all factitious diseases arising from vicious medical treatment. He believed the itch to be communicated with wonderful facility.* Hartmann says: Hahnemann would ask his patient if they had ever had the itch. At last, he would say to them, in a very positive manner, "You have at some time had the itch." A majority of the patients would reply in the affirmative. (See Teste on Diseases of Children, Cincinnati Edition, 1854, p. 174). He thought the itch-eruption to have been the earliest form of psora; and, that the vast majority of mankind had had the itch.

Did Hahnemann identify psora with *Scabies Acari*? Many utterances look that way; chiefly, his description of the itch in connection with the statement of his theory of psora. He says, the itch may present itself upon the skin as a transparent vesicle, which afterwards fills with pus; or, as a rash granule; or, as pimples; or, as little scabs which have become scattered by means of friction. If the patient be a child, he incessantly scratches the spot upon which the eruption is seen; if an adult, he complains "of a voluptuously itching eruption, (were it but a single pimple), which is especially vehement in the evening and during the night, and becomes intolerable unless it be scratched," after which he experiences a burning pain. (Chronic Diseases, 131). Other sayings of Hahnemann are at hand, and they seem to set forth another doctrine. He says, that the itch originates in an internal psora (Chronic Diseases, p. 61, Note). He calls it one of the simpler manifestations of psora (Ibid., p. 26). He calls *tenia capitis*, *crusta lactea*, *herpes*, etc., varieties of the itch (Ibid., p. 49). He pronounced psora the basis of the itch (Ibid., p. 23). He thought psora to be multiform; a morbid miasm existing in the body, coming to the surface in almost numberless varieties of eruption.†

* He says that "Psora is the most contagious of all chronic miasms;" that "the passive miasm taints the system, especially that of children, by simply touching the skin;" that "the injection by the psoric miasm is more common, more certain, more easy and more absolute than that by any other." (Chronic Diseases, pp. 55, 56).

† He attributes its appearance in so many diverse forms to its progress "through

Hahnemann was not ignorant of the *Sarcoptes hominis*. He described it before he published the Homœopathic law. Probably, he looked upon the itch-mite as the product, rather than the cause of disease. He considered the ancient leprosy a variety of psora; also the St. Anthony's Fire, which harassed Europe during the Dark Ages, he thought to be a form of psora; and that by means of a suitable regimen these malignant varieties of psora had gradually taken the mild form of scabies.

Carroll Dunham says: Hahnemann includes under the term, itch, "all eruptions which become moist on being scratched." He quotes Dr. Copeland as saying, that "the ancients comprehended under the names psora and scabies, besides itch, properly so called, eczema, prurigo, lichen, and ecthyma." Not till 1834 was the name scabies or itch restricted to the eruption produced by the itch-insect (Transactions of The Homœopathic Medical Society of New York, Vol. III., Art. xiii).

Raue understands Hahnemann to have given, under psora, a *tout ensemble* of chronic cutaneous affections in general (Pathology and Therapeutics, p. 626).

Lilienthal teaches, "that the pith of the psora theory is not reputed by the discovery of the acarus, nor by the *generatic œquivoca*, nor by the propagation of the animalculæ." He affirms that Hahnemann "understood by the word psora and psora-dyscrasia that undefinable contamination of the blood, so often found in our days that a healthy offspring is a *rara avis* in our civilized age" (Transactions of the Homœopathic Medical Society of the State of New York, Vol. VIII., pp. 449, 450).

Grauvogl reasons, that because the same diseases, which Hahnemann declared to be sequels of scabies, are to-day still at work; and, the same remedies which he gave us under the name of antipsorica, act favourably, and cure to-day yet the same series of diseases, therefore the psora theory is true. He thinks psora has given rise to the acarus and other vermin, and has not taken its origin from the acarus. (See Text Book, par. 305).

Hahnemann used the term psora in its most ancient senses. Greek, *psao*, to rub; Hebrew, *tzadey*, to strike down, to prostrate; hence, to be leprous. See Leviticus xiii. 44; xxi. 20; xxii. 4; 2 Kings

the organisms of millions of individuals in the course of some hundreds of generations;" to the multiplicity of circumstances that contribute to the manifestation of the great diversity; and to the infinite variety of individual constitutions (Organon, par. 81).

v. 1, 27; xv. 5. The Septuagint renders it *psora agria*, a malignant mange, a rough scabbiness. Gesenius thinks *tzadey*, is probably the equivalent of *ghadey*, to scratch, to scrape. A commentator on the Talmud (Jonathan by name), says that the word, *ledichith*, represents *lichen*. Plato calls the itch *glukupikron*, sweetly bitter. (See Hahnemann on Chron. Dis., p. 25, Note.)

It is well to give a generous interpretation to the teachings of Hahnemann upon this subject. It is difficult, however, to defend him against the charge of having taught that the itch has been communicated to nearly all the human race; and, that it is the cause of seven-eighths of non-venereal diseases.

It is well to note that Hahnemann did not mean by psora an inherent natural adaptation in man to physical evil. Hahnemann was not a Manichæan.

Concerning this theory of psora it must be said :

1. It is not universally accepted in our school. It is not an integral part of Homœopathy. Homœopathy is not responsible for it. Eminent men of the Old School taught this theory before Hahnemann, notably Autenreith, and Hoffmann. Hahnemann did not adopt the doctrine until some thirty years after he had announced the Therapeutic Law. Long before he promulgated this theory, he published remarkable cures of diseases which, in his after life, he classed as psoric. As Europe was in a chronic state of war in his time, probably the itch prevailed upon the Continent (Dudgeon's Lectures, Manchester Edition, 1854, p. 291).

2. One of the arguments greatly depended upon is utterly fallacious. To say that chronic diseases are due to psora because anti-psoric medicines cure them, is to beg the question. Hahnemann settled upon *Thuja* and *Nitric acid* as the great anti-sycotics. To infer that all diseases curable by these are therefore sycotic would be illogical. And from the fact that certain medicines remove what is supposed to be psora to infer that therefore all the diseases amenable to these medicines are due to the psoric miasm, is reasoning in a circle.

3. The theory is closely allied with the humorism of Broussais. He attributed all diseases to a depraved state of the humours of the body, Hahnemann to a kind of latent internal itch. At best the theory belongs to the domain of pathology. It seems to teach that there is a *materies morbi*, a peccant humour lying in wait in the body; that the psoric miasm is a substantive entity. Certainly it brings us

no nearer to the solution of the problem of disease. It does not reveal to us what disease is in its essence; and, yet, there is danger that psora will be taken to be the essential nature of chronic diseases. At best, psora can be an effect only (be it sensible, or latent) of some inscrutable dynamic disturbance of the equilibrium of the vital forces. We should be chary of any theory which would be what Teste calls a "blind, absolute and final submission of therapeutics to the abstract speculations of general pathology" (Mat. Med., Introduction).

4. The theory of psora is liable to interfere with the Therapeutic Law. Hahnemann has taught us to trace diseases to dynamic causes; to individualize every case of disease; and, to exhibit the similar remedy, because drugs dynamically neutralize the dynamic causes of disease. Only a dynamic force can counter-act another dynamic force. Not the disease, not the psoric taint, is the ground of choice in selecting a remedy, but the characteristic state of the patient. According to Hahnemann "without the most especial individualization, Homœopathy has no meaning" (Organon, par. 28, Note). The theory of psora may lead a physician to prescribe for that miasm by name, instead of adhering to the law of similars. Can any diseased condition be treated successfully in any other method than according to symptoms? By symptoms we mean all manifestations of disease, both objective and subjective. If there be gathered up all the phenomena in a case, not forgetting the concomitant, the anamnesis, and the temperament, and the mode of life; and, if the remedy be selected according to the entire picture of the case, we obey the law of similars. If the theory of psora lead us to choose the medicine on general principles, we are at fault. The well-chosen medicine cures, not because it sustains a certain relation to psora, but because it meets the dynamical cause of the morbid phenomena.

Baehr regards the psora theory "as a convenient means of getting over difficulties that we do not know how to solve, and over which we glide with vague generalities" (Therapeutics, Hempel's translation, Vol. I., p. 187). If one adopts the theory, he should not allow it to excuse him from a diligent search after the *simillimum* in every serious case. The directions given by Hahnemann in the Organon, par's. 84-104, for tracing out an image of the disease in any given case show him to have possessed "the genius of observation." He was all eye, all ear, all nose, all touch—every sense was alert. All Homœopaths should cultivate the same habit. This enables a

physician to ascertain, by the totality of symptoms, what general constitutional condition it is which issues in the abnormal action of any given organ or organs; and, to address his treatment to the dynamic cause of the affection.

5. Unquestionably there are diatheses, predispositions of the body to certain diseases. There are dartrous, arthritic, and strumous dyscrasiæ. Psora can be classed with these. It has not been proven yet that psora is the one all-comprehending *fons et origo mali*. Psora, in the wide sense, is a physiological and pathological fact. The proof does not suffice as yet that it is fundamental to nearly all non-venereal and non-toxic chronic diseases. It is at least an open question. Wolf believed syçosis to be a combination of syphilis with psora; and that psora is older than syphilis as a poison of the human race, and a continual source of chronic diseases (U. S. Journal of Homœopathy for 1860, p. 783). This position is more extreme than Hahnemann's.

Raue understands the essence of Hahnemann's psora-theory to be, that the affections of the skin "are almost always tokens of some internal derangements, hence their suppression is almost always followed by an aggravation of internal troubles. On the other hand, internal complaints get better in the same degree that the morbid process passes outwardly to the skin" (Pathology and Therapeutics, p. 606). To this moderate statement there can be little, if any exception.

6. It cannot be denied that the suppression of cutaneous eruptions is apt to be followed by diseases of a serious character; and, that these diseases tend to become chronic. The skin is in organic connection with all other parts of the body. The affection of the skin is not a purely external efflorescence. It is an effort to eliminate an internal malady. To throw it back into the system is likely to intensify it, and weaken the power to eliminate it. Suppressing it does not change the essence of the disease. It will probably force itself upon some noble organ. Hahnemann cites a large number of cases from the annals of the Old School, sustaining this position (Chronic Diseases, pps. 34-49). Many cases of exostoses, tubercles, degeneration of tissue, cysts, carcinoma, etc., have been traced to such a mode of treating diseases of the skin. (See Grauvogl's Text-Book. Vol. II., p. 221). But, is it therefore to be inferred that all forms of chronic diseases had such an origin? Because a certain form of hydrocephalus, or of phthisis, or of epilepsy has followed the sup-

pression of scabies, is it right to conclude that all forms of these diseases are due to suppressed scabies ?

And must we believe that all cutaneous affections are essentially one? May not each be distinct, having its own individuality, followed by its own peculiar chronic effects in the organism? (See Gibbon's Lectures, p. 297).

Hahnemann's belief that nearly all non-venereal chronic diseases are born of suppressed itch, made him enthusiastic as to power to prevent them by suitable treatment of the recently formed primitive eruption. He claimed that this, with its internal psoric disease, yields, in a few weeks, to a few globules of *Sulphur* (*Chronic Diseases*, p. 131). He adds the cautionary statement that this cannot be done after suppression, even if the eruption re-appear. Suppression renders the cure difficult (*Ibid.*, pp. 127, 128, 135). Whether the acarus is cause or product of the itch, whether prompt extermination of the insect upon his first appearance will be followed by perfect health, and whether the organism can be put into such healthful condition that the acarus cannot remain in it and generate disease, these are questions the future must solve. As yet they are in debate.

7. Notwithstanding all which may be said rightly against the theory, nevertheless it was a splendid effort to generalize the phenomena of chronic diseases by referring them to three fundamental sources. Hahnemann named syphilis, sycosis, and psora. Grauvogel approximates unification of diseases by a three-fold classification of bodily constitution, *i. e.*, "three distinct fundamental characters of general tissue and blood-qualities;" the hydrogenoid, "distinguished by an abnormal quantity of water, chiefly in the blood;" the oxygenoid, characterized "by the increased capacity for oxidation of the organic constituents;" the carbo-nitrogenoid, marked by the impeded reception of ozone, and the favouring of the predominant formation or retention of carbo-hydrogenoid substances in the organism" (*Text Book*, Vol. II., par. 307). The ætological school, as represented by Rademacher, classifies all remedies in three groups, copper and its analogues, iron and its analogues, and nitrate of soda and its analogues. This school insists that, instead of stopping short with symptomatic groups and processes of disease, and giving them names, and setting them up as objects of cure, physicians should "trace back the changeable phenomena and changing processes to their unchangeable source," and search for "that law which contains the essential in the contingent, the necessary in the changing" (*Ibid.*, Vol. I., par. 165).

All such attempts point in one direction, the referring of all chronic diseases to dyscratic conditions of the organism, and the unifying of all dyscratic states in one. If this be accomplished, it will be a crowning triumph of pathological science. Also, it will be a signal gain to therapeutics if it shall increase our ability to select remedies according to the law of similars. It will embarrass therapeutics if it lead physicians to classify and prescribe remedies according to dyscrasia. Diseases are not treated successfully by name.

Consultation Department.

ANSWER TO CASE.

For F. F. C.'s case in Vol. XI., page 365, would give *Nux em* (Fincke) small powder at night and repeat only when improvement ceased. M.

EXPERIENCE WITH PETROLEUM.

W. C. Latimer in the last number of *THE INVESTIGATOR* asks for experience with *Petroleum*. I have been using that remedy steadily with marked effect in the worst case of skin disease (eczema) I ever had. Have been treating it some two months, case is nearly cured, but not quite. Eruptions were moist, itching with otorrhœa, etc. I used the lowest potencies, the 1st, 2d and 3d, of my own preparation.

THOMAS A. CAPEN.

ATTENUATED ATTENUATIONS.

I would like to ask Dr. G. H. Carr, if in his report of experience with rheumatism, (April 15 *INVESTIGATOR*, page 305-6), he means by *Aconite* 100,000, the 4x, and *Rhus tox.* the same, also *Bry.* and *Lach.* 10,000,000, 7x, or does he mean the 100,000 and the 10,000,000 attenuation; as I would like to know how far we have to stretch our imagination as well as our credulity, to realize the extent of a pharmacy capable of furnishing the 10,000,000th attenuation of several hundred remedies.

S. A. NEWHALL.

CASE FOR CONSULTATION.—ELEPHANTIASIS.

April 10, 1880 patient visited me suffering from elephantiasis. Fifty-two years of age, had been treated for the disease thirteen years. Is very fleshy, which he attributes to previous arsenical treatment. When he applied to me he had ulcer on left outer malleolus three inches in diameter, exuding very offensive discharge, and intense pain in whole limb. Gave *Graphites* 6 trit. Ulcer became

healthy and limb somewhat smaller. At present the primary ulcer is healed, but a number of smaller ones have made their appearance, and improvement has ceased. I last sent *Sulph. 30x*, and have not heard from him since, (he living 200 miles from me).

DR. RUBY.

A CASE FOR CONSULTATION.—ECZEMA.

Mrs. E., aged forty-seven, nervous temperament, easily excited during which time she forgets all her ailments. Alternate gayety and despondency; naturally very mirthful. Her mother had a form of eczema which annoyed her very much until blessed with offspring, which seemed to have rid her of the disease, she never being troubled with it afterward. She had three daughters, each had attacks, but were easily cut short, the present patient being one of the number. This Mrs. E. was annoyed most in warm weather, generally free from it in winter. Was married, had a son who lived to be two years old, and he manifested signs of the same disease, and during his life his mother was relieved, but after his death the same train of symptoms were presented. In former attacks *Citron ointment* would suppress it, and at other times *Calomel ointment*, but for two years the disease has remained the same, winter and summer, with slight variations, such as oozing yellow (*Graph.*) water and then drying down, followed by burning itching, most before retiring in the evening. Formerly it affected the face at times, but under the use of *Nux*, *Rhus*, *Graph.*, and some others, as characteristics could be ascertained it attacks now only the back of the hands, extending to the end of the fingers from the wrist. It is made worse by exposure to the open air. If almost well, a relapse may be brought on by attending a party and participating in the plays. She has been two years in climacteric, menstruates very irregularly. Has flying pains peculiar to that time. Has complained most of pains in the chest, principally left side, also between scapulæ, these were all relieved by *Ranunculus bul.* Then they appeared in the feet, relieved by *Arn.*, then in thighs, and so shifting round. The last remedy used for the old disease was *Ran. bul.* 30 internally, and *Cosmoline* with *Ran. bul.* tincture extract. This made some change but not a cure. Patient is very energetic, often going beyond her strength. Has no appetite for breakfast, has to force down every bite, but can eat dinner and supper; pains generally worse at night. Has anyone anything to offer? W.

SCURVY—HELP WANTED.

I live and practice in western Kansas, where a large proportion of the people are in poor circumstances, live in poorly ventilated houses, have but few vegetables, but live principally on a coarse, salt meat diet. Consequently quite a number of families in our vicinity are afflicted with scurvy. About the 1st of February, 1880, I was called to see a family, and found six of them afflicted with scurvy, which had been running five or six weeks. The father, mother, and one

son have about recovered. I have generally succeeded in assisting nature to effect a cure. But I have three cases in this family with which I make little or no progress. First, Katie, aged twelve years, slender build, grey eyes, light hair, face pale, mouth not much affected, appetite poor, does not crave anything in particular, slight epistaxis, had night sweats at first, bowels regular. The greatest trouble seems to be a weakness in the knees and small of the back, with great stiffness in her back and lower limbs. Knees slightly swollen, but not much hardness of the flesh; some blue spots on the skin, mostly about the knees. The stiffness of lower limbs and back gets steadily worse. A month ago she could walk some, but now she has to be carried. I have been treating her for nearly three months, was not called to see her until the disease had been running six weeks. I have given *Nux vom.* 3x, *Merc.* 3x, *Nit. cc.* 3x, *Ars.* 3x, *China* 3x, *Carbo veg.* 12x, and *Sulph.* 30x occasionally as an intercurrent remedy. Also recommended daily bathing and washing the limbs with very dilute vinegar, exercise in the open air, and a sour vegetable diet. Two little boys aged six and eight, brothers to the girl, are similarly afflicted, but the gums are badly swollen, purplish and raw ulcerated; teeth loose, some have fallen out. Roof of mouth pale, breath very offensive. The father, mother, and son were very similarly effected, and have about recovered under the above treatment, but I am discouraged in regard to Katie and the two little boys. Now as I am a new beginner in the practice of medicine, and the above described are charity cases, I would be very grateful to any of my brother practitioners that will help me out by giving me the means of cure through THE INVESTIGATOR. J. L. SHORT.

Materia Medica Department.

SULPHO-CARBOLATE OF SODA.

On page 318, April 15th number of THE INVESTIGATOR, is an answer to my article in March 15th number, criticising Dr. Burt's report of a case of diphtheria, by Dr. G. A. Hall, of Chicago, in which the doctor makes the remark that "Dr. Newhall shows his own position as a clear prescriber, by lugging in the *Sulpho-Carbolate of Soda* as an intercurrent remedy, without a *pathogenetic symptom to indicate its use, and in giving *Bell.*, *Kali bich.*, *Ars.*, and *Capsicum* alternately, regardless of it," and asks what kind of hash this is.

I think if the doctor will notice carefully, that he will see that my meaning is that I use these remedies as indicated, either alone or alternately, as the case requires, and that what I claim, and all I

* See THE UNITED STATES INVESTIGATOR, Vol. V., No. 4, p. 200, partial provings of the *Sulpho-Carbolate of Soda*.

claim for the *Sulpho-Carbolate of Soda* is, that it acts as an antiseptic in the blood, protecting the blood from degeneracy by antidoting or neutralizing, or destroying the poison of this malignant type of the disease; whether it does this by killing "septic germs," or by arrest of fermentation, or by any other chemical, physiological, pathological or pathogenetic action, is merely theoretical, but my experience is that it preserves the blood from degeneracy, whatever the character of this degeneracy may be, thus affording the system (what is absolutely necessary to the sustenance of life) better alimentation and nutrition than can be obtained without this or some other preservative agent.

The remedies best indicated, according to the "law of similia," have acted promptly in several cases when aided by this agent after having failed utterly to arrest the disease until this was given; and this has never failed me (when given as soon as the fetor oris peculiar to diphtheria was detected) in arresting the toxical effect of the disease in the blood.

I do not claim or think that the *Sulpho-Carbolate of Soda* is of any benefit in scarlatina or typhoids (in those diseases, especially in typhoids, I find the *Salicylate of Soda* to have the same preserving power by its antiseptic action in the blood that the *Sulpho-Carbolate* has in diphtheritis). Neither do I believe either of them to be in any sense a prophylactic to be given to a person in health, but simply to be given in cases of malignant diphtheritis, or low typhoids, in sufficient quantity to preserve the purity of the blood by preventing either putrefaction or fermentation and loss of its life-sustaining power. In answer to the question, "what kind of hash this is?" I will say, it is the kind of hash I succeed in curing my patients with. I have not and do not propose to set myself up as a clear or immaculate prescriber; neither do I propose to allow the theories of men, however learned or scientific, to prevent my using any remedy or agent, or any two, three, or four in alternation; if I am thoroughly convinced, I can benefit my patient more in that way than in any other way that suggests itself, or is available at the time, and yet I am as much in favor of a single remedy if it will cure my case as any one. And I most certainly believe that Dr. Burt acted upon this principle, and with the purest of motives in his treatment of the case reported. My criticism was simply intended to draw out the opinions of men who have the advantage of large hospital and clinical practice, to test the qualities of these agents for the benefit of myself and others who are isolated from those of our own school of practice. After reading THE INVESTIGATOR for four years, I can see how easy it is to cry out, hash, polypharmacy, and quackery, at every idea that does not accord with our pet notions or theories.

I agree with Dr. Hall that the *Sulpho-Carbolate of Soda* alone will not cure either diphtheria or scarlet fever; but I cannot go on and reject it as an agent to preserve the purity of the blood and thus sustain life, while the remedy or remedies indicated cure the disease, simply because it does not look scientific.

There are very many theories, such as the single remedy and single dose, and the extreme and exclusively high attenuations that look and sound very nice (no doubt to those who ride them as hobbies) that facts at the bedside get away with every day.

I have not written anything and shall not write anything in any spirit of controversy, sarcasm, or acrimony, as Dr. Hall seems to infer, and I fully realize how easy it is to stand off and throw stones, forgetting the material of which our own houses are built.

I wish further to ask Drs. Hall, Small, Burt, and Talcott, and the profession generally, in the kindest spirit, for information for myself and others, if they have noticed in the *Sulpho-Carbolate of Soda* any of the blood purifying or preserving properties I claim for it, whether it be by antidoting specific poison, preventing putrefaction, fermentation, or any other degeneracy of the blood, and also what scientific objection is there (if there be any) to thus using it when the best indicated remedy fails to control the disease and arrest the tendency to the malignant type or form of the disease.

These leading men and educators that are connected with colleges, or have access to large libraries (or are able to own them), or have access to large hospitals and a large and varied experience should remember that many physicians have few or none of these advantages and yet have to cope with these same diseases, and we take medical journals to the full extent of our financial ability to get this kind of information; and if the trumpet in these men's mouths gives an uncertain sound, (as the reports in the *Clinique* which I criticised most certainly did), what are we to do but to arraign them and ask them to explain.

S. A. NEWHALL.

SOME EXPERIENCE WITH *RANUNCULUS RECURVATA*.

Some years ago, suffering from pains in the chest, from a slight cold, as if sore, as from sub-cutaneous ulceration or rheumatic soreness of the inter-costal muscles, with stitches in the chest (right side, I think) extending to the back; and, having no *Ranunculus bulbosa*, I took a dose of *Ranunculus recurvata*, and it relieved (cured) like a charm; and, last year I had another like attack which one dose, 3d cent., cured promptly.

A few days ago I had a delicate, nervous female with these symptoms, dyspeptic, constipated and inclined to vomit, and vomiting frequently, together with "external soreness of the chest, aggravated by touch, motion, turning the body or raising the arm, with stitches through the chest to the back and between the shoulder blades, sometimes running down to the hip (right). I sent *Ranunculus rec.* and *Ranunculus bulb.* with directions to try the first, and after twenty-four hours, if not cured, to alternate with the second. She took the first and was relieved

though not perfectly cured, and then alternated, and reported twenty-four hours after, the most relief from the *Ran. rec.*, which she is still taking, and nearly well. It relieved her sleeplessness and stitches in the liver extending up into the chest.

D. S. KIMBALL.

Medical News.

Minnesota.—Our city has just elected a Homœopath as city physician, Dr. S. M. Spaulding. Score one for our side.

Pertussis.—Dr. Laurent Lamare treats pertussis with tincts. of *Bryonia* and *Drosera* in 1 gramme doses.—*Jour. de Therapeutique*, May 25, 1878.

Wisconsin State Meeting.—The Sixteenth Annual Meeting of the Homœopathic Medical Society, of the State of Wisconsin, will be held at the Newhall House, Milwaukee, on Monday, June 14, 1880.

Location.—I am about to leave Rochester, Vt. The practice is worth \$1,500 per year. I would like to have a doctor here, and if one comes will stay and introduce him.

C. P. HOLDEN.

Removed.—Dr. W. H. Sanders has removed his office from Central Hall, cor. Wabash and 22d St., to his residence, No. 2721, Wabash Avenue, near 28th Street.

Dr. J. S. Daniels, from Seymour to Omro, Wis.

The Fourth Annual Meeting of the American Homœopathic Ophthalmological and Otological Society will be held in the parlors of the Newhall House, Milwaukee, beginning June 15th. Papers are promised by leading specialists throughout the country.

H. O. HOUGHTON,

F. PARK LEWIS,

President.

Secretary.

Change.—The time of meeting of the Missouri Institute has been changed to Wednesday or Thursday, June 2d and 3d. The Annual Address will be delivered by Prof. Philo G. Valentine, A. M., M. D., of St. Louis, in the Congregational Church, on Wednesday evening at 8 o'clock. Subject: "Popular Errors touching Homœopathy." Efforts to secure reduced R. R. rates are progressing.

WM. D. FOSTER, *Secretary.*

A Pædological Convention.—At the earnest request of many prominent physicians, the Chicago Pædological Society decided at its last meeting in March to call a convention for the discussion of diseases of children, to be held in Chicago, June 14, the day prior to the meeting of the American Institute at Milwaukee. All physicians interested in this very important department of medicine are very cor-

dially invited to be present and take part in the discussions. Reports from Children—Programme :—Athrepsia ; Foods for Children ; Gastro-enteritis (Cholera infantum), and Entero-colitis (Summer complaint). The committee of arrangements will gladly receive contributions in writing from physicians who cannot be present, giving observations and experiences on any of the subjects for discussion. Many papers are promised from eminent physicians east and Europe.

T. C. DUNCAN, M. D., Chairman. MRS. E. C. MANNING, M. D.,
E. A. BALLARD, M. D., S. P. HEDGES, M. D.,
JULIA CALDWELL, M. D.,

The Fourteenth Annual Session of the Indiana Institute of Homœopathy.—TO THE HOOSIER BRETHREN :—The Fourteenth Annual Session of the Indiana Institute of Homœopathy will be held at Indianapolis, May 25 and 26, 1880. The disciples of Hahnemann in Indiana are urged to be present at this meeting. This Institute is already the leading state medical organization in the west. Business of great importance will be transacted. The next legislature of Indiana will undoubtedly pass a medical bill of some kind, and unless the Homœopathists throughout the state carefully guard their interests, their rights as medical men will be encroached upon. An effort is being made to have every energetic Homœopathist in the state become a member of the Institute. By thus uniting in thorough organization, we shall present the most formidable array against Old School tyranny. The so-called "regulars" of Indiana entertain the most bitter hatred against Homœopathy and those who practice it. We must force them to understand that we are both educated and skillful in our profession. We must teach the public generally "the better way." No physician in Indiana who has any love for the cause will fail to do something to make this meeting a success. Do not fear that your practice will suffer if you leave it a few days. Shut up your office and put on the door "Gone to Indianapolis to attend the 14th Annual Session of the Indiana Institute of Homœopathy." Come prepared to read a paper on some medical subject, or report one or more cases from practice. You will be well paid for your time and trouble. Please send to the secretary without delay the subject of your paper for the coming meeting. For information concerning reduced railroad and hotel rates address Dr. C. T. Corliss, Indianapolis, Ind., committee on arrangements. Dr. W. H. Taylor, of Crawfordsville, Ind., will deliver the Annual Address. The following gentlemen are the chairmen of the different bureaux : Surgery, C. S. Fahnestock, M. D., La Porte, Ind. ; Ophthalmology and Otology, M. T. Runnels, M. D., Indianapolis, Ind. ; Epidemics, W. H. Taylor, M. D., Crawfordsville ; Sanitary Science and Climatology, G. W. Bowen, M. D., Ft. Wayne, Ind. ; Gynæcology, O. S. Runnels, M. D., Indianapolis, Ind. ; Obstetrics, C. T. Corliss, M. D., Indianapolis, Ind. ; Materia Medica, W. P. Armstrong, M. D., Lafayette, Ind. ; Clinical and Psychological Medicine, O. P. Baer, M. D., Richmond, Ind. ; Diseases of Children, A. C. Jones, M. D., Muncie, Ind. ; Microscopy, J. B. Haynes, M. D., Indianapolis, Ind. You are earnestly requested to be on hand early and remain until all the exercises are through so that no confusion may arise. For further information regarding the proposed meeting address

MOSES T. RUNNELS, *Secretary.*

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series. VOL. XI., No. 11, —JUNE 1, 1880.—*Whole No.* 263.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

FREEBURG, Me., May 27.—Measles and scarlet fever have prevailed quite extensively here during the past six months. *Puls.* for the first. *Aconite* and *Bell.* for the latter. *Calc. carb.* for the remaining throat affection have been indicated and proved successful. Low dilutions used.

W. C. F.

SHEET GUM AND RHEUMATISM.

Some eight years ago I was a sufferer from sciatica, of a paroxysmal character, of three weeks duration, effecting chiefly the crural nerve, face of left thigh. The pain was continuous, but, in every twenty-four hours I had an excruciating paroxysm; the first one lasting an hour and three quarters, each succeeding one getting shorter, the last one being only ten minutes, but equal in severity to any of its predecessors. At the expiration of three months, it made its entrance into the world once more. Rheumatism in both shoulders followed the

sciatica. While walking, the pain was aggravated, while sitting, or lying, it was ameliorated, or it ceased. I could not lie on my right side, because of a sensation as if the blood in the forearm was effervescing, and of a tingling, and itching, at the end of the right index finger. Weary hours were spent in searching for similimums, and, as a matter of course, some of the polychrests, and some of the semi-polychrests were tried, perseveringly, in low and in high dilutions; but no relief came. Liniments, strong and weak were tried, and failed to relieve. Electro-magnetism was resorted to with no better success. If I was disgusted by my failures, I trust the reader will not be offended: If he has ever suffered from rheumatism, I know he will not. It is said, necessity knows no law, and is the mother of invention, and, I may add, of discovery as well.

The prime question with me was, what will relieve? When a man is in mid-ocean, the ship is his best place; if the ship is wrecked, let him take to one of the small boats, if the boat is swamped, let him take to a plank, or spar, or anything that comes in his way. This, seemingly, was my case. I began to think, and, cogitated about as follows: a sinapism is a counterirritant of short duration; vesication is more profound, and as a general rule, brief in its influence, and uncertain in its results. If I resort to a counter-irritant, I want something that is gentle and persistent in its action. Sheet gum presented itself to my mind as possessing these qualities, as well as conforming to any inequality of surface. It will arrest any, and every, exhalation from the part, and if not removed, you will have first irritability, then sores. I tacked the gum on to flannel with soft darning cotton, stitches half an inch long, applied the gum next the skin, availed myself of sunshine, and in a few weeks my rheumatism was gone. Since then I have used it in many cases of the acute and chronic forms, without any medication, and the results are gratifying in a high degree.

The knowledge of it has spread widely through this community, and, into the rural regions. A few days ago I was told of a son of *Esculapius*, an M. D. of the Old School, who was trying it upon himself with marked effect. The chief dealer in the article, in this city, told me that he had a regular call for sheet gum for the cure of rheumatism. I can give a number of cases cured by the application of gum, without any medication, but that would lengthen this article very much, and I have aimed to guard against extreme brevity, or

prolixity. Therefore, I have ignored the pathology of rheumatism, and have not answered questions pertinent to the subject.

I have no doubt that the effect of the gum treatment will be more efficient in summer than in winter. Gum is a bad conductor, and a sensation of coldness is produced upon its application. In winter it can be faced with the thinnest of gauze flannel, and act efficiently, but, not so well as in summer. In inflammatory rheumatism it should not be bound very tightly, as the parts are liable to swell, and the pain would be increased. Sheet gum is not gum on cloth, but the pure gum, exceedingly flexible. R.

THAT POTENCY PROBLEM.

BY A. E. SANDERS, AMITY, OREGON.

I see in the April number (p. 302) a communication from G. H. Carr, on "Experience with Rhumatism," in which he says:

"Feb. 24th called six miles in the country to see a Swede man, etc. Prescribed *Aconite* 100,000, one dose, and if no better in ten hours, *Rhus tox.* 100,000. One dose was left, and promised to call again on 26th, though did not go sent by boy *Bry.* 100,000, one dose; on 28th. called." The case does not appear to suit Dr. Carr, so he "concludes to prescribe *Lachesis* 10,000,000, one dose. Then, on March 2d gives *Lachesis*, the same potency, which was all that was necessary for the case."

Now the point I wish to get at is this: How long does it take Dr. Carr, or any other *doctor*, to make the 10,000,000 dil. of the powder that was given on March 2d to be dissolved in six teaspoonfuls of water, then give one teaspoonful of the mixture at a dose, how much *Lachesis* does he think his patient got?

I prescribe from the 3x to the 30x as a rule, though I have sometimes as high as the 200x. But you figure the amount of a drug your patient gets from the 30x dil., and you will see it takes no small amount of figures.

I am asking for information, and I expect Dr. Carr to give it. Not only information for myself, but other Homœopathists in the country wish for the same, who I have talked with about this and other cases that have been cured with the 5th or 10,000,000 dil. If Dr. Carr intends for us to understand that he gave the 10,000,000th part of a

gr. let him say so, but the way his article reads we understand it as the 10,000,000 dil. I wish to try some of these attenuations, and would be pleased to have Dr. Carr inform me what way he goes to work to make them, if he makes them at all; if not, at what pharmacy he gets the 10,000,000 dil. In writing to a journal a man should have a chance to explain himself, and I do hope the Editor of THE UNITED STATES MEDICAL INVESTIGATOR will publish this. I have seen so much of such trash (as I will call it) put into our journal, and I must say the way it always reads to me, it is a *dem* lot of foolishness. If Dr. Carr does not wish to explain to me how he makes the 10,000,000 dil., let some one else send a line.

TREATMENT OF CHRONIC INDOLENT VARICOSE ULCERS.

BY F. F. CASSEDAY, M. D., STEVENS' POINT, WIS.

There is perhaps no surgical disease, which presents itself to the general practitioner for treatment, that so often resists the more common remedial and local treatment, than the form of ulcer which is the subject of this sketch. The treatment laid down by the books varies from the exhibition of the indicated remedy alone, to specific medication of every kind and description, with various kinds of strapping and bandaging.

Before giving my treatment, a brief resume of the nature of the indolent ulcer may be of interest.

They vary in shape being round, oval, irregular or they may change from one shape to another during their course. They are generally deeper than the simple, though the depth varies as much as the shape and size. Edges are sharply defined and may be everted or inverted. Granulations generally pale, small and few in number. Discharges generally thin, but occasionally thick and offensive, while sensibility varies from dulness to constant pain. The parts surrounding the ulcer become thickened and indurated, and as the venous channels become dilated they give to the surface that peculiar deep-red, blue or purple color. A common complication of these ulcers is a varicose condition of the veins of the leg, in fact we may say a predisposing cause in the formation of ulcers. The theory that these forms of ulcers are due to constitutional disease is an exploded one. True if

the blood is in an impoverished condition and lacking in its proper elements any abrasion of the skin, ulcers included, may refuse to heal, but these causes and conditions in the case of indolent ulcers, are altogether according to the *manner* in which this blood is *supplied* to the parts. The difficulty is not with the ulcer but with the surrounding parts, not in the quality of the blood but in the manner of its supply. Again the agencies which retard a cure are not constitutional, but local such as exposure, filth, carelessness and muscular exertion in the erect posture.

My treatment is to first cleanse the ulcer with a charcoal poultice applied until dry. I make it as follows: Pulverize the charcoal finely, mix in a little oat meal or graham flour and moisten sufficiently to keep the whole together. After removing the poultice I apply evenly all over the ulcer with a camel's hair brush, pure *Balsam peru*, and strap it *tightly* with adhesive plaster. Over this a woolen bandage may be applied. *Tight* strapping is essential, not merely laying the straps over the ulcer, but put it on hard and fast so as to relieve the tension around the ulcer and thereby assist in establishing a good flow of blood to the part. At the same time you may give your indicated remedy.

If you have any cases, or know of any, of twenty to forty years standing, try this treatment and you will cure them. I will give one of my cases which may convince some skeptical brother.

H. D. M., aged sixty-two, in poor health, been afflicted for twenty years with a chronic varicose ulcer situated on the anterior and exterior aspect of the right leg, beginning at a point about three inches above the external malleolus. It measured four inches in its longest diameter, was of irregular shape, edges inverted, no granulations, exuded a thick offensive discharge. Surrounding parts were of a deep purple color, and were not sensitive to pressure. Pains at night were very severe, compelling him to walk the floor all night for relief. Treated his case as above and gave *Sulph.*, 30x internally. Improvement set in at once, and pain was entirely relieved. Tried to keep him quiet and limb elevated, but it was impossible, for he persisted in hobbling around on his crutch and cane. In eight weeks the ulcer was entirely healed, he threw away his crutch and cane and now walks as brisk as anyone without a limp perceptible in his gait. If any of you can show any better results than that let us hear them. There is no reason why these ulcers cannot be cured. Go at them, gentlemen, and you will surprise yourselves.

A CASE OF TYPHO-MALARIAL FEVER COMPLICATED
WITH ACUTE PNEUMONIA.

Miss C., aged eight years, April 15th was taken with measles, having had them three years ago. Eruption came out very imperfectly and disappeared the third day; she was only slightly indisposed, was out playing the 17th, third day of measles, her mother being very busy till late in evening; measles evidently suppressed, or at least partially so.

I was called to see her the 18th at 10:15 A. M.; found first stage of pneumonia, right lung, middle lobe; pulse 144, artery rather tense and full; quick respiration, tongue coated white, more of typho-malarial cast than pneumonia; slight abdominal tympanitis, harsh cough; characteristic of suppressed measles. *Bryonia* 3x and *Verat. vir.* 1x alternately every half hour (in water) till fever was controlled, then every hour; quite nervous; fat, light haired, blue eyed little girl, very patient naturally. Diagnosis to friends, pneumo-typhus, with remark that it would probably locate in lungs, or bowels within twenty-four to forty-eight hours, unless I succeeded in breaking it up. During the night there was considerable cerebral irritation with strong tendency to convulsions which her father controlled with a few doses of *Bell.* 3x.

April 19, 8:30 A. M. Pulse 120, temperature 102°; more typhoid tendencies; 5 P. M. pulse 150, temperature 105:1; marked tympanitis and gurgling in ileo-cæcal region; had given in morning *Baptisia* tincture drop doses alternately with *Bry.* 3x and *Ars.* 7x in water every half hour; now gave *Salicylate of Soda* one and one-half grains at 5 and 9 P. M. in milk, and ordered cold compress to bowels; at the same time there was such acute pain in middle lobe of right lung that I ordered hot fomentations applied continuously with marked relief of pain. As *Bapt.* tincture would not control arterial excitement, substituted *Verat. vir.* tincture, one-fourth of a drop every hour, with *Bry.* 3x and *Ars.* 7x every hour alternately, between doses of *Verat. vir.* tincture. Making medicines every half hour, *Verat. vir.* tincture every other dose, all in water kept cool. Peculiarity, pulse was quick but artery was not tense enough to fully indicate *Verat. vir.* but too tense for *Bapt.* tincture; clearly and not large enough, and yet too large, with soft tendency of artery to allow *Aconite*. There was

clearly defined three pathological conditions or effects in the system, viz., *specific typhoid poison*, *malarial poison*, and pulmonary congestion and inflammation, hence the medicines given. *Bryonia* and *Ars.* for the pneumo-typhus constitutional treatment, and *Bapt.* tincture as an antidote to typhoid poison; *Verat. vir.* tincture to reduce congestion and arterial and cardiac excitement, as well as to aid in reducing temperature; and the *Salicylate of Soda* to prevent fermentation in and preserve purity of the blood, and with the cold compress to bowels to keep down temperature and prevent ulceration of intestinal glands.

April 20, 9:05 A. M. Pulse 132, temperature 104.1°; had rested better; no cerebral symptoms; pulmonary symptoms better, but tongue and fœtor oris strongly indicative of typhoid, so much so that I felt justified in substituting *Bapt.* tincture again for *Verat. vir.* tincture; 5 P. M. pulse 132, temperature 104.5°.

April 21, 9:30 A. M. Pulse 120, temperature 103.5°; 5:10 P. M., pulse 132, temperature 104°.

April 22, 9:25 A. M. Pulse 120, temperature 103.4°; 5:45 P. M., pulse 132, temperature 104.1°.

April 23, 9:30 A. M. Pulse 120, temperature 102½°. All this time under above treatment there had been steady improvement in the pulmonary symptoms and condition, and I had predicted a prompt giving way of all the troubles; bowels were quiet and no urinary difficulty, but this morning there was sudden prostration, coldness over whole surface of body, and cold sweat on forehead. Gave *Ars.* 7x and *Verat. alb.* 3x alternately, every half hour, under which she rallied promptly. In looking for the cause of this change, I detected a very cold, chilling draught of air striking the bed and the *patient in right side of chest occasionally*; had a south window closed but still it continued; parents examined again and found a north window in another room open, and a draught passing diagonally striking the wall was reflected upon the patient; it was stopped but had done the mischief, producing a fresh stage of congestion in right lung; 5:50 P. M., pulse 130, temperature 105°; rust-colored expectoration, increased congestion and inflammation in right lung. Gave *Verat. vir.* tincture one-half drop doses every hour with *Rhus tox.* 3x and *Ars.* 7x as before, except giving three doses of *Verat. vir.* tincture alone, half an hour apart, then alternating as before, continuing *Salicylate of Soda* and cold compress to bowels, as the disease there had not changed, there was no transfer or metastasis; 9:10 P. M.°

Verat. vir. had promptly reduced pulse to 120 and temperature to 103.1°; continued same treatment through the night; patient slept comparatively well every night from 8 to 2 or 3 A. M., between doses of medicines, awaking pretty readily for medicines generally.

April 24, 9:40 A. M. Pulse 120, temperature 104.5°; *Verat. vir.* tincture not controlling pulse, and not being so well indicated. Gave *Aconite* tincture one-fourth drop dose instead, and *Bapt.* tincture alternately as typhoid symptoms were on the increase; 5:10 P. M., pulse 120, temperature 104.1°; as patient becomes more nervous and *Aconite* does not meet expectations, tongue more dark, and *Bapt.* tincture for bowels, and *Verat. vir.* tincture for lungs seemed absolutely necessary to control disease, I gave *Bapt.* tincture one and one-half gtt. at a dose, *Verat. vir.* tincture one-half drop at a dose, and *Bry.* 3x and *Ars.* 7x every half hour alternately, the *Verat. vir.* every other dose, or every hour, all in water solution kept cool. Local treatment as before to bowels, and hot fomentation (flannel wrung out of hot water) to lung, with *Salicylate of Soda* at six, eight, and ten, night and morning; 9:20 P. M., pulse 125, temperature 104.2°; continued same treatment.

April 25, 9:25 A. M. Pulse 130, temperature 104.5°; partial anorexia from first now complete; only nourishment she will take is a gill of milk with the *Salicylate of Soda* powders in it; will take it as medicine, and one or two teaspoonfuls of strained oatmeal gruel two or three times a day. Very marked tenderness over lower portion of ileum and Peyer's patches with tympanitis, strength failing but blood well preserved and protected by the *Baptisia* tincture and *Salicylate of Soda*, as shown by control of temperature, and fœtor oris as well as condition of arteries and tongue, neither taking on that low poisoned condition so common in low typhoids, and yet the disease in both lungs and bowels is persistent; 5 P. M., pulse 132, temperature 105°; artery rather more tense and increase of typhoid symptoms, increased *Baptisia* tincture to two drops at a dose and *Verat. vir.* tincture to three-fourths of a drop, continuing treatment otherwise the same. Prognosis very serious; some irritation in rectum with desire for stool; directed injection of tepid water effecting passage of small quantity of fecal matter, and a good deal of gas with marked relief. Parents request counsel with a friendly "regular." agreed to; 9:10 P. M., pulse 120, temperature 102°; symptoms all for the time more favorable. The "regular" came in just as I was about ready to go, agreed with me in diagnosis and in pathological condition, except

that he ignored the tenderness in lower portion of the ileum, and stated to parents that ulceration of bowels was very rare, and when it did occur was in duodenum or upper portion of ileum, which I of course could not concur in, his prognosis in the case was favorable as was mine also since the improvement in the pulse and temperature, he also advised continued use of *Verat. vir.*, and also advised continued use of *sinapisms to bowels*, which of course I could not agree to, and as parents were decided Homeœopaths, they were with me; they wanted counsel on diagnosis.

April 26, 9:30 A. M. Pulse 120, temperature 104°; descending colon hard and distended with gas in left iliac region and impacted fecal matter low down. Requested mother to use injection of tepid water, and if necessary insert finger gently and remove impaction, which she succeeded in doing, effecting the discharge of a large quantity of gas and fecal matter which was creating inflammation of the colon and rectum; 5 P. M., pulse 125, temperature 104.5°; 9:20 P. M., pulse 125, temperature 104.6°, with tight harassing cough which I feared would increase danger in the ulcerated glands of the ileum. Gave an occasional dose of *Phos. 3x* in water which quieted the cough promptly.

April 27, 2:20 A. M. Pulse 110, temperature 102.5°; symptoms all more favorable; 5:25 P. M., pulse 132, temperature 104.5°; 9:30 P. M., pulse 120, temperature 103.5°; continued same treatment through the night.

April 28, 9:55 A. M. Pulse 80, temperature 97°; reduced dose of *Bapt. tincture* and *Verat. vir. tincture*, one-half to be resumed if fever arose in afternoon which it did, and doses were resumed again; 5:25 P. M., pulse 125, temperature 104.5°; 9:15 P. M., pulse 111, temperature 101; reduced doses of *Bapt. tincture* and *Verat. vir. tincture* one-half, and ordered but one powder *Salicylate of Soda* night and morning, instead of three.

April 29, 9:15 A. M. Pulse 94, temperature 95.5°; stopped *Salicylate of Soda*, reduced amount of cold applications to bowels. Still marked tenderness and gurgling in ileo-cæcal region; 5:15 P. M., pulse 100, temperature 98°; appetite improving; 9:15 P. M., pulse 90, temperature 98; no change in treatment, tongue improving in appearance, better expression in face.

April 30, 9:45 A. M. Pulse 115, temperature 99.1.; no movement of bowels since removal of impaction on the 26th; no motion through from stomach since the 16th (two weeks); no inclination; 5 P. M.,

pulse 90, temperature 98; 9.05 P. M. do.; the same medicines continued in reduced doses, still ileo-cæcal gurgling and tenderness of glands in ileum, continued strictly liquid food.

May 1, 9 A. M. Pulse 90, temperature 98°; at 5 and 9 P. M. the same.

May 2, 9:45 A. M. Appetite abnormally strong, slight distension of descending colon, tongue dark yellow with typhoid fetor still present. *Baptisia* tincture one-half drop doses, *Verat. vir.* 1x, one drop doses alternately with *Nux vom.* 3x and *Ars.* 7x with directions for injection if bowels did not move by 2 P. M. She begged her mother to wait until 5 P. M., a short time before when they moved naturally; 7:45 P. M. pulse 96, temperature 98°, iliac tenderness and gurgling very slight.

May 3, 9:10 A. M. Pulse 96, temperature 98°.

May 4, the same; left her taking *Baptisia* tincture and *Ars.* 7x every two hours, five drops in a half-glass of water, a teaspoonful at a dose.

May 10 is convalescing nicely.

Now here is the single dose and the single remedy with a vengeance. I think I see some of our scientific clear prescribers holding up their hands in holy horror, and crying "shades of Hahnemann," if not absolutely going into hysterics over such horrible shotgun practice.

But I defy any man or set of men to find any one or two remedies that would have held that case in control, warded off the diarrhœa of the second week, prevented the poisoning of the system and blood, keeping the tongue from that dark or black cracked condition so common to low typhoids. The indications and tendencies were all in that direction, and the red, besotted expression of the face, and soft flaccid condition of the tongue, and the bowel symptoms told me too plainly to be mistaken, that the gentle yielding spirit would take its flight if I did not arrest the disease. I watched carefully the symptoms with unremitting vigilance, and tried repeatedly to withdraw some of the remedies, but so sure as I did the symptoms for which they were given would increase, and by God's blessing I broke the disease abruptly at the end of the second week. Had she passed into the third week, with the tendencies existing at the beginning of the second week, she would certainly have succumbed.

S. A. NEWHALL.

ABOUT OUR LIFE INSURANCE COMPANY.

MR. EDITOR : Another of the questions you ask is :

What inducements do you make the profession to talk up your Company, and get insurance and agents ?

Our inducements to get the profession actively interested in our behalf, are both practical and sentimental. They appeal to the pocket of some and to the *esprit du corps* of others, and easily can be and often are conjoined. We are always ready to pay a fair price for new risks, and the Company always pays for the medical examination. This is the regular business part, of course ; which requires no explanations for the laborer has ever been deemed worthy of his hire. But what we want especially is the moral support of the profession at large, because this is a Homœopathic Company, identified with our cause, devoted to its popularization and laboring for its advancement both directly and indirectly. Whatever therefore tends to strengthen the Company and bring it more conspicuously before the public eye, is sure to redound to the benefit of the profession at large.

Besides ; we have always had in view the accumulation of reliable statistics as regards the comparative results of Homœopathic treatment, and it is only by gathering in large numbers of insurants, and noting, on a large scale the mortality of the two classes, Homœopathic and non-Homœopathic, that we can be sure to approximate the exact truth. Our ratio, thus far, is largely in favor of our practice by more than two to one. Exception can justly be now taken to it, because it is drawn from the results of a few thousand cases only, and therefore chance or accident may have largely to do with it. But if we had one hundred thousand policy holders, no one could deny the truthfulness of the tale which such a number would tell. Thus it becomes the duty, as well as the interest of every Homœopathic physician to turn in to us as many good risks as he can, so as to enable us to reach the large bases needful for the accurate and indisputable generalization of facts. And it becomes also the duty and the interest of the profession to see that no doubtful or impaired cases obtain their recommendation for a policy ; but that all examinations be made carefully and conscientiously, with an eye to the welfare of our Company. This is one reason, of course, though not the only one, why we prefer Homœopathic Examiners ; for it is possible that a professional rival or opponent might feel himself justified in foisting a poor risk

upon us, at any rate, we want our friends to judge for us, and not one antagonist.

Several striking instances have come to my knowledge, where the agents of our Company have largely built up the practice of the Homœopathic physicians of their district, in canvassing for risks, and explaining why we offer lower rates to the adherants of our method of cure, they become active advocates of Homœopathy, and I have known families to send ten, fifteen, and twenty miles for one of our physicians, whose only reasons for so doing was because of what they had learned from our agents in regard to the advantages of our practice. They argued to themselves that if a Life Company had been established with that as its basis and a large sum of money had been staked upon its success, it must be true. This financial argument, this appeal to the pocket, convinced many where nothing else would; or if it did not convince them, it made them ready and desirous to give it a fair trial. An active canvasser himself an earnest believer in our system, is sure to be a great aid to the Homœopathic physicians in his neighborhood, by predisposing in his favor all whom he solicits and persuades to read our facts and figures.

Our inducements, therefore, Mr. Editor, for the profession to aid our Company, appeal to their pockets, to their self-interest and to their *esprit du corps*.

Can they ask anything more? Surely not; unless it be the positive proof that the Company is thoroughly sound and strong; and worthy of their hearty recommendation in every respect. This I will show in my next.

E. M. KELLOGG.

SULPHO-CARBOLATE OF SODA IN DIPHTHERIA.

In the month of March I had several cases of diphtheria. March 15th number of your esteemed journal came while I was having my first case. I had been treating said case about six or seven days; had given the best remedies according to indications to the best of my ability without seeming to get the case any better. I began to be almost discouraged, when my eye caught Dr. Newhall's article upon *Sulpho-Carbolate of Soda*. I began at once and gave as the doctor said, one grain doses every six hours (as an intercurrent) continuing the same remedies, and the result was gratifying indeed, as the

patient began to improve at once, and made a quick recovery. Since then I have had several cases, and in no case did I cure them as rapidly as when I used *Sulpho-Carbolate of Soda*. After reading Dr. Hall's article, I again tried the remedies without the *Sulpho-Carbolate of Soda*, and, as before, the case ran along a week without any improvement. In this case there was almost complete aphonia; patient lying with mouth open. The posterior nares seeming to be filled with the pseudo membrane which completely filled the throat as far as I could see, I continued the indicated remedies, *Binioidide of Mercury* and *Phytolacca* and gave the *Sulpho-Carbolate of Soda* and used *Phytolacca* as a gargle. Here again the effect was almost instantaneous, my patient recovered at once. At first I felt it was a kind of a "hash," but as Dr. N. says, "if 'hash' will cure my patient surely and quickly that is what I want." S. D. J.

Children's Department.

HOW TO GET NEAR A SICK BABY.

I sent for, and received, Dr. Duncan's pamphlet "*How to Examine Infants*" and it is excellent.

But to many, and especially the beginning practitioner, *how to handle the baby, or get near the child for physical examination*, is something they would like to know.

I have never heard it taught, or seen it illustrated, and have heard more than one old practitioner complain that he could never handle or make anything out of a sick baby. Now if I can offer in the following any good suggestions may be the babies will be thankful:

In entering the room of a sick baby (except in an extraordinary case, such as convulsions, etc.,) I simply glance at the baby, be it in the nurse's arms or otherwise, and warm my hands carefully if it is cool weather, and converse with the mother, or best informed attendant, direct to the case in hand, the condition as apparent to the nurse; the length of time it has been sick, the supposed cause; all concomitant symptoms—evacuations, etc., as outlined in Dr. D's pamphlet; in fact learn all I can, before attempting to approach the

baby, who by this time (if not in too much pain) has become interested in you as *something new or strange*, and if in much pain, it is not near as much afraid of you as it would have been when you first entered.

I have been glancing at the child more or less all this time, but not so as to irritate it, and if the mother or nurse has called the attention of the child to me as **THE DOCTOR**, and I have succeeded some heroic prescriber, I request her not to do so.

I try to approach the child in an easy manner as if I was familiarly acquainted—not with the “slap on the back and how are you hoss” style, nor the “snap of the fingers,” “chirrupy,” “pretty little darling” styles, but with a magnetic power (so to speak) so that the baby will *feel* that I am its friend and it is necessary for me to put my hand on it or take it in my hands. And every one, and doctors too, should know *how* to handle a baby.

It must always be remembered that infants have not a stiff and strong spinal column, or sure governed poise of the head on the same, and in picking the child up place one hand (generally the left) on the chest, with the thumb under one arm and the little, or both ulner fingers under the other arm while the remaining fingers can help support the side of the head, letting the whole body lean slightly forward the other hand grasping the nates with the hollow of the palm and thumb while the balance of the fingers support the back; this latter especially when you have the other hand at the upper part of the dorsal region, the fingers supporting the head, when holding the child up before you leaning its body a little back of perpendicular.

In capillary bronchitis or any suspected chest affection, you can hold the child's chest to your ear both front and back or sides with these two positions, and this can all be done quietly—walking about a little if necessary. Don't persevere too long if the child frets—but try again after awhile. Take time and get as true a picture of the condition as you can, which is mainly objective, and if you do this carefully and understandingly (a baby tells no lies like adults often do) you will be well repaid for the extra amount of time taken. Notice the tongue or gums if possible when the baby is laughing—or crying.

Do not prescribe on general principles for that is empiricism. There is a differentiation between all remedies, and *it is in the materia medica if you will study it out. Merc. cor., sol., dulc., or Proto.* are not the same in their therapeutical action as the *vivus*, in any condition.

Merc. proto., *biniodide*, or *cyn.* cannot be used, "one as good as the other," in a given case of pharyngeal or tonsillar affection. They each have their special symptoms, characteristic for which they are curative, and not as a professor of materia medica has generalized the *Mercury's*--"that one was good for the head--another for the throat--another for glands--another for stomach--another for dysentery. etc.." "*Merc. cor.*, as the best preparation for dysentery." Now I say that *Merc. cor.*, will not relieve a condition that has the symptoms of *Merc. vic.* Look in your "Hering" and see the difference understood.

J. F. EDGAR.

SEASON HINTS ABOUT GASTRO-ENTERITIS, ETC.

BY T. C. DUNCAN, M. D.

Read before the Illinois State Homœopathic Medical Association.

MR. PRESIDENT, LADIES AND GENTLEMEN OF THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION: In casting about for a subject to say a few words upon, I thought of many I would like to present for discussion that would absorb all the time, but I have concluded to present a few suggestions on gastro-enteritis (cholera infantum) of children, occurring in early summer, and its treatment. Every season has peculiarities like different diseases that we must take into account. The early cases are indicative of the character of those of the season. Already I have met a few cases of sharp attacks of gastro-enteric trouble that seem prophetic of a sickly summer. I think we will have a number of severe cases of gastro-enteritis (cholera infantum) to manage.

Perhaps in no disease does so much depend upon proper feeding as in this one, especially in its severe form. The indications for the treatment will, I think, as a rule, be so clear that none of you can mistake them. The sudden vomiting of everything taken into the stomach will suggest *Arsenicum*. Possibly its adjuvants, *Belladonna* on the inflammatory side, and *Veratrum* on the collapse side, may also be needed. This chief remedy, *Arsenicum*, seems so sharply indicated that it may aggravate, and will need to be given with caution and perhaps in a higher attenuation than usual.

A hint about food I want to call attention to is in reference to the prevalence of rheumatism, or, in other words, lithic acid retained in the system, which seems to particularly interfere with the digestion of caseine.

Last year I made the discovery, after sad experience, that the attempt to feed cases of gastro-enteritis with milk was but adding fuel to the flame. The same is true this year, only, I think, more so, I have found that those cases recover most promptly where the stomach is given absolute rest. A child will not starve if it goes six, twelve, or even twenty-four hours without food. It will act hungry, and to appease this water may be given in very small quantities. Bits of crushed ice wrapped in a cloth are better, with a sip of water now and then. Crust coffee with a dash of milk in it, or even a little table coffee may be allowed if the child is old enough to take it. It is with nursing babies where the greatest trouble will be to control the feeding. Few mothers can resist the thirsty appeals of their infants, but after a few severe vomitings after nursing they will conclude to follow your advice, to give its stomach a rest. With babies fed on cow's milk it will be imperative to suspend the feeding for a time, and then resume gradually and cautiously. It is useless, nay, harmful, to feed a child cow's milk that vomits it in large curds. The artificial foods will be called for frequently. I never prescribed them so often as I did last season, and I expect to use them still more this summer, chiefly because they are so easily digested. Corn-starch, well cooked with *scalded milk*, will form a very excellent diet in many of these cases. I emphasize scalded, for by that means we drive off sulphuretted hydrogen gas and much of the free lactic acid that all cow's milk contains an excess of, which is frequently the cause of the disease under consideration.

The particular point I want to emphasize is that such cases are aggravated, rendered graver, and often fatal, chiefly from improper feeding. Improper feeding is often the cause of the attack. The frequency of rheumatic and erysipelatous attacks among children, and the ease with which inflammations of the serous membranes have been aroused during the cold months, particularly of the pleura, and meninges of the brain, lead me to anticipate many cases of inflammation involving all the coats of the intestines, and particularly of their serous covering. I have already met cases where the inflammation apparently commenced in the serous membrane; at least the sharp pain, distress, and fever indicated as much to me.

Enteritis uncomplicated is not often met with among infants in private life. It is frequent enough among foundlings. Enteritis, like meningitis, is a very grave disease in young children. I have come to look upon the fever as an index that the attack may be prolonged by extensive inflammation. The more severe the vomiting the greater the prostration as a rule. The reaction is usually rapid. Now give the stomach rest and direct attention to head off the fever, and usually the attack is under control in twelve hours and the child out of danger in forty-eight, a lingering diarrhoea being the only thing needing further attention. A hint about the clothing: The severe vomiting usually renders a change of clothing necessary, and we find it in its night dress. While prostrate it should be warmly covered, but when reaction sets in the clothes should be loose and light. A young child rarely perspires; its fever does not abate in that way.

When seen early these cases are usually easily managed, but I believe you will all agree with me that many of them may only come to us after the disease is well established, or, worse yet, after the child has been "knocked in the head," as it were, with some powerful drug, *Opium*, *Bromide of Potassium*, and the like.

Hygiene Department.

VENTILATION.

BY G. W. FOOTE, M. D., GALESBURG, ILL.

Read before the Joint Convention of the Western Academy and Missouri Institute of Homoeopathy, May, 1879.

(Continued from page 376.)

I am of the opinion that in the terrible epidemics of scarlet fever and diphtheria, that occasionally decimate our cities the mortality among children is very much owing to the imperfect ventilation of sick rooms, and dwellings than is maintained. To this may be added insufficient drainage. If this be true then in a proper attention to these important factors of disease, we may expect to find the means of almost wholly stamping out these scourges of children. But not

only the above mentioned diseases are induced and spread through impure atmosphere, but almost any disease is influenced by the same cause; more especially typhoid and remittent fevers; while catarrh and catarrhal diseases may be almost wholly due no doubt to this cause alone.

Why is it that the farmer anticipates the loss by death from disease, of so few of his young stock? Why is it that they are not a source of anxiety lest sickness become epidemic among them, and destroy the profits of many weeks of labor in caring for and feeding them? His children receive more patient care, are provided for with an ever watchful attention, awaken his fondest solicitude for their welfare, yet too often despite it all, they sicken and die. There must be a cause for this more potent than the mere differences of animal organization. Look at the mortality reports among children; one third of the deaths are at or before the age of two years. No doubt the feeding of children has much to do with the mortality reported, but I have equally small doubt that when the causes of disease are more thoroughly understood, imperfect ventilation will be found to be the most prolific source of epidemics throughout our country. One fourth of the children born in London die before they are five years of age. Of 49089 deaths occurring among this class in 1846, 14368 perished from disease of the respiratory organs, polluted air being the probable great exciting cause of these diseases.

Like results must ever follow like causes and according to statistics there has been very little improvement since 1846, in the modes of ventilation. The air contains more or less of animal matter constantly in suspension in the forms of infusoria and spores or seeds. In illy ventilated rooms, in bodies of stagnant air, decomposition of these matters takes place. Add to this the impurities already noted arising from respiration and combustion, and we have a sufficient explanation for the great mortality dependant upon diseases of the lungs. Nor can your minds or the intelligence of the general public be too strongly impressed with the fact that the continued respiration of poisonous atmosphere is the great predisposing cause of all diseases dependant upon the fermentable matter finding access to the circulatory system. Such diseases as are denominated zymotic, and to which class belong those before enumerated. This is I think now undisputed.

Says Carpenter "As the presence of a small (excess) of carbonic acid in the respired air is sufficient to cause a serious diminution in

the amount of carbonic acid thrown off and the oxygen absorbed, it follows that those oxydating processes which minister to the elimination of effete matter from the system must be imperfectly performed, and that an accumulation of substances tending to putrescence, must take place in the blood. Hence there will probably be a considerable increase in the amount of such matters in the pulmonary and cutaneous exhalations, and the unrenewed air will become charged not only with carbonic acid, but with organic matter in a state of decomposition and will thus favor the (further) accumulation of both these morbid substances in the blood, instead of effecting the constant and complete removal of them, which is the chief office of the respiratory process to accomplish." Doubtless you have all noticed the putrid and offensive smell encountered in a room wanting in proper ventilation, and crowded with people for any length of time. The room becomes actually offensive in consequence of the exhalations from the bodies, and the putrid emanations from the furniture and walls which the fermentation caused by the heat sets free therefrom.

Such poisonous gas, (for it seems a misnomer to call it *air*) together with the foul gases of sewers, cesspools and privies of thickly settled cities and towns constitute the morbid agency, whence is developed and spread zymotic disease. This offensive exhalation from the body is no doubt produced by the imperfect oxidation effected in the lungs as explained in the passage quoted from Dr. Carpenter.

When the oxidation of effete matter is as complete as it should be, carbonic acid and water are the almost sole products of respiration, while the urea and other resultants of disintegrated tissues are carried off through the kidneys, an incomplete oxidation however will convert these same particles into those peculiarly offensive products which characterizes fæcal matter. The effect of the respiration of such foul air is well illustrated by the various epidemics of cholera, of which all present have read reports or have combated in actual practice. I shall never forget the experience in the city of my home a number of years ago when the cholera broke out among the Swedish emigrants who poured into that place. Houses were scarce and many persons were obliged to occupy single small rooms. The buildings thus inhabited were constructed with no thought to ventilation. The emanations from bodies and clothing in these rooms created a stench terrible to physicians and nurses. The only way by which the spread of the disease was arrested was by building shanties in other quarters converting barns into places of human abode and separating the sick

and well as much as possible ; thus affording a more adequate supply of pure air to all. When this was done, control of the disease was so far obtained, that deaths became few, although diarrhoea prevailed to a great extent among this class of our citizens. To those who witnessed it, this epidemic very forcibly illustrated the terribly poisonous nature of the exhalations, from the bodies and lungs when confined in places inaccessible to the general atmosphere, and withdrawn from the purifying influence of the forces of nature. The same experience has occurred in the history of work-houses, and prisons and in the low dirty ill ventilated portions of cities, excepting that in some cases it has been more fatal.

The epidemics that have so long held sway in Chicago, and some other large cities can be traced to improper ventilation of school houses and dwellings, coupled with defective drainage of the locality. What more striking instance of the evil effects arising from the cases under consideration can be adduced, than is presented by the population of Iceland? The buildings occupied by these people, it would seem, are constructed on purpose to kill off the inhabitants, especially the children. They are low, no provision whatever is made for ventilation, one opening serving as window door and chimney, to gain light and passage by and to permit egress to the smoke from fire within, the roof leaking and with no floor but one of filth. One apartment serves for the occupancy both human and other animals. These dwelling places too are almost always built near the sea where the stench of dead and decaying fish and animals, left unburied adds to the general disgusting surroundings. A more filthy set are not known than are these people. It would be expected that this state of things would produce tuberculous disease, but neither consumption or scrofula exists among them ; nor is syphilis known. The infant mortality however is something terrible, being as four out of five, the greater number dying of trismus nascentium at from eight to fifteen days of age, notwithstanding that the number of children born is on an average with that of other countries, yet the population does not increase in a series of years and in some localities actually decreases.

That the cause of this mortality is due to the contamination of the atmosphere by the filth amid which they live, is proved by the fact that others of this people living in or near the city, who take better care of their surrounding, live in better ventilated houses, and breathe a purer atmosphere rear their children with scarcely a death. The records of the Dublin Hospital up to the year 1872 exhibit a mortality

of one child in every six, of this class of inmates, but after Dr. J. Clark was placed in charge, he had a thorough renovation of the building made, and better ventilation provided; whereby the rates of death was reduced to one in twenty. Still later Dr. Collins took charge of this hospital and further improved the means of ventilation. During the seven years of his administration the deaths amounted to no more than four or five a year. In the London work-house twenty three of twenty-six children of inmates died yearly.

An investigation by the authorities resulted in the adoption of a system of ventilation, after which the mortality was reduced from twenty-six hundred to four hundred and fifty inmates annually.

From statistics gathered from all countries and climates, the purity of the air breathed is found to be an essential condition for the maintenance of the power of resistance to the encroachment of disease by the human organism. This department of sanitary science has failed to receive the attention it should have done from the public, because the effects of defective ventilation have escaped the observation of all but the most careful investigators. Such is the extraordinary capability of the human organism to accommodate itself to circumstances and surroundings, that persons have lived, and do live for long periods in ill ventilated rooms, without *apparent* suffering or ill health in consequence thereof. But this immunity is *apparent* rather than real, and the deception arises because of the insidious undermining of the powers of the organism to resist morbid agencies while the attention of the majority of persons is arrested only by positive abrupt causes and facts.

When an epidemic of diphtheria, scarlet fever, or other diseases of like character sweeps its victims by scores and hundreds into untimely graves, humanity stands back appalled, but attributes the evil to mysterious imponderable, and unappreciable agencies. They fail to realize that for months, it may be for years, before the powers of nature have been gradually succumbing to the fell influence of constant, and continued breathing of the air polluted by respiration, and exhalation, and poisoned by the foul emanations of sinks, cess-pools, and decaying particles of effete matter from whatever source supplied.

But it is impossible for any careful educated mind to investigate the progress of any of these epidemics, without being led to realize that the fatality of all zymotic disease is in direct proportion to the degree of impurity of the air constantly inhaled. Nor can such

observers fail to note that an atmosphere charged with the putrid exhalations of lungs, skin, and glands of the human subject, when crowded into rooms without sufficient ventilation, affords a nidus in every way congenial to the development and spread of the zymotic miasmata. Not even the emanations from fæcal discharges, or the decomposition of dead animal matter furnishes a more potent poison than those mentioned as emanating from the living human body, *when not mingling freely with the out-door atmosphere.*

Bearing in mind our duty as physicians to not only heal the sick, but to preserve the health of our patrons, are we not remiss in that duty if we neglect the means, whereby may be controlled the virulence of those diseases called epidemic. The efficiency of preventive medicine has been substantiated time and again, and the importance of a knowledge of such measures as lead to this result can no longer be doubted. I cannot then to strongly urge upon you, as medical men to study this branch of sanitary science.

INTERESTING NOTES ON YELLOW FEVER IN CUBA.

BY PHIL. PORTER, M. D., JACKSON, MICHIGAN.

Being desirous of placing before my brother practitioners matter pertaining to their profession, and at the same time a subject of general interest to the public, I herewith submit a brief extract of the report of the committee appointed by the National Board of Health, known as "The Havana Yellow Fever Committee of the National Board of Health of the United States."

In compliance with instructions received, this commission was organized by the election of Dr. S. E. Chailli as chairman, and Dr. G. M. Sternberg as secretary, and by-laws were adopted for the government of the commission.

An ample supply of apparatus and accessories for microscopical and chemical work, and a full stock of photographic material was also procured in advance of the time of sailing, and by the liberal policy of the Board of Health the commission had been fully supplied with everything necessary for carrying out the instructions given it. The three medical members of the commission including Dr. Guiteras (not mentioned before) with Mr. Rudolph Matas, clerk, and Mr. Henry Maucel, photographer, sailed from New York, per steamer

City of Washington, on the 3d of July and arrived in Havana on the evening of the 7th.

Immediately after arriving in Havana the commission established its office and laboratory in the upper story of the San Carlos Hotel, where very suitable rooms overlooking the harbor, and conveniently located with reference to the hospitals.

YELLOW FEVER IN HAVANA AND CUBA FROM 1761 TO 1880.

The year 1762 was a notable one to Havana since it was besieged and held by an English force of thirty thousand soldiers and sailors for more than a year. In that year a yellow fever epidemic committed destructive ravages, and it is not singular that many historians should have committed the apparently inconsequent error of stating that the disease first appeared in this notable year. However, ample historical proofs have been secured to establish that the first epidemic occurred in 1761 and the second in 1762.

The temperature of Havana varies in different years from 77° Fah. to 79°. The mean temperature of the hottest month varies from 82° to 84.5° and the coldest month from 72° to 75.7° while the minimum temperature is rarely as low as 50°. The maximum is as rarely 100°. There are no records nor any recollections of frost having ever occurred except on December 24th and 25th 1856. This of course has no reference to the sparsely inhabited mountains, some of which attain in the eastern end of the island an altitude of more than 8,000 feet.

Notwithstanding the unquestioned influence of heat, yellow fever is by no means always most prevalent when this is the greatest. From Cuba to Guiana the disease has repeatedly prevailed with little severity during the hottest summers and with great severity during the winter.

DEATH RATE OF CUBA.

The actual sanitary condition of every place is best tested by its annual death rate. I have taken from the report the statistics of Havana for 1827 which was 26 per 1,000, in 1846, 24, in 1861, 32 and in 1876-77 to 78, 39.5. In 1877 Havana had 17,259 houses for about 206,000 civil and military population. From the table of the chief diseases of the annual mortality, I have taken phthisis about 1,700, diarrhœa, dysentery and cholera infantum about 1,500; yellow fever about 1,800; other fevers, chiefly malarial, about 600.

I think the above statistical facts abound in instructive suggestions and unsolved problems. The frightful mortality by phthisis is noteworthy, especially in connection with the fact that this mortality is excessive among the residents and yet that consumptive invalids are still sent from the United States to Havana. The statistics of mortality by phthisis began in 1872, and in every year since then, without exception, the deaths by this disease exceeded those by yellow fever. No fact could better illustrate the truth of Bowditch's law, and at the same time the truth taught by professional experience of the pernicious influence on this disease of foul air and other sanitary conditions, especially when combined with subsoil moisture. If these same conditions are the most potent factors in typhoid fever or if it is a filth disease then it becomes inexplicable that this disease does not commit far greater ravages.

The water supply comes from the river Almendaus; about four miles west of the entrance to the harbor of Havana, by means of the Lauga or water course (in truth a ditch) and the Aqueduct of Ferdinand VII., also by the Vents or of Isabel II., which was begun in 1859, has cost more than \$3,000,000 and will require nearly as much more to be completed. The water supply is totally insufficient. The water of the Lauga flows for some four miles through unprotected mud banks, the fluids from many houses drain into it, men and horse bathe and dead bodies have been seen floating in it; but the impurity of this water supply is an evil slight in comparison to that which results from the inadequate supply of water of any kind to the whole population, when bathing becomes difficult and washing so exorbitant that it costs from twenty to thirty cents in gold to have a gentleman's shirt washed, it is not strange that personal cleanliness should be so neglected that an unusually large portion of the people are offensive to the smell.

Most of the houses are one story and occupy very little space. There are no storerooms, pantries, closets or other conveniences for household supplies; but there are usually four groceries on the corners of each square from which table supplies are procured at each meal. The privy is almost a part of the kitchen; it consists of an excavation which often extends several feet under the stone flags of the court; it is never emptied until it will hold no more, which is about every five or ten years. In juxtaposition to the privy is another excavation to receive the filthy refuse water of the kitchen, laundry.

and household generally. This refuse water is said to undergo a putrefaction which renders it intolerably offensive.

The proportion of the civil and military population to the houses in Havana is nearly twelve to one. In the chief cities of the United States, excluding New York, the number of persons to the dwelling varies from 5.5 to 8.3.

It is estimated by experts in such matters that the sanitary engineer would require not less than \$20,000,000 to correct some few of the most glaring insanitary evils, such as have relation to the water supply, the drainage, the sewerage, the paving of the streets, and the harbor.

Passing over the subject of "Origin of Yellow Fever in Ships and Harbors," the "Disposition relative to America" and other matter that space will not allow being introduced here, I come to the examination of the blood in yellow fever.

In yellow fever, as in the specific febrile diseases generally, changes in the constitution of the blood have commonly been believed to produce the most important pathological result from the action of the specific poison of the disease, and it is assumed that the poison must exist in the circulating fluid, although in the majority of diseases it has heretofore eluded microscopical and chemical researches. In certain diseases, however, it is claimed that the presence of vegetable organisms known under the general name of bacteria, which are found in the blood or other fluids of the body, is an essential feature in the etiology of the diseases in question. Many facts relating to the origin and progress of yellow fever epidemics have induced a large number of the physicians most familiar with the disease to anticipate the discovery of a similar organism in the blood of patients suffering from it. If there is any organism in the blood of yellow fever demonstrable by the highest powers of the microscope as at present perfected, the photo-micrographs taken in Havana should show it. *No such organism is shown in any preparation photographed immediately after collection.*

(To be continued.)

DIURETIC ACTION OF AERATED DRINKS.

At the meeting of German naturalists and physicians, held recently at Hamburg, Prof. Quincke, gave the details of a series of experiments he had made upon the amount of urine eliminated in the morning after awakening, in a healthy person taking the same quantity of food and drink at the same hours, but on alternate days, consuming

water charged with, and water free from, carbonic acid gas. The drinking of the former was found to increase the discharge of urine in the course of three hours from 7 to 21 per cent. The most probable cause of this increase appeared to be that carbonic acid gas promotes absorption. Other experiments, in which the subjects drank no water at all, on waking showed that the urine secreted in the morning was lighter and clearer than the night urine, and there can be no doubt that during sleep the secretion of urine is greatly diminished, whilst it becomes very active during the earlier hours of the day.—*Lancet*.

Society Proceedings.

PROCEEDINGS OF THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

AFTERNOON SESSION.

SYRACUSE, N. Y., December 18, 1879. 1 o'clock P. M.—The central N. Y. Homœopathic Medical Society met, according to adjournment, in the rooms of Wm. Hawley M. D.

Present: Dr. Boyce, the President, and Drs. Hawley, Kinne, Hussey, Wallace, Gwynn, Jennings, Young, Benson, Stow, Bigelow, Seward, Brewster, Rhodes, Eaton, Besemer, Chase, and Emens.

Dr. Hawley was appointed Secretary *pro tem*. The Minutes of the last meeting were read, and approved.

The rules were suspended, and the Society proceeded to elect a Secretary and Treasurer in the place of the late H. V. Miller, M. D. Dr. Jennings was elected.

Drs. Hawley, Wallace, and Gwynn, were appointed a committee on Necrology. Said committee presented the following paper:

Since death has taken away our friend, and long time faithful Secretary, HARRISON V. MILLER, M. D., it is proper that this Society, while it realizes and respects his often expressed aversion to the usual formalities of commemorating the dead, should put on record its appreciation of his character and services. Therefo

Resolved, That Harrison V. Miller, as our Secretary for the last ten years has been the life of this Society, and has done more to extend its influence and promote its usefulness than any other member.

Resolved, That as a man, he commanded our respect for his integrity and unflinching obedience to his own convictions; as a student, for his diligence, fidelity and exactitude; as a physician, for his sympathetic kindness, faithful and cheering attentions and close prescriptions; and, as a member of this Society, for his uniform urbanity and his enthusiastic disposition to work for all that could extend its influence or advance the Science of Medicine.

Resolved, That to commemorate our respect for him, this tribute to his character shall be put on our Minutes, and published in the Journal of the day.

Resolved, That we tenderly sympathize with his family in their loss, and give expression to such sympathy by sending them a copy of this memento.

The paper was accepted, and approved.

The same committee presented a paper relating to the late E. A. MÜNGER, M. D. of Oneida County; which paper was accepted, and reads as follows:

Since death has taken away a friend and esteemed co-labourer, and pioneer of Homœopathy in Oneida County, E. A. MÜNGER, M. D., of Waterville, we would add our word of appreciation of his character and worth. Therefore,

Resolved, That in his death we have lost one of our most honored and honorable members, and Homœopathy one of its earliest followers and truest advocates, one who always commanded the respect and regard of his professional brethren, and of his townsmen and neighbours.

Resolved, That this tribute to his memory shall be entered on our records, and a copy furnished to the daily Press.

Resolved, That we tender to his family and his friends our sincere sympathy for them in their bereavement.

A letter from Dr. Wells of Utica, testifying to the worth of the late Dr. Miller, was read, and placed on file.

The President stated the subject of discussion to be paragraphs 72-103 of Hahnemann's Organon. At the last meeting, Dr. Jennings was requested to prepare a digest of the subject of these paragraphs, viz: Acute and Chronic Diseases.

Dr. Jennings read a paper upon the subject. The Society returned thanks to Dr. Jennings for the paper; and, ordered that a copy thereof be requested for publication, in pamphlet form, under the auspices of this Society, as representing the opinions of this Society upon the

subject of the paper. Drs. Hawley, Stow, and Jennings were appointed a committee to procure the publication of said paper.

DISCUSSION.

Dr. Stow—Is as firm a believer in Homœopathy to-day as ever, and more so. Behind all chronic diseases, not produced by tangible causes, there are dynamic cause; and, to treat successfully, we must confine ourselves to the Homœopathic law. Vaccination has much to do with the psora-theory. Doubts whether more injury has not been done by vaccination, than good. Vaccination frequently sets up a condition of things in the patient most unfavorable. At one time, in many cases he knew of, vaccination was followed by phlegmon. The virus was taken from a perfectly healthy child. The child was vaccinated with virus taken from a healthy cow. Vaccination gives rise to eczema. In the late war, Vaccination being enforced in the army, a prevalent Eczema was traceable to humanized virus. As to the Itch, lotions may be used to exterminate the *Acarus*, provided internal medication is followed up. Generally topical applications in skin-diseases are hurtful.

Dr. Seward—Every case must be examined as to its symptoms, and the remedy selected accordingly, without reference to any theory of psora.

Dr. Hawley—In both acute and chronic diseases, the more entirely he trusts himself to Hahnemann's law of cure, the more successful he is. The psora-theory is a theory. If it accounts for all the facts, it is a good theory; but, theory will not help us. We must depend upon the law of similars. Get the characteristics of a case, and the characteristics of the drug covering the case; then give the minimum dose, and you will cure your patient.

Dr. Boyce—Hahnemann states, in his work on chronic diseases, that the dose should not be repeated until the effect of the dose already given has been expended. Hahnemann went even farther than this. He taught that, in chronic diseases, the same medicine should not be repeated. The dose given has eliminated some of the symptoms. Study the case anew, select a remedy, and you will remove with it another set of symptoms. Thus proceeding, the symptoms of the disease will be removed in sections. Have gentlemen present, followed this plan? Of late years, he has tried this plan, and it has wiped out diseases that he never could touch before. In some

chronic diseases, has given three or four doses only during a year, with good results.

Dr. Seward—Repetition of dose, in chronic cases which were severe, has been very successful. In dropsies, after using *Arsenicum* 30 and lower, without effect, he has given the 200th, whereupon improvement began immediately. Ovarian Dropsy, in a badly mercurialized case, was cured by *Arsenicum* 41M. in solution, repeated several times a day. A case of Ascites, badly mercurialized, received no benefit from *Arsenicum* 200. The 41M was given, and it relieved for a year. Then, *Apis*. 40M was exhibited, and the case recovered. If, in acute or chronic disease, one dose is followed by marked relief, it is best to wait.

Dr. Wallace—Had, a few years ago, a case of inveterate constipation. The affection had existed from childhood. It was a *Bryonia* case, and *Bryonia* had been given, low and high, without relief. Gave her *Bryonia* 1 millionth, one dose. Relief was prompt, and her constipation has not returned.

Dr. Brewster—A case of violent spasmodic Croup was cured by *Aconite* 200, one dose.

Dr. Bigelow—Agrees with the former speakers.

Dr. Boyce—A case of constipation, in 1865. A lady. She had for years no evacuation, save when it was induced by cathartics or enemas; and, then only by all the power she could summon in the expulsive effort, with despair of succeeding. Gave *Alumina* 200, without result. *Alumina* 23M cured her. She has had no more trouble.

Dr. Stow—*Alumina* has disposition to grasp the seat tightly when at stool; perspiration breaks out; the patient almost despairs of effecting a movement.

Dr. Boyce—A characteristic of *Sarsaparilla* is pain in the neck of the bladder at close of urination, a chill starting from that point and running up the back. A few powders of the 200th cured a case having these symptoms.

Dr. Hawley—A young lady has not had, for many years, an evacuation of the bowels without the help of enema or cathartic. Has always suffered from Dysmenorrhœa. Five years ago she fell heavily, her chair being pulled away as she was about to sit down. Confined to the house for the last three years. Has never a desire for stool. Is made aware that the rectum is filled, by a violent burning down the back, with chills running down the legs, the thighs being covered

with goose-flesh. At stool, is compelled to dig away the fæces with the fingers. The excrement comes away in scybala, of the size of chestnuts; sometimes these are covered with slime. What is the remedy?

Dr. Stow—*Opium* will relieve.

Dr. Boyce suggested *Plumbum*. Some one asked: Does not the anamnesis point to *Arnica*?

Dr. Hawley—Have given *Arnica*, high. It has relieved the constant burning in the back. The burning is present only when the rectum is full.

Dr. Seward—A young man had typhoid fever. One morning, before I saw him, he ate a piece of toast. After that, he knew little for three weeks; but, he would pick out balls from the rectum, and throw them on the floor. They sounded below stairs like stones falling on the floor. *Plumbum* relieved this condition.

Dr. Hussy—Have never departed from the law of similars without having occasion to regret it. Have the best success when using the single remedy, and high attenuation. In acute cases, repeat the dose; but, not so often as formerly. In chronic diseases, have best success when a dose is left to expend its power before repeating it. Have had good success in relieving obstinate constipation with one or two doses of a carefully chosen remedy.

Dr. Boyce—Those who are beginning practice now cannot realize how difficult it was, twenty-five years ago, to get hold of the idea of the treatment of chronic diseases; difficult to understand that medicines must be left to exhaust their action before repeating the dose, or giving another medicine. Dr. Hering, the most remarkable man he ever met, gave him valuable instruction in long conferences at Dr. Hering's office. Also, Dr. Carroll Dunham.

Dr. Brewster—A week ago, visited an old lady. She has Sciatica in left hip. The last few weeks, enormous swelling of the legs from the knees down; both legs have a feeling of great heaviness; paroxysmal burning in the flesh; keeps moving her feet in alternation, up and down, constantly; cannot bear the least weight on her feet; pain in the hip prevents lying down to sleep; there is slight discoloration of the skin. No chest trouble. Says she is well otherwise.

Dr. Seward—Chest trouble will develop before long.

Dr. Jennings—*Arsenicum* ought to help.

Dr. Brewster—She complains when sitting down, as if she were sitting upon something hard, or, upon some wrinkle in her clothing.

Dr. Boyce—*Arnica* is your remedy. That last symptom is characteristic of *Arnica*, and it must be met.

Dr. Hawley—Concerning miasms: it is said, that a contagion is instantaneous in its action; the whole system is pervaded by it. Its expression upon the surface should not be interfered with: e. g., the chancre is an outlet to the syphilitic poison in the system. It should be left, rather than be treated by repressive measures. In Variola, the symptoms of the skin form the goal which Nature reaches in trying to eliminate the miasm with which the system has been impregnated.

Dr. Benson—Hahnemann's view of psora is interesting and important; but, our business in practice is with the law of similars. His experience favours high potencies. Last summer, his own child, sick with Cholera Infantum, and nigh unto death, was saved by *Psorinum* 42M.

Dr. Gwynn—Believe in high potencies, and the single remedy.

Adjourned to meet in same rooms, the third Monday of March, 1880,
at 1 o'clock, P. M.

Attest,

C. P. JENNINGS,

Secretary.

MEMORIAL.

BY J. S. MITCHELL, M. D.

Read before the Illinois State Medical Association.

On January 31, 1880 one of the happiest homes in this wide city was left desolate. It was a glorious winter morning; the sun shone with wonderful clearness; the crisp air filled one with energy; all things else seemed pleasant; the streets were astir, and all was bustle, as is usual at early morn in a great city.

But members of the profession looked each other in the face and said, "Woodyatt is dead." So stunned, so shocked were we, that we felt all the world ought to stand still and mourn. It was almost a mockery that the busy hum of life should continue as was its wont in the face of death, thoughts crowd quickly, not only to the dying man, but to all within his sphere.

Who can explain such an event? A young man, full of fruitage and richer promise still, earnest, noble and beloved, is suddenly snatched away, no more in this world to be the pride and stay of his

home, and a help to his fellows. Why should we try to solve this problem? All through the ages human reason has struggled with it; and all through the ages it has baffled finite minds. We say an hour before death, it must not, and it cannot be. Vain speech, alas! He is gone, is the next utterance. No pleading tears, no efforts, no skill, nursing never so tender, no prayers avail against the inexorable. All have traveled the same road, saint, king, plebeian. Well may we say with Raleigh "O, eloquent and mighty death! What no man has dared, thou hast done, * * * * with just two narrow words "*hic jacet.*"

And so on this grand morning he came to our friend and professional brother, W. H. Woodyatt. Never did King of Terrors strike more unexpectedly. Of regular and most exemplary habits, shielded from the night work, the loss of sleep, irregular meals, the incessant hurrying to and fro of the general practitioner, of good physique and previous excellent health, yet he was marked. Though only thirty-five, he had seen much of life. Born at Brantford in the province of Ontario, on the 12th of September, 1846; he enjoyed the advantages of a common school education, and an excellent home. At thirteen he commenced the battle of life, and from this tender age without interruption fought it manfully and successfully. He entered the office of the Montreal Telegraph Company, when about sixteen, and at nineteen was manager of the company's office at Kingston. Ere long his ambition led him to seek another field. Entering the office of Dr. H. C. Allen, at Brantford, he commenced the study of medicine. After due preparation he attended lectures at the Cleveland Hospital College, where he graduated in 1869, one of the foremost students in his class. After his graduation, he decided to prepare himself as an aural and ophthalmic surgeon. With this end in view he went to New York, and spent two years in close study of this specialty, attending the clinics at Knapps, at the Manhattan Hospital and the New York Ophthalmic Hospital. During this time he pursued his studies with great system and effectiveness. While following these investigations, he supported himself by working in the office of the Associated Press in the city of New York. He soon gained the reputation of being one of the most expert operators in the United States. With the same deftness with which his dexterous hand later wielded the delicate instruments of his specialty, during the nights after the nation's most exciting events when messages flew thick and fast, Woodyatt could be trusted to take them with no error or break. Whatever his hand found to do was done with skill.

In 1871 he came to Chicago, soon after he was appointed lecturer on Ophthalmology and Otology at the Hahneman Medical College, and gave his first course during the spring term of 1871. During the next winter session in that institution, he gave the regular lectures on Ophthalmology and Otology with such success that he was unanimously appointed professor of this specialty. As a lecturer he was distinguished for clearness, method and scientific accuracy. His earnestness was a constant inspiration to students. Always thorough and scientific himself he was a firm believer in the urgent necessity for improved methods of medical education. Firmly persuaded that in a new college his views regarding the elevation of the standard of medical instruction could be best carried out, in 1876 when the Chicago Homœopathic College was established, he resigned his position to take the professorship of the same chair in that institution. In the organization and subsequent conduct of that college he was one of the most active and influential workers and none more keenly feel his loss than his colleagues on the faculty.

From the date of his first establishment in Chicago his practice steadily increased. It could hardly do otherwise. As a physician he was scientific, and noted for his great analytical powers. Every case which presented itself to him was studied with the most conscientious thoroughness. He possessed the soundest common sense. Exceedingly genial in his relations with his patients, few men are more gratefully and pleasantly remembered by their clientelage than Woodyatt. He enjoyed rare judgement for his years, and a frankness that was always attractive. One could send a case in his specialty to him with the conviction that it was in the hands of a master.

It is greatly to be regretted that he left no systematic work upon diseases of the eye, or ear. He had collected an immense amount of material which would have afforded scope for a standard treatise that would have been an enduring monument of his genius. Doubtless had he lived much longer, such a volume would have been prepared. All his cases were carefully recorded, and there is in existence a vast amount of data that some friendly and able hand may yet place in proper shape. Of his journal articles those on *Physostigma* and *Lilium tigrinum* are undoubtedly the best, showing the most research and intimate acquaintance with the minutiae of his subject.

In all relations of life he was a man — in the full sense of the word. None excelled him in the depth and warmth of his friendships. Addison says, "No blessing is comparable with the enjoyment of a discreet and virtuous friend; it eases and unloads the mind, improves

the understanding, engenders thought and knowledge, animates virtue and good resolutions, soothes and allays passions." One cannot rush into the friendship of such a man. It must grow and be mutual and reciprocal.

I enjoyed Woodyatt's friendship for years. Pardon the personality of speaking of my own relation with him, it is one of the sweet remembrances of my life. I loved him as a brother and shall never forget the pang when the tender cords that bound me to him snapped. He was one in whom you could rest, his staunchness inspiring the fullest confidence. Earnest and enthusiastic as a co-laborer, true as steel unflinchingly affable, and faithful unto death, I am sure his host of friends will endorse my sentiments, and with me never cease to regret that our noble Woodyatt is no more.

As a citizen he was imbued with a grand spirit of devotion to human interests. On all questions of public policy his views were in accord with the true and great of this earth. He entered with zeal upon the work of raising the standard of medical education because he believed it for human weal. His last words to me were that he had enjoyed his efforts in that direction. Nothing that concerned mankind was foreign to him. This man so honored, so trusted, so beloved, so fitted in every way to walk the earth and stay among us and help us, had to die. He was taken with diphtheria a week before his death.

Entering his office one day, there was a placard upon the private room stating he was ill but would probably be down to-morrow. We little thought then, of the shock so soon to follow. The disease was of a malignant type. He suffered pain in swallowing to a degree which is not common in diphtheria. On Wednesday I learned of his serious illness, and hastened to his bedside—we then hoped he would live.

Dr. Beebe had watched him with a brotherly care, and had left no stone unturned, nor any effort of his rare skill to assuage his sufferings and insure his recovery.

Delirium was an early symptom, and was of bad omen. As the great dramatist has it, "his poor brain, the soul's frail hiding place, does by the idle comments that it makes, foretell the ending of mortality." It ceased however, and the appearance of the fauces improved. There was marked hoarseness, and the fatal laryngeal complication appeared most to be dreaded. Suddenly with few premonitory symptoms, and when solid improvement seemed about to take place, cardiac failure occurred, and death was speedy.

It was eminently characteristic of the man, that he should, looking at his old friend Dr. Beebe, say calmly, "Doctor, am I dying?" and then, in response to the not to be mistaken words reply, of "I am not afraid of death." The rapid failure of the heart left little time for comment.

Fain would we proffer to his sorrowing family all the consolation in our power. He is gone but we can assure them that his memory will always be as gentle as his own tender nature and that his earnest royal spirit will never cease to animate his professional brothers.

Is there any compensation in the loss of such a man? We may well ask ourselves, what is there for him and what is there for us? For him we can only say that faith helps us to believe "all is well." The beautiful religion, which had been his consolation in life, teaches that when we enter the spirit world, freed from all the trammels of this life, free from all the clogs that hinder our progress here, we enter that work which is best suited to our needs, and pursue it with a pleasure such as cannot be derived from earthly labor. It is comforting for us to think of our friend Woodyatt now, with brighter eye, with more elastic step, and yet keener zeal, pursuing those investigations which, to him, were such a source of solid enjoyment when on earth. For ourselves, there is also comfort. We are not left to mourn such a beloved professional brother without something to assuage the bitterness.

Dickens, who always touches tender chords says, "When death strikes down the young for every form from which he lets the panting spirit free, a hundred virtues rise, in shapes of mercy, charity, and love, to walk the world and bless it. Of every tear that sorrowing mortals shed on such green graves, some good is born, some gentler nature comes, and in the destroyer's steps there spring up bright creations that defy his power, and his dark path becomes the way of light to Heaven. It is hard to take the lesson that such deaths will teach, but let no man reject it, for it is one that all must learn, and is a mighty universal truth."

INDIANA INSTITUTE OF HOMŒOPATHY.

The fourteenth annual session of the Indiana Institute of Homœopathy began May 25, 1880, at 9 o'clock, at Plymouth Church, opening with prayer by Rev. O. C. McCulloch, the following physicians being in attendance, with Dr. H. W. Taylor, of Crawfordsville,

president, and O. S. Runnels, of Indianapolis, as secretary : Drs. Wm. L. Breyfogle, Louisville, Ky. ; H. H. Baxter, Cleveland, Ohio, delegate from the Homœopathic Hospital College of Cleveland ; Jas. A. Campbell, St. Louis, Mo., delegate from the Homœopathic College of St. Louis ; Samuel Maguire, Greensburg ; S. C. Whiting, Laporte ; G. W. Bowen, Ft. Wayne ; P. B. Hoyt, Paris, Ill. ; H. W. Taylor, Crawfordsville ; O. P. Baer, Richmond ; T. C. Hunter, Wabash ; A. C. Williamson, Ft. Wayne ; Z. Hockett, Anderson ; J. W. Irons, Logansport ; J. Derx, Brookville ; Levi Keehn, Milford ; E. G. Freyermuth, South Bend ; Jos. A. Utter, Shannondale ; W. S. Gee, Anderson ; J. C. M. Chaffee, Kentland ; A. L. Monroe, Danville, Ky. ; J. M. Byler, Warsaw ; C. M. Pickett, Albion ; M. A. Stafford, Peru ; Samuel N. Caldwell, Pilot Grove ; W. C. Condon, L. N. Howard, Indianapolis ; H. J. Needham, New Albany ; A. Southworth, Dublin ; N. F. Canaday, Hagerstown ; E. W. Dunlap, Plymouth ; J. M. Partridge, South Bend ; S. Dunlevy, Richmond ; O. S. Runnels, M. T. Runnels, J. A. Compton, J. R. Haynes, C. T. Corliss, J. D. George, B. F. French, Indianapolis ; M. M. Eaton, Cincinnati, Ohio ; J. N. Taylor, Crawfordsville ; W. P. Armstrong, Lafayette ; H. P. Holmes, Lebanon ; J. F. McClain, Franklin ; W. F. Moore, Terre Haute ; Wm. Owens, Cincinnati ; W. H. Thomas, Elkhart ; W. R. Elder, Terre Haute ; W. D. Hill, Greencastle ; E. P. Jones, Marion ; P. H. Wright, Fairmount ; O. C. Link, Rensselaer ; W. H. Brazie, Bristol.

COMMITTEES.

The chair appointed the following committees : Dr. T. C. Hunter a committee of one on credentials ; on invitations, Dr. C. T. Corliss ; on president's address, Dr. S. C. Whiting ; on publication, Drs. M. T. Runnels, O. P. Baer, G. W. Bowen. The committee appointed, to revise the constitution and by-laws reported, and their report indicating certain changes was adopted. Dr. James A. Campbell, of St. Louis, Mo., and Dr. H. H. Baxter, Cleveland, Ohio, reported as delegates from their respective colleges. Several proposals for membership were received. The president then delivered the annual address.

REPORT OF BUREAUX.

The report of the bureau of surgery, in which were several interesting papers, went over until next day. Dr. G. W. Bowen, Ft. Wayne, chairman of the bureau of sanitary science, made a short report,

after which he read a paper on the "State Control of Infectious Diseases," which was referred to the publication committee. He also read a paper, which was referred to the same committee, on "Malaria vs. Brains."

SHAKES VERSUS STATESMEN.

Dr. Bowen said :

We are all well aware that in some portion of our country a larger percentage of men gain notoriety for superiority in their chosen vocation than in other parts of it. It is certainly worthy of analysis to find, if possible, the cause for this variation, whether diet, climate, society, maternal influence or circumstances, have ought to do in this production. After a careful survey of the field for many years, the conclusion has been forced upon me that the soil and climate have much to do with it, or rather, that the evidence, mostly of a negative character, that a malarial climate notably prevents cerebral development. An excess of humidity is detrimental to the combined structure, whether it be injected or absorbed, but more marked will be its effect if it is absorbed, and that in a malarial climate, where it is introduced saturated with decomposed vegetation, to be borne around as a dead weight, to disseminate its baneful effects, not alone on the physical structure, but more especially to retard cerebral activity. In a high, dry and arid atmosphere the blood is actually thicker, and if the diet is judiciously richer in all of those elements that go to feed the brain, the work it can accomplish will be greater and the fatigue will be correspondingly less. In a humid atmosphere, or where it is generally moist, the absorption is necessarily increased, and there is an excess which must render the blood thinner and less toxic or nutritive to supply the mental strain.

The doctor appeared to think that these malarial influences were exerting their baneful effects in Indiana. He continued: "Where is there a man that has gained the right to have his name engraved on the scroll of fame in our state? None are there save the late lamented Morton, and we all know his came there from the rebellion — an accidental affair that was favorable to his promotion. Oh, for an accident to befall us, if it would lift us out of our mediocrity and help us to gain the world's applause! What book has ever been written by a resident of our state that has brought credit to its author or even more than escaped being a stillbirth? Do our annals of literature hold one single speech made by a malaria-saturated man that is worthy of perpetuity or of being studied by some rising

Demosthenes? Is it not time that we seek to find some mental irritant, some means by which we can flagellate our intellectual faculties until they generate or give birth to thoughts or acts that not only ourselves, but others, may be proud of and hail as a God-send to relieve this monotony and mental sterility? Where good coffee has been liberally used the greatest percentage of malarial symptoms has materially lessened, and corresponding elevation of cerebral activity could easily be observed, for it must and does contribute largely to develop, aid and stimulate the whole mental fabric in its evolving of thought or compulsion to acts. As yet, I have to learn of anything as agreeable or more effectual in its antidotal properties to malaria than that of coffee. *Arsenicum* as a medicine, will accomplish the same object if it is judiciously given."

SOIL AND WATER.

Dr. Moses T. Runnels read a paper on the subject of "Soil and Water Pollution of Indianapolis." The paper was lengthy, abounding in facts and figures. No extract can do the paper justice. There certainly is no subject of greater importance to the people than that of pure water, and it is of this and the means of obtaining it that the paper treats. Concerning the White river water he said: "Inasmuch as White river is used by the water-works as a source of supply when the water in their wells gets low, and also in the time of fire in the city, it was thought advisable to ascertain the condition of the river water. Therefore, on April 30, 1880, a sample was drawn from the river at the middle of the iron bridge at the foot of Washington street. One litre contained: Total solid constituents, .36 grammes; organic and volatile matter, .032 grammes; chlorine, .105 grammes; free ammonia, .00072 grammes; albuminoid ammonia, .00048 grammes. Fifty cubic centimetres of this water required thirty-six drops of the permanganate of potash solution to render it permanently red. The same amount of distilled water required but eight drops of said solution to become permanently red. The microscope revealed sand, clay, legs and other parts of insects, foreign matter of many kinds, and animalculæ. This water is but little better than sewage." He adds: "It is due to the water-works to state that the water taken from the river is filtered through a bed of sand and gravel about four feet deep." He continued: "On May 18, 1880, a sample of water was drawn from a faucet of Water-works Company. The analysis revealed the following: Each litre con-

tained: Total solids, .84 grammes; organic and volatile matter, .48 grammes; chlorine, 0.47; free ammonia, .00008 grammes; albuminoid ammonia, .00024; nitrates and nitrites, a large amount. The value of the above figures can best be understood when it is known that pure spring water never contains over .000005 grammes of free ammonia and .00002 grammes of albuminoid ammonia per litre. The best authorities state that water is suspicious which contains above .0001 grammes of albuminoid ammonia per litre, and over .00015 grammes of albuminoid ammonia per litre ought to be condemned absolutely."

PARASITES AND PARASITIC DISEASES.

Dr. J. M. Partridge, of South Bend, read a paper on "Parasites and Parasitic Diseases." He said: The subject of parasities and parasitic diseases seems not to have received from medical or scientific sources the attention its importance demands. Among the people there exists a degree of ignorance on this subject as remarkable as it is inexcusable. Occasionally, the appearance of a tapeworm attracts the attention and excites the wonder of a whole community, or the case of a child in convulsions is diagnosed by some "semi-medical woman as a clear case of "worm fits," and the diagnosis which ascribes all cases of convulsions to parasitic causes is not a whit more unreasonable nor half as inexcusable as the scoffing reply of the doctor, that if children ever had worms they are a part of the economy of nature and entirely harmless. Parasites infest both the vegetable and animal kingdoms, and are doubtless transmissible from one to the other. Carnivorous animals obtain their parasites from their food—from the flesh of their victims. Diseased or blighted vegetation is most likely to be infested with parasites. The blight in plants is itself a parasitic disease. Pestilence and famine go hand in hand. The pestilential diseases which famines engender are due not so much to an actual scarcity of food as to the unhealthy or diseased condition of the same. The law of migration and development of parasites, although as yet but partially understood, is certainly full of the deepest interest and worthy of the most profound investigation. There are thirty-one distinct species of parasites found in man alone, some numerous, others rarely seen; some monsters, others invisible except under the microscope. In the development and migration of parasites it is noticed that they have different forms in different habitations. They become sexually mature

only in the open cavities of the body, as the alimentary canal. In their immature condition they exist as larvæ in the substance of the tissue, and these larvæ have not the power of further developing into maturity until carried into the stomach of some other mammal. The *trichina spiralis* is introduced into the human system by eating flesh containing its immature larvæ. It is found occasionally in most warm blooded animals, but chiefly in the hog; and from this source man is generally infected. The hog, no doubt, derives the parasites from eating rats and mice with which sties are infested. When flesh containing these encysted larvæ is taken into the stomach the parasites are liberated from their cysts by the process of digestion, and in two days' time have reached their adult or sexually mature condition. In two or three days more the female brings forth an innumerable brood of hair like larvæ which immediately begin their work of destruction by penetrating the intestinal walls, and seeking their destination in the muscles, which they probably reach through the circulation of the blood. Here their presence is most painfully realized. Lacerating the fibres and penetrating the muscles, they gorge themselves with flesh so that in two weeks from the time they were taken into the stomach they have obtained their first form of development, and now become encysted larvæ. Here they must remain forever dormant unless at some time taken into some unfortunate stomach, there to be liberated and permitted to repeat the work of destruction and death. In from three to six days after the infested food is eaten, the victim is attacked with pain and tenderness of the stomach and bowels, attended with vomiting and obstinate diarrhœa. This is the first stage or period of intestinal irritation and perforation. In about three days more are added the symptoms of fever, extreme lassitude and loss of appetite. The parasite has now attacked the absorbent glands, and this is the second or typhoid stage. Immediately follow symptoms of pain, inflammation and swelling of the muscles which the parasite has now attacked, and this is the third or rheumatic stage. Cough and severe dyspnœa, with hectic fever and delirium. The parasite has weakened the muscles of respiration and invaded the lung tissue, and this is the fourth stage, that of typhoid pneumonia. There is but one more, and that is death, which is surely and speedily reached.

In a sanitary point of view there is little to be done for this disease except in the matter of prevention. On general principles, we would suggest the prompt use of active cathartics to remove any parasites that may remain in the alimentary canal. *Sulphur* as the great

destroyer of parasitic life should be freely used, both externally and internally. Otherwise the various symptoms may be treated Homœopathically as they appear.

The Institute then adjourned for the noon hour.

Consultation Department.

PLEASE CORRECT.

In article, attenuated attenuations, May 15, 1880 INVESTIGATOR, page 401, please correct *Aconite* 100,000, the 4x, making it read the 5x.
S. A. NEWHALL.

SOUR CROUT FOR SCURVY.

Dr. J. S. Short (page 405-6, May 15th INVESTIGATOR) give your scurvy patients, each and all—*sour crout* to eat, every meal; and insist on it. Then give whatever indicated remedy you may think best. But insist on the sour crout (cabbage) and then report in THE INVESTIGATOR.
J. F. EDGAR.

SHOULD A PHYSICIAN?

(1.) Should a physician give the name of remedy prescribed by him to every patient that requests it; and is it a wise plan to tell any of them? (2.) Is a physician a *public library*, so as to tell every patient, or is he merely called upon to help the suffering? (3.) Is it advisable to sell family medicine chests. I would like to have professional opinion on these questions.
J. G. ACHENBACH.

ANSWER TO "A"—STRABISMUS.

While many cases of strabismus are aggravated by fatigue, local or general, the deformity is frequently directly due to some anomaly of refraction. The convergent form is most common in those who are hypermetropic or oversighted. Hypermetropia is a congenital shortening of the globe; and while one so affected may have excellent eye sight, perfect vision is obtained only at the expense of undue exertion of the accommodation. The accommodation increases as the eyes are converged. The hypermetrope, therefore, in order that he may see the more clearly will force the eyes to converge even while looking at distant objects. This may at first occur occasionally only, but in time the squint becomes fixed. The axes of the globes may be restored to their proper relation again by operative measures, but the refractive anomaly must be also corrected or the deformity will recur.
F. PARK LEWIS.

TREATMENT OF ECZEMA.

In THE UNITED STATES MEDICAL INVESTIGATOR of May 15, 1880, I notice a request over the signature of "W" for suggestions in relation to the treatment of eczema. The following treatment is the easiest and shortest that I have ever known. *Sapona viride*, or german green soap, it is made by chemists; it is not any of the soaps of commerce, nor any of the toilet soaps. It is a soft soap, very tenacious, and slightly green. Dissolve about the bulk of a pea in half a

teaspoonful of water, wash the part well, rinse thoroughly with clean water, and anoint well with *Cosmoline*. If the part can be bandaged, apply one as tightly as will be comfortable. Apply twice a day. The solution can be made to suit the comfort of the patient. Internally, give what you deem best. Occasionally the old dead cuticle should be removed with a sponge or cloth, and water. For dandruff and an itching scalp, used as above, it is superior to any of the nostrums of the day. L.

Medical News.

The New York Ophthalmic Hospital.—Report for month ending April 30, 1880. Number of prescriptions, 3576; number of new patients, 451; number of patients resident in the hospital, 22; average daily attendance, 138; largest daily attendance, 171.

CHAS. DEADY, Resident Surgeon.

A Pædological Convention. At the earnest request of many prominent physicians, the Chicago Pædological Society decided at its last meeting in March to call a convention for the discussion of diseases of children, to be held in Chicago, June 14, the day prior to the meeting of the American Institute at Milwaukee. All physicians interested in this very important department of medicine are very cordially invited to be present and take part in the discussions. Programme: Reports from Children Institutions; Athrepsia; Foods for Children; Gastro-enteritis (Cholera infantum), and Entero-colitis (Summer complaint). The committee of arrangements will gladly receive contributions in writing from physicians who cannot be present, giving observations and experiences on any of the subjects for discussion. Many papers are promised from eminent physicians east and Europe.

T. C. DUNCAN, Chairman,
E. A. BALLARD,

MRS. E. C. MANNING,
S. P. HEDGES,

JULIA CALDWELL.

Western Academy of Homœopathy and the Minnesota State Homœopathic Institute, in joint session at Minneapolis, Minn., June 9, 10, and 11, 1880. Officers Western Academy of Homœopathy: President, G. S. Walker, M. D., St. Louis, Mo.; First Vice-President, C. H. Vilas, M. D., Chicago, Ill.; Second Vice-President, J. T. Boyd, M. D., St. Louis, Mo.; Third Vice-President, R. L. Hill, Dubuque, Iowa; General Secretary, C. H. Goodman, M. D., St. Louis, Mo.; Provisional Secretary, H. W. Roby, M. D., Topeka, Kas.; Treasurer, G. W. Foote, M. D., Galesburgh, Ill.; Board of Censors, A. E. Higbee, M. D., Chairman, Minneapolis, Minn.; R. F. Baker, M. D., Davenport, Iowa; Jas. A. Campbell, M. D., St. Louis, Mo.; P. G. Valentine, M. D., St. Louis, Mo.; T. P. Wilson, M. D., Ann Arbor, Mich. Minnesota State Homœopathic Institute: President, A. E. Higbee, M. D., Minneapolis, Minn.; First Vice-President, E. Walters, M. D., St. Paul, Minn.; Second Vice-President, C. W. Cray, M. D., Lake City, Minn.; Secretary and Treasurer, G. H. Hawes, M. D., Hastings, Minn.; Corresponding Secretary, H. C. Leonard, M. D., Henderson, Minn. Order of Business: The joint sessions will be held daily from 8:30 A. M. until 12 M., and from 2 until 5 P. M., subject to the action of the two societies. All details will be made known at the first joint session.

FIRST DAY—Morning Session.—The Academy will be called to order at 8:30 A. M. by the president. An auditing committee and committee on credentials will be appointed by the president. The Academy will then adjourn to meet in joint convention with the Minnesota State Institute. The joint convention will be called to order by the president of the Academy. A. E. Higbee, M. D., President of the Minnesota State Institute, will then deliver the address of welcome. Response by G. S. Walker, M. D., President of the Academy. Reports and papers of the bureaux will be presented in the following order unless otherwise arranged by the convention. Discussion will follow the reading of the papers, each speaker being limited to five minutes. Bureaux of sanitary science, climatology, and hygiene, Western Academy, B. Bell Andrews, M. D., Chairman, Astoria, Ill.; M. Ayres, M. D., Rushville, Ill.; A. E. Higbee, M. D., Minneapolis, Minn.; T. P. Wilson, M. D., Ann Arbor, Mich.; G. W. Foote, M. D., Galesburgh, Ill.; W. Bailey, M. D., New Orleans, La. Minnesota Institute, J. W. Routh, M. D., Chairman, St. Paul; C. W. Putnam, Minneapolis; W. D. Leonard, M. D., Minneapolis, Minn. Bureaux of obstetrics, Western Academy, J. W. Hartshorne, M. D., Chairman, Cincinnati, Ohio; Minnesota Institute, C. W. Cray, M. D., Chairman, Lake City; C. N. Dorion, M. D., St. Paul; Miss M. Mason, M. D., St. Paul.

Afternoon Session.—Reports and papers of the following bureaux will be presented: Bureaux of psychological medicine, anatomy, and physiology, Western Academy, H. B. Fellows, M. D., Chairman, Chicago, Ill.; N. A. Pennoyer, M. D., Kenosha, Wis.; J. M. Kershaw, M. D., St. Louis, Mo.; N. B. Delamater, M. D., Chicago, Ill. Minnesota Institute, C. D. Williams, M. D., Chairman, St. Paul; Miss A. L. Hutchinson, M. D., Minneapolis, Minn. Bureaux of materia medica, Western Academy, A. Uhlemeyer, M. D., Chairman, St. Louis, Mo.; T. Bacmeister, M. D., Toulon, Ill.; A. W. Woodward, M. D., Chicago, Ill.; A. C. Cowperthwaite, M. D., Iowa City, Iowa; D. Hubbard, M. D., Atchison, Kas.; F. Duncan, M. D., Osage, Iowa; W. Eggert, M. D., Indianapolis, Ind.; P. G. Worley, M. D., Dubuque, Iowa; D. B. Morrow, M. D., Cincinnati, Ohio; Jno. Lillie, M. D., Kansas City, Mo. Minnesota Institute, W. H. Leonard, M. D., Chairman, Minneapolis; E. Walther, M. D., St. Paul; H. Hutchinson, M. D., St. Paul; S. T. Starrett, M. D., Minneapolis.

SECOND DAY—Morning Session.—The Academy will be called to order at 8:30 A. M., to hear report of the board of censors. The reports and papers of the following bureaux will then be presented: Bureaux of surgery, Western Academy, A. E. Higbee, M. D., Chairman, Minneapolis; E. M. McAfee, M. D., Clinton, Iowa; J. T. Boyd, M. D., St. Louis; G. A. Hall, M. D., Chicago; S. R. Beckwith, M. D., Cincinnati; E. C. Franklin, M. D., Ann Arbor, Mich.; S. B. Parsons, M. D., St. Louis; E. A. Murphy, M. D., New Orleans, La.; J. N. Seidlitz, M. D., Keokuk, Iowa. Minnesota Institute, C. G. Higbee, M. D., Chairman, St. Paul; J. A. Steele, M. D., Minneapolis; D. M. Goodwin, M. D., Minneapolis. Bureaux of statistics, registration, legislation, and education, Western Academy, R. L. Hill, M. D., Chairman, Dubuque, Iowa; Wm. C. Dake, M. D., Nashville, Tenn.; D. T. Abell, M. D., Sedalia, Mo.; T. C. Duncan, M. D., Chicago, Ill.; L. Sherman, M. D., Milwaukee, Wis.; Petrus Nelson, M. D., Minneapolis; J. T. Boyd, M. D., St. Louis, Mo.; J. P. Willard, M. D., Jacksonville, Ill.; R. F. Baker, M. D., Davenport, Iowa. Minnesota Institute, W. H. Caine, M. D., Chairman, Stillwater, Minn.; D. Silliman, M. D., Hudson, Wis.

Afternoon Session.—The session will open with reports and papers of the following bureaux: Bureau of gynecology, Western Academy, E. A. Guilbert, M. D., Chairman, Dubuque, Iowa; T. G. Comstock, M. D., St. Louis; Mrs. Samuel Harris, M. D., Galesburgh

Ill.; Mrs. Julia H. Smith, M. D., Chicago, Ill.; G. S. Walker, M. D., St. Louis, Mo.; G. F. Roberts, M. D., Waterloo, Iowa, Minnesota; Institute, G. H. Hawes, M. D., Chairman, Hastings; Miss A. L. Swain, M. D., Minneapolis; E. M. Bangs, M. D., Red Wing.

Bureau of pædology, with reports and papers, Western Academy, W. A. Edmonds, M. D., Chairman, St. Louis, Mo.; J. R. Haynes, M. D., Indianapolis, Ind.; J. M. Kershaw, M. D., St. Louis, Mo.; A. S. Everett, M. D., Denver, Col.; T. C. Duncan, M. D., Chicago, Ill.; J. T. Boyd, M. D., St. Louis, Mo. Minnesota Institute, A. A. Camp, M. D., Chairman, Minneapolis; Miss A. Williams, M. D., St. Charles E. H. Grannis, M. D., Menomona, Wis.; W. D. Lawrence, M. D., Minneapolis. Bureaux of ophthalmology and otology, Western Academy, J. A. Campbell, M. D., Chairman, St. Louis, Mo.; C. H. Vilas, M. D., Chicago, Ill.; T. P. Wilson, M. D., Ann Arbor, Mich.; Petrus Nelson, M. D., Minneapolis, Minn. Minnesota Institute, P. Nelson, M. D., Chairman, Minneapolis; H. C. Leonard, M. D., Henderson; bureau of pharmacy, Western Academy, Lewis Sherman, M. D., Chairman, Milwaukee, Wis.; T. C. Duncan, M. D., Chicago, Ill.; C. H. Goodman, M. D., St. Louis.

THIRD DAY.—*Morning Session*.—Final report of board of censors. Papers and reports of following bureaux: Bureaux of clinical medicine, Western Academy, R. F. Baker, M. D., Chairman, Davenport, Iowa; J. Harts, Miller, M. D., Abingdon, Ill.; C. W. Enos, M. D., Jerseyville, Ill.; W. C. Dake, M. D., Nashville, Tenn.; E. McAfee, M. D., Clinton, Iowa; G. W. Higbee, M. D., Sullivan, Ill.; J. T. Boyd, M. D., St. Louis, Mo.; J. C. Cummings, M. D., St. Louis, Mo.; G. H. Patchen, M. D., Burlington, Iowa; J. H. Moselev, M. D., Olathe, Kas.; L. D. Morse, M. D., Memphis, Tenn.; W. H. Blakely, M. D., Bowling Green, Ky.; J. D. Buck, M. D., Cincinnati, Ohio. Minnesota Institute, G. M. Humphrey, M. D., Chairman, Minneapolis; Z. B. Nichols, M. D., Faribault; T. C. Schell, M. D., St. Paul; D. H. Roberts, M. D., Owatonna. Bureau of fevers, Minnesota Institute, A. D. Dornberg, M. D., Chairman, Mankato; J. N. Wheat, M. D., Austin; C. H. Glidden, M. D., Pine Island; S. D. Spaulding, M. D., Minneapolis; bureau of provings, Western Academy, D. T. Abell, M. D., Chairman, Sedalia, Mo.; E. R. Jackson, M. D., Dubuque, Iowa; C. J. Berger, M. D., Booneville, Mo.; T. Bacmeister, M. D., Toulon, Ill.; L. Hubbard, M. D., Atchison, Kas.; L. D. Morse, M. D., Memphis, Tenn.; Mrs. D. B. Pearman, M. D., St. Louis, Mo.; R. A. McFarland, M. D., Orlando, Fla.; W. C. F. Hempstead, M. D., Oakland, Cal.; W. H. Leonard, M. D., Minneapolis.

Afternoon Session.—When the convention adjourns, the Academy will then proceed with the reports of committees not previously reported, unfinished business, new business, selection of time and place of next meeting, election of officers for the ensuing year, adjournment.

The sixth annual regular session of the Academy will be held at Minneapolis, Minnesota, June 9, 10, and 11, 1880, in connection with the Minnesota State Homœopathic Institute. The sessions of the convention will be held in Curtis Hall, which is admirably adapted to the purpose, only a few doors from the Nicollet House.

The headquarters of the Academy will be at the Nicollet House. This hotel has reduced the regular rates to \$2.00 per day to delegates, members and families, and visitors to the convention. The St. James, a good hotel, of small size, offers accommodations at \$1.50 per day.

The fare on all railroads leading from St. Louis to Minneapolis, from Chicago, via Milwaukee & St. Paul railroad, and on other roads in other states, will be at excursion rates, equivalent to one full fare going and one-fifth return.

Drs. A. E. Higbee and D. M. Goodwin, of Minneapolis, constitute the committee of arrangements. They will answer all letters of

inquiry as to hotel accommodations, etc. They announce for the special entertainment of members and delegates, an excursion on the beautiful Lake Minnetonka, to the Falls of Minnehaha and Fort Snelling. The natural beauties of these regions are unsurpassed, and seen under the auspices of cordial hosts and congenial company will render this visit noteworthy in the history of the Academy.

Applications for membership should be filled out and signed by two persons already members, accompanied by the entrance fee (\$3.00). When elected the member is entitled to a certificate of membership. Annual dues \$3.00. A. E. Higbee, M. D., Chairman Board of Censors, will receive all applications and furnish blanks for the purpose, personally or by letter.

Papers on any medical subject from physicians, whether members or not, will be welcome. They can be forwarded to the general secretary, who will place them with the chairman of the proper bureau.

There is every reason to believe this will be an unusually large and enthusiastic meeting. Papers have already been announced from some of the leading physicians of the west, and many more to come. Make a special effort to be present.

On behalf of the committee,

C. H. GOODMAN, M. D., Gen'l Sec'y.

The American Institute of Homœopathy.—For the benefit of our many readers in the west who are not members we give the programme of the thirty-seventh anniversary and thirty-third session of the American Institute of Homœopathy which will be held in Milwaukee, Wis., commencing Tuesday, June 15, 1880, at 10 o'clock, A. M., and continuing four days. Headquarters, Newhall House.

The officers are: President, T. P. Wilson, M. D., Ann Arbor, Mich.; Vice-President, George A. Hall, M. D., Chicago, Ill.; Treasurer, E. M. Kellogg, M. D., New York City, N. Y.; General Secretary, J. C. Burgher, M. D., Pittsburgh, Pa.; Provisional Secretary, J. H. McClelland, M. D., Pittsburgh, Pa.; Chairman of Board of Censors, F. R. McManus, M. D., Baltimore, Md. Official Stenographer, Cyrus R. Morgan, Philadelphia, Pa.

The sessions will be held daily, from 9:30 o'clock, A. M., until 1:30 o'clock, P. M., and from 8 o'clock until 10 o'clock, P. M., except as otherwise stated, subject to the action of the Institute.

On the first day and morning session the Institute will be called to order at 10 o'clock, A. M., by the president, T. P. Wilson, M. D., who will deliver the opening address. The president will then appoint an auditing committee. The report of the committee of publication, (the officers of 1879), the treasurer, E. M. Kellogg, M. D., of New York, and a partial report of the board of censors, F. R. McManus, M. D., Baltimore, Md., chairman, will be submitted. These will be followed by the report of the necrologist, H. D. Paine, M. D., of New York.

The bureau of anatomy and physiology will then present its report and papers. H. B. Van Norman, M. D., Cleveland, Ohio, chairman. Lewis Barnes, M. D., Delaware, O. Henry E. Spalding, M. D., Hingham, Mass. Wm. von Gottschalk, M. D., Providence, R. I. J. Albro Eaton, M. D., Brooklyn, N. Y. Caroline E. Hastings, M. D., Boston, Mass. Pemberton Dudley, M. D., Philadelphia, Pa. J. C. Anderson, M. D., Mansfield, O.

The bureau of psychological medicine will then follow with its report and papers. S. H. Tallcott, M. D., Middletown, N. Y., chairman. C. G. Raue, M. D., Philadelphia, Pa. J. M. Kershaw, M. D., St. Louis, Mo. S. Lienthal, M. D., New York. A. C. Copertlwaite, M. D., Iowa City, Iowa. George F. Foote, M. D., Stamford, Ct. John Butler, M. D., New York. J. D. Buck, M. D., Cincinnati, O. Samuel Worcester, M. D., Burlington, Vt. W. M. Butler, M.

D., Middletown, N. Y. A. P. Williams, M. D., Ward's Island, New York City. The closing of this bureau will be followed by the reports of delegates from state and county medical societies and clubs.

The bureau of general sanitary science, climatology and hygiene will present its report and papers at the evening session. Special subject for discussion, "quarantine." Bushrod W. James, M. D., Philadelphia, Pa., chairman. "International quarantine," Geo. M. Ockford, M. D., Burlington, Vt. "National quarantine, including that of sea coast;" W. H. Leonard, M. D., Minneapolis, Minn. "State and local quarantine;" D. H. Beckwith, M. D., Cleveland, O. "Quarantine for refugees exposed to epidemic of any kind, by river, railroad or wagon-way;" M. S. Briery, M. D., Bath, Maine. "Disinfection of people, cargo and baggage in quarantine." E. U. Jones, M. D., Taunton, Mass. "Summary of quarantine laws, rules and regulations of different commercial nations." R. E. Caruthers, M. D., Allegheny City, Pa. "The cordon sanitaire," L. A. Falligant, M. D., Savannah, Ga. "Sanitation and location of quarantine stations," G. W. Barnes, M. D., San Diego, Cal. "Kinds of quarantine required for different contagions." Lucius D. Morse, M. D., Memphis, Tenn. "Quarantine of mailable, circulating, and easily transportable materials." George F. Foote, M. D., Stamford, Conn. "Hygiene in its relation to the use of food and drinks." On the closing of this bureau, the reports and papers of the committee on the law of cure, will be presented by Thomas Morse, M. D., Philadelphia, chairman. And of the committee on clinical thermometry of puerperal diseases, H. N. Guernsey, M. D., Philadelphia, chairman.

On the second day, morning session, the first business in order will be the reports of Homœopathic medical colleges in the United States, to be read by the general secretary. Supplemental report of the board of censors.

The bureau of materia medica, pharmacy and provings will follow with its report and papers. Special subject to be reported on and discussed, "the limits of drug attenuation and of medicinal power, in Homœopathic posology." J. P. Duke, M. D., chairman. I. The proof of drug presence and power in attenuations above the sixth decimal: 1. As furnished by the tests of chemistry; W. L. Breyfogle, M. D. 2. As furnished by the spectroscope and microscope; C. Wesselhoeft, M. D., J. Edwards Smith, M. D. 3. As furnished by the tests of physiology; T. F. Allen, M. D., Lewis Sherman, M. D. 4. As furnished by analogy from the field of impalpable morbid agencies; J. P. Duke, M. D. II. The proofs of medicinal presence and efficacy in attenuations above the sixth decimal: 1. As furnished by the tests of clinical experience, in the use of attenuations, ranging from the sixth to the fifteenth decimal; J. F. Cooper, M. D. 2. As furnished by clinical experience, in the use of attenuations, ranging from the fifteenth to the thirtieth decimal; A. C. Cowperthwaite, M. D. 3. As furnished by clinical experience, in the use of attenuations, above the thirtieth decimal; C. H. Lawton, M. D., H. M. Paine, M. D.

The closing of this bureau will be followed by the report of the committee on medical literature. Henry M. Smith, M. D., New York, chairman. To be followed by the report of a committee on a Homœopathic dispensatory; J. J. Mitchell, M. D., Newburg, N. Y.

The bureau of clinical medicine will occupy the evening session, with the presentation of its report and papers. C. Pearson, M. D., Washington, D. C. This bureau has selected for papers and discussion, "scarlatina." N. F. Cooke, M. D., Chicago, Ill., its history, etiology and varieties; S. Lillenthal, M. D., New York, the diagnosis and course of its varieties, progress and pathology; T. F. Pomeroy, M. D., Detroit, Mich., contagious nature of, liability to

and exemption from, as to age and previous attack; J. P. Mills M. D., Chicago, Ill.; Dissimilarity to diphtheria and other cutaneous diseases, O. P. Baer, M. D., Richmond, Ind., *Belladonna* and other prophylactics, and for what varieties; influence of seasons, climate, etc.; A. Lippe, M. D., Philadelphia, Pa., treatment of its varieties and symptoms.

The bureau of microscopy and histology. C. P. Alling, M. D., Bradford, Pa., Chairman; J. Edwards Smith, M. D., Cleveland, O.; A. R. Wright, M. D., Buffalo, N. Y.; C. Wesselhoeft, M. D., Boston, Mass.; W. H. Winslow, M. D., Pittsburgh, Pa.; J. P. Geppert, M. D., Cincinnati, O. The closing of this bureau will be followed by reports of delegates from medical colleges and journals.

The third day will open its morning session with a supplemental report of the board of censors, and the report of the committee on foreign correspondence. W. H. Winslow, M. D., Pittsburgh, Pa., chairman. J. B. Bell, M. D., Augusta, Maine. C. Neidhard, M. D., Philadelphia, Pa.; T. S. Verdi, M. D., Washington, D. C.; J. A. Campbell, M. D., St. Louis, Mo.

The bureau of obstetrics will be succeeded with its report, and papers from O. B. Gause, M. D., Philadelphia, Pa., chairman. S. P. Burdick, M. D., New York, N. Y.; W. C. Richardson, M. D., St. Louis, Mo.; J. F. Cooper, M. D., Allegheny, Pa.; C. Ormes, M. D., Jamestown, N. Y.; Susan A. Edson, M. D., Washington, D. C.; W. N. Guernsey, M. D., New York, N. Y.; C. T. Canfield, M. D., Titusville, Pa.; George B. Peck, Jr., M. D., Providence. R. I.; Millie J. Chapman, M. D., Pittsburgh, Pa.; C. P. Seip, M. D., Pittsburgh, Pa.

The *Bureau of Gynecology* will then present papers from S. R. Beckwith, M. D., Cincinnati, Ohio, *chairman*; R. Ludlam, M. D., Chicago, Ill.; C. Ormes, M. D., Jamestown, N. Y.; George A. Hall, M. D., Chicago, Ill.; F. Krebs, M. D., Boston, Mass.; B. F. Betts, M. D., Philadelphia, Pa.; W. P. Wesselhoeft, M. D., Boston, Mass.; C. P. Seip, M. D., Pittsburgh, Pa.; M. H. Baker, M. D., Highland Park, Ill.; O. S. Runnels, M. D., Indianapolis, Ind.

At the afternoon session the Institute is requested to assemble promptly at 3 o'clock, and to adjourn at 6 o'clock, for the annual banquet and hop to be given by the proprietors of the Newhall House, in honor of the Institute.

The *Bureau of Pædology* (children's diseases) offers this diet: W. H. Jenney, M. D., Kansas City, Mo., *chairman*, "Acute Gastritis," Anatomical Characteristics, Causes and Diagnosis; W. Edmonds, M. D., "Prevention and Treatment" of same; J. C. Sanders, M. D., "Stomatitis," Anatomical Characteristics, Causes and Diagnosis; A. M. Cushing, M. D., "Prevention and Treatment" of same; R. J. McClatchey, M. D., "Gastromalacia," Anatomical Characteristics, Causes and Diagnosis; W. Danforth, M. D., "Prevention and Treatment" of same; T. C. Duncan, M. D., "Thrush," Anatomical Characteristics, Causes, Diagnosis and Treatment; S. P. Hedges, M. D., "Gangrene of the Mouth," Anatomical Characteristics, Causes, Diagnosis, Prevention and Treatment; C. Mohr, M. D., "Gastritis of Children, Prevention and Treatment;" Mary A. B. Woods, M. D., "Dietetic Rules to be Observed in the Treatment of Diseases of the Digestive Organs." The closing of this bureau will be followed by *Reports of Delegates* from public hospitals, infirmaries and dispensaries.

The *Bureau of Ophthalmology, Otolology and Laryngology* opens the fourth day. F. H. Boynton, M. D., New York, *chairman*; F. Park Lewis, M. D., Buffalo, N. Y.; J. H. Buffum, M. D., Chicago, Ill.; J. M. Schley, M. D., New York; F. H. Foster, M. D., Chicago, Ill.; D. J. McGuire, M. D., Cincinnati, O.

Bureau of Surgery: N. Schneider, M. D., Cleveland, O., *chairman*; S. R. Beckwith, M. D., Cincinnati, O.; E. C. Franklin, M. D., Ann

Arbor, Mich.; L. H. Willard, M. D., Allegheny City, Pa.; J. H. McClelland, M. D., Pittsburgh, Pa.; J. G. Gilchrist, M. D., Detroit, Mich.; I. T. Talbot, M. D., Boston, Mass.; W. T. Helmuth, M. D., New York; J. C. Budlong, M. D., Centredale, R. I.; J. C. Minor, M. D., New York; W. M. L. Fiske, M. D., Brooklyn, N. Y.; D. W. Hartshorne, M. D., Cincinnati, O.; George A. Hall, M. D., Chicago, Ill.; C. H. Von Tagen, M. D., Chicago, Ill.; A. G. Beebe, M. D., Chicago, Ill.; John E. James, M. D., Philadelphia, Pa.; Charles H. Thomas, M. D., Philadelphia, Pa.

The Bureau of Organization, Registration and Statistics: I. T. Talbot, M. D., Boston, Mass., *chairman*; Henry M. Smith, M. D., New York; M. T. Runnels, M. D., Indianapolis, Ind.; Bushrod W. James, M. D., Philadelphia, Pa.; Lewis Sherman, M. D., Milwaukee, Wis.; P. G. Valentine, M. D., St. Louis, Mo.; W. N. Griswold, M. D., San Francisco, Cal.; T. Frank Smith, M. D., New York.

Committee on legislation: T. S. Verdi, M. D., Washington, D. C., *chairman*. And that of the intercollegiate committee: J. D. Buck, M. D., Cincinnati, O., *chairman*. Then will follow in order: Unfinished business, new business, including selection of time and place for next meeting, the election of officers and adjournment.

Physicians and members of their families attending the Institute, can procure round trip tickets from Boston to Chicago, at *excursion rates*, by way of the Pennsylvania Central and Pittsburgh, Fort Wayne and Chicago Railroads, on application to Mr. C. S. Halderman, passenger agent, 203 and 205 Washington Street, Boston; from New York City, on application to Mr. Samuel Carpenter, 526 Broadway; from Philadelphia, on application to Mr. J. N. Abbey, 1348 Chestnut Street; Baltimore, from Mr. Ed. S. Young; and from Pittsburgh, from either the Provisional or General secretary. From Cincinnati to Milwaukee, and return, via Cincinnati and Chicago Air Line, tickets on sale at C. H. & D. Offices, Cincinnati, for \$15.00. From Chicago, via Chicago, Milwaukee and St. Paul Railway, regular fare will be paid going, and *one-fifth* fare returning, on presentation of certificate of Dr. C. C. Olmstead, Milwaukee, which he will furnish to all passing over this road, on their way to the meeting.

Arrangements have been made with Messrs. J. F. Antisdel & Son, proprietors of the Newhall House, to entertain the members of the institute and those who accompany them, at the reduced rate of \$2.50 per day. Dr. C. C. Olmsted, Milwaukee, *chairman* of the Local Committee of Arrangements, will give his personal attention to securing desirable rooms in advance, on application.

The physicians of the west appreciate the courtesy extended to them by the Institute, in accepting their invitation to hold its next meeting in the beautiful city of Milwaukee. Aside from the social and ethical elements of these annual gatherings, the fraternal greetings of old and the forming of new acquaintances and friendships; there are many other inducements to the busy and care worn practitioner to avail himself of these favorable and profitable occasions for relaxation. The indications from the east, west, north and south, give promise of an unusually large attendance. Delegates will be chosen to represent the International Homœopathic Convention, to be held in London in 1881, and many topics of general interest to the entire profession will come up in review; while the programme affords itself abundant evidence that the papers and discussions will be able and practical, and amply repay any progressive physician for the time and money expended. Meet with us this time, and you will never have cause to regret it. It will enable you to return to your home with renewed vigor of mind and body, to put into practice your accumulated knowledge, which will be to your patients a priceless boon, and to yourself a lifetime joy.

J. C. BURGER,
General Sec'y.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series. VOL. XI., No. 12.—JUNE 15, 1880.—Whole No. 264.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

MCPHERSON, Kas., June 5.—Prevailing diseases: Measles, scarlet rash and intermittents. The usual remedies employed are: *Aconite* 3x and *Gels.* tincture for the first; *Bell.* 3x and *Gels.* tincture for the second. In several cases of ague in children there was considerable severe pain in stomach and bowels during the paroxysm, and *Cedron* 1x cured promptly. When some of the stages are wanting, *Ars.* 6x. When there are fever blisters, *Natrum mur.* 30x. A. F. WAUGH.

FALL RIVER, Mass, May 27.—We have had a slight breaking out of small-pox here, all confined to the French Canadians, which comprise a population of 50,000, about one-twelfth of the inhabitants of this place. I have been quite busy vaccinating. The cases of variola were all taken to the hospital, so I had no experience in the treatment of small-pox. I think the disease will lay dormant till the cold weather, when it will again break out. We have in this city a lady

Homœopathic physician, the first and only one ever here, also five gentlemen who represent the school. Six all told. T. A. CAPEN.

WEATHER PROVINGS AND DISEASE TENDENCY.

BY BUSHROD W. JAMES, A. M. M. D., PHILADELPHIA.

Meteorological summary for May, 1880, by T. F. Townsend, Signal Service Corps, United States; Highest barometer, 30.362 (15th). Lowest barometer, 29.764 (16th). Average barometer, 30.065. Monthly range of barometer, .598. Highest temperature, 96° (26th). Lowest temperature, 36° (1st). Average temperature, 68.8°. Monthly range of temperature, 60°. Greatest daily range of temperature, 34° (20th). Least daily range of temperature, 11° (23d). Mean of maximum temperature, 79.4°. Mean of minimum temperature, 58.5°. Mean daily range of temperature, 20.9°. Mean relative humidity, 59.0°. Total rainfall, 54 inches. Prevailing direction of wind southwest. Maximum velocity of wind, 34 miles north (15th). Total movement of wind, 8,367 miles. Number of foggy days, none. Number of clear days, 15. Number of fair days, 11. Number of cloudy days on which rain or snow fell, 4. Number of cloudy days on which no rain or snow fell, 1. Total number of days on which rain or snow fell, 6.

COMPARATIVE TEMPERATURE.

May	1876	60.9		
"	1877	60.7	Average	} 63.0
"	1878	61.0	for	
"	1879	63.6	five years	
"	1880	68.8		

COMPARATIVE PRECIPITATION.

May	1876	4.45		
"	1877	1.10	Average	} 2.12
"	1878	3.29	for	
"	1879	1.22	five years	
"	1880	.54		

DISEASE TENDENCY.

May, in this locality, has been more like a summer than a spring month, it being extremely dry and warm. The thermometer marked 97° three successive days, 25th, 26th, and 27th, and to 93° on the 28th. No great amount of electrical disturbance occurred. We would

naturally expect to find a great amount of cholera infantum, but it appears that its *season* of occurrence had not arrived. Diarrhœa did not prevail to any extent except at the beginning of the month when there was some enteralgia with some looseness of the bowels, but not connected with great elevation of temperature of the atmosphere. Derangements of the liver and stomach, together with rheumatism, (lumbago) renal and cardiac diseases with an increase of spinal and nervous diseases were the early tendencies.

There was following this, a tendency to typhoid fever, spinal meningitis, erysipelas, erythema, urticaria, hives, sore throat, and hæmorrhages, especially epistaxis. The same character of rheumatism of last month's record continued more or less, in the shape of lumbago.

About the middle of the month, cerebral and cardiac diseases were more numerous and more aggravated than previously, and the typhoid tendency was then the greatest; there was also for about a week, a very decided tendency to diphtheria, and especially of a croupal form. Renal diseases were likewise worse, and an unusual number of albumenuria cases were detected, and lumbar and dorsal pains in the back were almost universal concomitants among the sick, while headache, languor and nervous debility were very prominent symptoms, with a great disposition to depression of spirits and enteralgia. During the hot, dry spell of the latter portion of the month, sunstroke, cerebral and spinal congestions, general prostration, fainty and drowsy feelings, and headache, erythema and eruptions upon the skin of the neck and trunk, as would naturally be expected, were very prominent and the cases abundant.

REMARKS.

I do not remember a month of May, heretofore, in which so much hæmorrhagic tendency occurred. Epistaxis was not the only phase it assumed, for menorrhagias were especially abundant. Metrorrhagias as a complication with other diseases; menses coming too soon or being too profuse, while accidental abortions and miscarriages and floodings and leucorrhœas were also remarkably numerous. While there was quite an immunity from prostrating diarrhœa, there was an increase of cerebral and nervous disorders, convulsions, paralysis and apoplectic attacks being quite current.

It is probable that the increase of lumbar aches and pains, and the greater number of albuminuria cases were somewhat due to renal congestions and the influence that the diphtheritic tendency has over

the secretions, especially of urine, and the frequent production of albuminuria from the atmospheric poisoning, from the diphtheritic condition, or whatever it may be that causes the development of this tendency at certain times in greater abundance than at others; for sometimes the community will be free from it for weeks and then it will appear suddenly after some electrical or atmospheric change and probably for a week or two, assume a very aggravated form.

*LIFE AND ITS ULTIMATUM, OR WHY OUR FOOD
SHOULD BE ORGANIC.*

BY J. F. SANBORN, M. D., D. D. S., TABOR, IOWA.

The living principle is of too subtle a character for us to define; or to say by what law of the universe it was first called into existence, or to describe by what law of matter, or force, it was first originated. It is also equally beyond our design, to attempt to explain how matter was first formed from the highly attenuated nebulous material to which the origin of the earth has been ascribed, in common with the other planetary bodies, that compose the solar system.

We are content to ascribe their origin to the "Great First Cause," try to study the laws that govern their action, and their relationship to each other, and advance some speculations as to how this relationship is supported and maintained. Man would achieve but little in science if he did not dare to attempt to work out problems that some of the wisest of men have hitherto regarded as unsolvable.

Speculation then has its use. Cold reason may sift out the fallacies, and scientific experiment, if she can, may follow in the difficult path that we expect to tread as we follow our subject in its obscure road.

Anything of which our senses can take cognizance, is matter; from the most unchanging of the earth's structure, to the most ethereal of the gases that may enter into its composition. Anything that occupies space is matter.

Matter may be divided into organic and inorganic: the latter may exist from age to age, without change of its molecular relations except such as are occasioned by chemical action; the former is subject to vital action, and the changes that take place in the organization of all organic matter.

Prof. Dana says: "In the foundation structure of the globe, firmness and durability are necessary prime qualities, while in the living structure, instability and unceasing change, are the marked characteristics."

The stability of any substance depends on the simplicity of the compound, and the satiation of the atoms that go to make up its molecules. Quartz, for instance, is composed of Si. O. 2. wherein the elements become mutually satisfied and neither seeks further alliance. This is among the most simple in composition of all the mineral substances of the earth, and is one of the most stable of all the various compounds that enter into its structure. By the addition of an alkali the compound becomes more complicated, and vastly more susceptible to change. Silix is infusible by any heat less than that produced by the compound blow-pipe; but with the addition of lime, soda or potash or any combination of them, it readily fuses and forms glass.

A rock composed of silix and an alkali is known as granite, a hard resisting rock, but readily destroyed by heat; as was shown by the destruction of large buildings of this material, by the great fires of both Chicago and Boston.

Vegetable structure is very differently composed from minerals. The combinations are less in balance, and they are less enduring; while the most marked characteristic of animal life, is its unceasing change.

The finest mechanical subdivision of matter, is the molecule; and the ultimate chemical decomposition of the molecule is the atom. The character, number and relationship of the atoms determine the character of the molecules. Force is that which occasions or arrests motion. Matter and force are mutually dependent. Force is not matter, but our only knowledge of it, is in its influence on and relationship to matter. Wood is matter, and its growth is at the expense of force. When it is consumed it is reduced to its original elements, and force or heat becomes apparent. Scientists are agreed that neither matter nor force are ever annihilated. They may both be changed in form, or manifestation, but are never lost. Light, as force, may be changed to heat, by the arrest of its motion.

Electricity is one of the best illustrations of force. It is a mode of motion, and if arrested in its course, is changed to heat, as is shown by the electric discharge from the clouds, in its passage to the earth. If a tree is in its course, it may follow that to the ground, but with a retarded velocity, which is changed to heat sufficient to decompose

the sap of the tree and change it into gas, or steam, and an explosion is the result, that rends the tree more or less; or if it be a lightning rod of insufficient size to convey the charge to the earth, the rod will be fused. Wrought iron fuses at 3.240° Fahr. To effect this fusion the rod is raised over 3.200° in less than a second of time, which is a manifestation of force of which we can form no conception.

Force may be manifested as light, heat, electricity, magnetism, gravity or attraction.

Life is a modified manifestation of force, and is the primary cause that evolves the independent bioplastic activity of any organism.

Vitality is a latent state of life force, wherein the life force as motion, becomes dormant, or inactive, as in the germ of a seed. As life, there is motion, not a cessation of that motion but a transfer of it by the plant to the seed as it ripens; in the seed, it becomes vitality, or latent life force.

The vitality of the seed may remain dormant for an indefinite length of time, but whenever favorable circumstances are presented to the seed, it resumes its active condition as motion, thus changing vitality to life; and when once motion is resumed, it must continue until the seed is matured, thus changing its life activity to the latent state, as vitality. Any cessation of life motion, before the seed becomes matured, is death to the plant. Life then is a modification of force, a mode of motion appertaining to organic matter, and bearing the relationship to it that force does to the inorganic. Life then is the inherent, independent power that originates and carries on motion, as life force; while inorganic matter, is dependent on external causes for the force to originate and continue its motion. They are both forces, but with this difference; in the organic life force, the power to move is within itself; while that of the inorganic, is without or external; the one is independent, the other dependent. In neither is that force perpetual. Where there is animal life, there must be a continual supply of latent force in the form of food, in which that force is stored up; then when this food becomes assimilated, the latent force therein becomes apparent force, or life motion in the animal.

The vegetable kingdom, is the connecting link between the forces of nature, and those of animal life.

"From nature's chain whatever link you strike,
Tenth or ten thousandth, breaks the chain alike."

The sun is the primary source of force to the earth. Light passes

from the sun at a velocity of 186,000 miles per second, which is the highest manifestation of motion of which we have any knowledge.

As light passes through space as motion, it does not impart heat to planetary space ; as the temperature of space is supposed to be as low as $=80^{\circ}$ below Fahr.

As soon as the light strikes the earth, it is arrested thereby, or reflected therefrom, according to the angle that the light strikes the earth. If direct, it is arrested and becomes heat, but if at an angle to be reflected, it passes off into space again.

Ericson, the inventor of the monitors, and one of the most learned engineers of our time, has estimated that the force generated as heat, by the arrest of the sun's rays, is equal to a horse power for every ten feet square of surface. This force may manifest itself as light, heat or electricity ; each are more or less interchangeable, and plants utilize them all in ultimating to themselves life force.

It is not to be presumed that vegetation uses from day to day all the natural force that is generated ; but be this as it may, a season is considered favorable or otherwise, according to the amount of the natural forces developed by sun-light.

Plants are as dependent on the natural forces for their development, as they are on the earth for plant food. It takes a sufficiency of both, for their full growth. A mistake is often made, in allowing too many plants to grow in a given space or too many weeds with the crop ; thus mutually dividing among the many, what should be appropriated by a much less number, and thereby a less valuable crop is raised.

Field crops do not grow well in the shade of trees, because the trees arrest the sun-light motion, and appropriate the force, to the detriment of the plants that are planted in their shade, and as a consequence, they have not the energy to appropriate plant food in sufficient abundance to become fully developed.

The parts of a vegetable as the seed, stem, leaves and root, are food, in proportion to the amount of life force therein stored up.

For this reason, grain is more nutritious than hay. Fruit, as apples ; or roots, as potatoes are only about one-third as nutritious as wheat, beans, or peas. The same fact is shown in the amount of heat produced in the consuming of the grain, as compared with that of the straw.

It is a well know fact, that food for plants, consists of inorganic matter from the earth, and decayed animal and vegetable substances ;

which on becoming elaborated furnish material in part for plant structure. The sun furnishes the amount of heat, the necessary amount of energy to elaborate the food, and to supply the vital action, that shall mature the plant, and which in its own proper time will store up the life force in the seed as vitality, for the use of the future plant, to start the life action the next year.

Force is always at the expense of matter. Matter is always at the expense of force. What ever grows, does so at the expense of force.

Whenever matter is disintegrated, be it by quick combustion, or the slow process of decay, force will be developed. Involution, and evolution, balance each other.

If the seed of grain becomes rancid, so much of the lateht life force has been evolved as force, that the seed for the want thereof, will not germinate.

(To be Continued.)

A PATHOLOGICAL SPECIMEN.

Monday evening I was called to see Mrs. B., and found her advanced about four months in pregnancy, and complaining of bearing down pains in back and over the uterus. She also informed me that the pains had been increasing in intensity and frequency for four days, and there had been considerable hæmorrhage at different times. Upon examination I found the os uteri dilated and very much relaxed. I advised perfect quiet in the horizontal position, prescribed for her, and left. Pains subsided and hæmorrhage stopped after my departure, but on Thursday they returned with renewed vigor, and the fœtus was expelled before I could reach the house. Upon examination I found that the placenta, fœtus and membranes had been discharged entire and intact, with the exception that the chorion was ruptured on one side sufficiently to exhibit the fœtus enveloped in the amnion. It is a beautiful specimen and shows the fœtus, about five inches long, floating in the amniotic fluid, with the cord wound around the neck, thence passing through the attachment of the amnion to the placenta. The external surface of the placenta is seen covered by the chorion and decidua. Am now curing the specimen and will preserve it entire.

F. F. CASSEDAY.

PRACTICAL NOTES.

H. L. of N., married has been under three of the best doctors there, for five years, and steadily lost, in every particular. He is about thirty-two, sandy hair and beard, small in size, has had chronic dyspepsia, and *obstinate* constipation; had lost all sexual desire; had not indulged in three years; cold and chilly feelings; everything he ate distressed him; was emaciated; *anæmic*; hands always cold, and in fact, as they say, all run down. He had "no confidence in any doctor." When I first saw him, he was dieting on pepsin mixed with starch, and a solution of *Strychnia*, given by Prof. B., of Gale. It was very difficult to hold him, as he had no confidence in any one. I kept him on *Nux* 30, then *Opium* 30. After a few weeks he said there was a slight improvement, but at the same rate, it would take ten years to have bowels more natural. Then I gave him *Cas. sang.*, fluid extract, dose five to ten drops, three times daily. He soon reported that "it was the only thing he ever saw that helped him." Bowels regular, as a clock, and he has *gained* nine pounds. Since I saw him can eat anything, and is satisfied. No change as to his animal nature.

J. W. M.

THERAPEUTIC HINTS.

Petroleum.—Eruption, sacro-lumbar region, looking like flattened vesicles, filled with fat.

Chronic diarrhœa. With feeling of weakness in hypogastrium.

W.'s Case of Eczema.—Drugs "worse by thinking thereon." *Bar. Dros., Helle., Oleand., Plumb., Ran. bulb., Sabad., Spig., Spong., Staph.* She has had *Ran. b.*; hence *Staph.* is prominent, also *Oleand.* Change of life suggests *Lach.*

Inveterate eczema, Cicuta and Pix. liq.

J. L. Short's case of scurvy.—Try *Kreasote, Sulphuric acid.* See also *Hahn. Monthly, O. S., Vol.*; "Congestive Diseases in the Army."

Dr. J. Fletcher's case suggests *Rhus tox.*

Dr. Old's case is probably needing spectacles and *Silicea.*

Dr. Jousset's case in March 15th number. Dr. J.'s reputation as a *prescriber* must suffer eclipse, if these are criteria. On page 228, is a

case of "suppurative pneumonia." The drug given was *Bryonia*, probably because three days had elapsed, and exudation begun. The symptoms call emphatically for *Aconite*, notwithstanding, viz., fever, currant-jelly-like sputa, headache, thirst, red face, very painful cough. If Allopathic treatment had preceded, *Nux vom.* would be preferable. Later, i. e., on the sixth day, the indications were clear for *Rhus tox.*, viz.; restless night (after *Bryonia*) delirium, trying to leave his bed; skin burning hot, with little moisture; expectoration blackish; respiration frequent. The continuance of *Bryonia* had been only disastrous to date, yet was persisted in, with *Ars.* in alternation; they could only do harm, and the patient died. (Two questions arise: 1. Who has not made the same mistake of giving *Ars.* when *Rhus* was required. 2. What of the prospects for comparative mortality statistics?)

Parotid Inflammation.—This case got worse and worse on *Bell.* tincture, for nearly a week. Died after one day on *Apis* 3. Cannot your Chicago tyros beat that?

Articular Rheumatism.—Seems to have been a good cure; the *catarrhal nephritis* case, also, perhaps. But the *Typhoid fever* case, death and poor practice. M.

REMEDY FOR TAPEWORM.

I have been interested in the articles upon this subject in recent numbers of THE INVESTIGATOR, and have decided to give my remedy. I fail to see how potentized remedies are going to kill and expel the worm, and I therefore take energetic means to rid the patient of the offending material. I agree with the brother, who gives *Pomegranate*, that it is an efficient means in *some* cases, but will not do for all cases. The bitter taste of the *Pomegranate* and the large quantity necessary to be taken, are strong objections against its use. Very often sensitive stomachs will utterly refuse to retain it and recourse must be had to some other remedy. The etherial extract of *Felix mas.* was first used by Lutze, the tapeworm specialist, of Beaunshwig, Germany, and discovered by analysis by two German physicians. Lutze gives it as follows: Prepare two vials, No. 1 and No. 2; No. 1 contains extract *Felix mas* ℥iii, and vial No. 2 con-

tains *Oleum ricini* ʒivss. The patient is directed to take a very light supper the evening before taking the remedy. Before breakfast in the morning, No. 1 should be taken, followed in two minutes by No. 2. A cup of coffee may be taken immediately after the medicine, to remove the the taste if desirable. Here is a compact, efficient remedy for an exceedingly obstinate disease, and it succeeds where *Koussou Kamela* and *Pomegranate* fail. Remember in giving it, to prescribe the ethereal extract, not the fluid extract, solid extract or the tincture. Any druggist who understands his business can make you an ethereal extract. Now brethren give this a fair trial before you condemn it, and report your cases through this journal. F. F. CASSEDAY.

Society Proceedings.

NORTH WESTERN ACADEMY OF MEDICINE.

COUNCIL BLUFFS, Iowa, May 5, 1880. 11 A. M.

Pursuant to adjournment the North Western Academy of Medicine met in the parlors of the Ogden House, with president T. H. Bragg in the chair. The minutes of the last meeting read and approved as ammended.

The committee on incorporation reported.

Thursday morning was fixed for the consideration of this report.

The Board of Censors reported favorably on the application of Drs. A. E. Rockey, Iowa City, B. Pitman, Vilisca, Iowa ; H. L. Poulson and P. J. Montgomery, Council Bluffs, Iowa ; J. S. Beattie, Salt Lake City, Utah ; B. G. Suedaker, J. M. Holland, and Edward Lindsley, Salt Lake City, Utah ; W. S. Norcrass Logan City, Utah ; John Almanson, Omaha, Neb., to become members, they were accordingly elected. Dr. R. R. Hanly, of Sidney, Iowa, was invited to a seat in the academy.

Dr. Stillman moved that Dr. J. F. Sanborn, of Tabor, Iowa, be recommended to the Board of Censors as a gentleman eminently fitted by his culture and attainments in science to a place on the roll of honorary membership, the motion having received a second, was carried. The board of censors reported favorably on the name of Dr. Sanborn who

was thereupon elected to honorary membership. Adjourned till 2:30 P. M.

AFTERNOON SESSION.

Dr. C. L. Hart, President, in the chair. Dr. Bragg introduced a clinic. Boy eight years old. One year ago was taken with nasal catarrh. Discharge was at first excoriating, stringy, then yellowish, now of greenish plugs. The conjunctiva soon became inflamed. There was a flow of hot tears, with photophobia.

Dr. Cowperthwaite thought the case should go to a specialist.

Dr. Hart said in similar cases the totality of the symptoms would point to a constitutional dyscrasia.

Dr. Patton found a congestion of the conjunctiva, no granulations. He would use a weak solution of *Cup. sol.* topically and *Merc. viv.* internally.

Dr. Cowperthwaite would use *Merc. corr.* 30c preceded by a dose of *Sulphur cc.*,

Dr. Hart suggested *Merc. corr.*, *Conium* and *Kali bichrom.* for study.

Dr. Stillman would, if after using the indicated remedy, an aggravation occurred, interpose a dose of *Sulphur cc.*; then proceed with the indicated remedy in a higher potency.

Prof. Cowperthwaite, chairman of the Bureau of Materia Medica, read a paper on the action of a few of our fever remedies, viz., *Acon.*, *Baptisia*, *Bell.*, *Gelsemium* and *Verat. vir.* *Acon.* is seldom indicated in typhoid and malarious fevers. The converse is true of *Gelsem.* *Bell.* is often indicated when *Acon.* and *Gelsem.* are given. *Baptisia* is useful in adynamic fevers. The face is dark red, hot, besotted expression, dullness and confusion of mind exists; *Verat. virid.* has not a great range of action. Useful in inflammatory fevers.

From the bureau of surgery, Dr. P. W. Poulson reported a case of psoas abscess that he succeeded in curing: remedies, *Merc.*, *Phos.*, *Aconite*, *Arsen. alb.*, *Assafæt.*, *Lycopod.*

Dr. Bragg read a paper on Surgery, its importance in therapeutics.

In the discussion that followed this paper, Dr. Paine remarked that a fair proportion of Homœopaths are surgeons.

Dr. Montgomery expressed like views.

Dr. Wood said that prosecutions for malpractice were very common in Omaha—he had been sued twice within a year, still he did surgery.

Dr. Stillman said it has been a current saying in the mouths of the

Allopathists that we do not fit ourselves for surgery ; that our study is confined to therapeutics.

It is quite time that we come out of this state of martyrdom and into a proper view of relations to our patrons.

Dr. J. F. Sanborn, from the bureau of physiology, read a learned paper on "Life and its Ultimatum, or why our food should be organic.

At 5 P. M. the Academy adjourned till 8:30 P. M., when Prof. Cowperthwaite delivered a popular address. After the lecture Mrs. Stillman invited the members and their ladies to a reception at her home. After refreshments, President Hart delivered his address.

May 6th. 8:30 A. M.—The Board of Censors having reported favorably upon the applications of Drs. Corley, of Lincoln, Nebraska, and L. W. Todd, of Neola, Iowa, for membership, they were thereupon unanimously elected.

Dr. D. M. Pinkerton read a paper on Irregular Menstruation. Dr. Paine read a paper on Leucorrhœa, by Dr. W. B. Larklee, of Palmyra, Neb.

Dr. Stillman read a paper on the Place of Anæsthesia in Obstetrics.

Dr. H. L. Poulson read a paper on Diphtheria.

A paper was presented by Dr. J. Beattie, on the cause and prevention of diphtheria.

Dr. C. L. Hart read a paper on Sympathetic Ophthalmia. These papers were briefly discussed, on account of lack of time.

It was ordered that the secretary read the papers of absent members by name.

Dr. A. M. Cross on Diseases of the Skin.

Dr. C. Starr on Medical Education.

Dr. W. H. Parsons reported cases of diphtheria characterized by an ichorus discharge from the nose cured by *Ammonium carb.*

The following is the list of officers for the ensuing year :

PRESIDENT.—W. H. Parsons, M. D., Glenwood, Iowa.

VICE-PRESIDENT.—Bart L. Paine, M., D., Lincoln, Nebraska.

SECRETARY AND TREASURER.—W. D. Stillman, M. D., Council Bluffs, Iowa.

BOARD OF CENSORS.—Drs. P. J. Montgomery, Bart. L. Paine, P. W. Poulson, O. S. Wood and T. H. Bragg.

Omaha, Nebraska, was selected for the place of meeting on the first Wednesday and Thursday of May 1881.

INDIANA INSTITUTE OF HOMŒOPATHY.

(Continued from page 451.)

AFTERNOON SESSION.

At 2 o'clock P. M. Dr. O. S. Rannels, chairman, reported for the bureau of gynæcology, reading a paper on "Laceration of the Cervix Uteri," explained by drawings and a showing of instruments used in treating and avoiding such lacerations. Dr. M. M. Eaton, of Cincinnati, Ohio, read a scholarly and well considered paper on "Ovaritis." Both papers were referred to the committee on publications, as were papers from Dr. Geo. M. Ockford, Burlington, Vermont (contributed) on the subject of "Pelvic Cellulitis," and on "Hysteria," by Dr. W. H. Brazie, Bristol, the two last without reading. Dr. Joseph Howell, of Richmond, then read a paper, and the afternoon session closed.

EVENING SESSION.

At the evening session, W. R. Elder, M. D., of Terre Haute, read a paper on "Renal Cancer, with pathological specimen," and James A. Campbell, St. Louis, Missouri, lectured on "Kindergarten vs. Eyes," which latter subject gave rise to considerable discussion, in which Professor Tarbell, superintendent of the public schools, Professor W. A. Bell, of the Indiana School Journal, and Miss Alice Chapin, principal of the Kindergarten school, who had been invited to be present, participated.

KINDERGARTEN VS. EYES.

He said that myopia or near-sightedness seems to be one of the penalties of civilization and high culture. In those nations or communities most advanced in culture, which has been attained by close study, do we find it most prevalent. In Germany, among the better classes, it is the rule rather than the exception. In our eastern states it is very observable, and is becoming more and more prevalent, diminishing in extent as we go west, until, in the border regions of the western frontier, it is almost unknown. Thus do we see it stealing upon us like a cloud.

Near-sightedness is rarely developed after the fifteenth year. From the construction of the eyeball it will be seen that the posterior portion is the weakest part, because it is unsupported there by anything but the sclerotic coat, while at other situations it is strengthened by the muscles and their tendonous expansions. In childhood this external

sheath (which in adult life becomes firm and dense), whose office is to give support and shape to the ball, is thin and yielding, like all the other infantile tissues; hence any cause which may tend to produce any change of shape in the ball, would be most active in childhood, from this inherent want of resistance on the part of the sclerotic, and it would necessarily manifest itself at the weakest point, or, as has been above stated, at the posterior pole. Now let us take a glance at the Kindergarten pupil at work. His little games and plays are healthful in a high degree; they exercise the body, strengthen the memory, cultivate the voice and brighten the comprehension. But when this is over watch the little one. There he sits on a small bench at a low table. Before him lies his work. See his attitude. With a needle in his hand, his head bent over, he is carefully pricking little holes along a tracing on paper. This requires the utmost attention and exactness, and taxes his little eyes to the utmost. Here he braids little bright-colored bands of paper, There he sews with colored silks along other fine tracings, until a beautiful flower stands out. It is tiresome, but he is making something pretty for mama, and he is a little hero. Yet what is the condition of his eyes during this work, and what may be the result.

When we look intently at a near object both eyes are converged upon the one point under observation. This convergence is brought about by the action of the internal recti muscles. This, like all other muscular action, tends to produce congestion. When we look upon a near object the ciliary muscle is put upon a strain, which has also a congestive effect. Again, when we look at near objects upon a table or desk before us, the head is bent over and generally the body is doubled up, preventing a freedom of action in the circulatory system; and here are two other causes of congestion of blood to the head. When the mind is active the brain has a larger blood supply, and thus the eye is all the more apt to be in a congested state. And all of this we find in our little Kindergarten worker.

The doctor gave sufficient figures to show that myopia was largely on the increase in this country.

In one large school in which the eyes of every scholar were carefully examined with the ophthalmoscope, out of 1,000 scholars the eyes of 703 were found to vary otherwise than in refraction from the normal standard. The session then closed.

SECOND DAY.

The Institute met at 9 o'clock, at Plymouth Church, with a larger attendance than on the previous day. Papers were read and referred to the committee on publication as follows: C. A. Fahnestock, M. D., "Surgical Diseases of Frequent Occurrence," H. P. DeVol, M. D., "Is Medical Legislation Necessary to Regulate the Practice of Medicine in Indiana?" Mrs. E. W. Dunlap, M. D., "The Rights of Women to Practice Medicine."

OFFICERS ELECTED.

The election of officers for the year then took place, resulting as follows: President, O. S. Runnels, M. D., Indianapolis; Vice-Presidents, W. Thomas M. D., Elkhart; S. C. Whitney, M. D. Laporte Secretary; B. F. French, M. D., Treasurer; J. R. Haynes, M. D., Indianapolis; W. L. Breyfogle, M. D., New Albany, Chairman of the board of censors. The application of Dr. Potter, of Wisconsin, for membership was laid on the table after a long discussion, in which it was shown that the doctor had purchased his diploma of a western Homœopathic college.

MEDICAL LEGISLATION.

The paper presented by Dr. DeVol on "Medical Legislation" opened up a long discussion in which a number of members voiced their fears that the Old School practitioners in the proposed medical legislation would work an injury to Homœopathy. That their hostility but imperfectly concealed, was of such a character that they could not be depended upon for fair play. Other speakers were of the opinion that the Allopathic doctors meant fairly, and that it was to the interest of all schools to unite in demanding the much needed medical legislation. The following resolution was then adopted and the morning session closed:

Resolved. That it is the sense of the Indiana Institute of Homœopathy that our state needs and demands such medical legislation as will conduce to the more perfect protection of the life and health of her citizens, and to this end committees on legislation be appointed in each congressional district in the state, whose duties shall be the promotion of speedy legislative action that shall be fair to all schools and to all the citizens of our state.

AFTERNOON SESSION.

The following were announced as the committees on legislation from the several congressional districts, in accordance with the

resolution passed at the morning session : First district, Metcalf. L. S. Herr, F. S. Davis ; second district, Drs. W. T. Branstrup, G. W. Higbee ; third district, W. L. Breyfogle, R. S. Brigham, A. McNeil ; fourth district, O. C. Evans, J. Derx, W. H. Becker ; fifth district, O. P. Baer, N. F. Canaday, A. Southworth ; seventh district M. T. Runnels, H. C. Morrow, J. A. Compton ; eighth district, W. R. Elder, J. N. Taylor W. Moor ; ninth district, W. P. Armstrong, Z. Hackett, H. P. DeVol ; tenth district, O. C. Link, J. N. Caldwell, J. C. M. Chaffe ; eleventh district, T. C. Hunter, E. P. Jones, E. W. Sayer ; twelfth district, G. W. Bowen, C. M. Pickett, A. C. Williamson ; thirteenth district, J. M. Partridge, S. C. Whiting W. H. Thomas.

The president appointed as a central committee to present the matter to the legislature O. S. Runnels, C. T. Corliss, B. F. French and J. R. Haynes.

On motion of Dr. Hunter, of Wabash, the central committee were instructed to draw up a bill to secure the Homœopaths equal rights with the Allopaths and present it to the different district committees.

PAPERS READ.

Dr. J. F. McClain, Franklin, read an interesting paper, subject "An Anomaly in Obstetric Practice," which was referred to the committee on publication.

Dr. W. P. Armstrong, Lafayette read a paper on "*Lycopodium*," characterizing it as one of the most valuable remedies in the materia medica. Referred to the committee on publication.

A paper from Dr. Theo. Schultz, of Evansville, was read by its titles, "Thoughts on the reform of our Schools," and referred for publication.

HINTS ABOUT ACONITE.

Dr. H. H. Baxter, of Cleveland, O., read a paper on "Hints about *Aconite*." He said:

The inquiry raised in some of the journals and elsewhere by some physicians, concerning the antidotes for *Aconite* poisoning, calls to mind a little experience in this direction, and suggests the propriety of calling attention to a very common error in connection with its use in practice. It is a fact not generally known, or, if known, often forgotten, that any vegetable acid will antidote and neutralize the effects

of *Aconite*. A fortunate recollection of this served me a good turn about two years ago. A family, previously Allopathic in belief and practice, concluded that homeopathy was the better system, and formally made the change. They procured a work on Homeopathic practice calculated for family use, and purchased the medicines therein named, but most of them in the form of tinctures instead of attenuations. Soon after one of the children, a little girl about ten years of age, obtained the *Aconite* bottle and swallowed some of its contents. The accident was discovered at once, but no attention was paid to it, under the impression that all Homœopathic medicines were perfectly harmless. Very soon, however, the child began to show symptoms of sickness, which rapidly increased, when the parents became alarmed and I was called in haste to see her. This was about 6 P. M. I found her sitting in a large arm-chair, with a most anxious expression of countenance, face flushed, skin hot and dry, pulse 140 beats per minute. She complained of heat and soreness of the throat, and heat and considerable pain in the stomach. There was also what seemed to be an almost constant spasmodic action of the diaphragm and stomach which was very distressing. It was a most peculiar symptom—hiccough and apparently an attempt to vomit at the same time. On being asked, she said she felt only a slight nausea. I could not learn how much of the poison had been swallowed, and the condition of the patient was such as to give rise to grave fears as to the result. At my request they brought me what I was assured was pure cider vinegar. I gave the patient about half a teaspoonful, undiluted. In about ten minutes I gave ten drops, and after about twenty minutes I noticed the frequency of the pulse had perceptibly diminished. To be brief, in about one hour from the time of the first dose the child was nearly or quite out of danger, the pulse had diminished in frequency to about one hundred beats per minute, the peculiar spasmodic action of the stomach had almost entirely ceased, and the patient said she felt much better. I saw her again, three hours later, and found her with pulse at about one hundred, skin moist, face flushed, and some thirst; otherwise feeling pretty comfortable. She was somewhat restless and feverish through the night, but in the morning declared she was as well as ever, except a little weak.

This case is interesting, not because of any new or unusual features it presents, but because it brings into startling prominence some facts concerning our medicines which the familiarity of daily use leads us to forget, *viz.*: That many of our most common remedies are deadly

poisons. Prescribing them daily, and almost hourly, it is hardly to be wondered at that we lose sight of this fact. *Aconite*, perhaps more than any other of the active poisons, is used in the form of tincture—diluted in water, it is true, but still in quantities sufficiently large to produce some unpleasant symptoms, especially in those peculiarly susceptible to its influence. If it be true that familiarity breeds contempt, it is also true that familiarity and constant use beget carelessness. I submit the suggestion that inflammatory fevers, for which *Aconite* is prescribed, may be aggravated rather than benefited if proper care is not exercised in the quantity given.

Aconite is one of the most deadly poisons, rapid and violent in its action. In case of poisoning by it, no time is to be lost. Whatever is done must be done at once, or all efforts to save the patient will prove useless. The patient will either be dead or almost entirely recovered in a few hours. Its action, though violent while it lasts, is of short duration. The effect of one dose, even though a large one, seldom lasts over twenty-four hours. The effect may be prolonged by repeated small doses. Fortunately, it leaves no lasting or chronic effect upon the system.

The power of acids to antidote the effect of *Aconite* is of considerable importance from a therapeutic point of view. In the fevers to which this remedy is Homœopathic, thirst is an almost constant symptom. This is not unfrequently so violent that simple water does not satisfy, or proves injurious. The most common expedient in such cases is acidulated drinks—lemonade, jelly-water, etc. It is not surprising if no modification of the fever is observed from the use of *Aconite*, under such circumstances. The use of acids in every form should be carefully avoided, and even permitting fruits that are at all acid, is of questionable propriety, when *Aconite* is being administered. The fact that acids antidote or neutralize the effect of *Aconite*, suggests the inquiry whether other substances or medicines may not have the same effect, and still further, whether or not two medicines may not antidote or antagonize each other when administered at the same time. This is a question which I will leave for the consideration of such as are in the habit of alternating.

Another thought suggests itself here as a sort of after-thought, *viz.*: that Homœopathic physicians should exercise a greater oversight over family cases, and families known to possess them and those who keep certain of our remedies always in the house, should be informed of the deadly natures of some of these medicines, and of the mischief

that may arise from carelessness in allowing children free access to these remedies. The impression which prevails among the people, and seldom or never contradicted, that any quantity of Homœopathic sugar pills may be taken with impunity, is not only wrong as to facts but tends to impress unfavorably those not familiar with their power as curative agents.

PROPHYLAMIN.

Dr. J. C. M. Chaffee, Kentland, read a paper on "*Prophylamin*." He said :

I would call the attention of this association to a fragmentary proving of this comparatively new drug. On January 10, 1879, I took ten drops of the *Prophylamin* in water. One half hour after taking the same I experienced a smarting sensation of the tongue and fauces, with much thirst; there was also a tingling of the fingers, a sensation of numbness to such an extent that in attempting to pick up anything it felt heavy, and I had to use great effort to retain the article within my grasp. This group of symptoms passed off at the expiration of three hours. I then took another dose of ten drops, and experienced the above symptoms intensified with the additional symptoms of great pains in the wrist joints, also great restlessness and inability to stand upon my feet from the pain produced in the ankle joints.

I took no more of the medicine, the tongue became broad and flabby, the mucous membranes of the buccal cavity were pale, appetite gone, no desire for anything, became morose, with great desire to be let alone; the pain in the joints was made worse by the slightest movement. Twenty-four hours after taking the drug, was attacked with diarrhœa; the stools were thin, watery and white.

I have prescribed this medicine in two cases of rheumatism, where ordinarily I should have given *Bryonia*. I will call your attention to one of these cases: Mrs. M., aged twenty-seven, was attacked April 15, 1880, with a feeling of malise and a desire for large quantities of water; in attempting to sew, the needle felt so heavy that it was with difficulty that she continued sewing. There was also a copious diarrhœa which was very light in color, and pains in the ankle joints, but none in the wrists; was unable to stand. *Prophylamin* five drops, water four ounces. One teaspoonful every four hours if needed. In eight hours after the first dose of the remedy was given the patient was free from all untoward symptoms except the feeling of languor,

which gradually gave way; but one dose of the *Prophylamin* was given. The second case was parallel and the result satisfactory.

MORE PAPERS.

Dr. W. H. Thomas, Elkhart, submitted a paper entitled "A Few Epidemic Causes," which was referred to the publication committee. Dr. G. W. Bowen, of Ft. Wayne, read a paper on "Variola, its Prevention and Cure." Referred. A paper with the title "Glio-Sarcoma," was referred, after being read by its author, Dr. W. O. Catron, of Valparaíso. Dr. C. M. Pickett, of Albion, read a paper entitled "A Few Cases from Practice." Referred.

Dr. E. M. Hale, of Chicago, contributed a paper on "Laryngismus Stridulus," with an illustrated case, cured by *Monobromide of Camphor*. The paper was a most interesting and important one, and will be published in the transactions of the institute.

Dr. W. T. Branstrup, of Vincennes, read an article on "Health and Instruction," from Dr. B. W. Richardson's recent address in London. He said that he read the article for the reason that it would be of more interest and do more good than anything he could possibly write.

DELEGATES CHOSEN.

The following gentlemen were chosen delegates to the American Institute of Homeopathy, which will meet in Milwaukee, June 15, 1880: Drs. O. S. Runnels and J. R. Haynes, Indianapolis; G. W. Bowen, Fort Wayne; W. T. Branstrup, Vincennes; Dr. W. P. Armstrong, Lafayette.

The Institute then adjourned to meet on call of the president and secretary, next April or May.

WESTERN JOINT CONVENTION.

MINNEAPOLIS, June 9th.

This is one of the most pleasant of cities, and has the earnest bustle of a genuine western town. The recent heavy rains while giving everything a cheerful aspect, seriously affected traffic, washing out bridges, and otherwise delaying trains so that the physicians were late in arriving. The morning session was slimly attended.

The Western Academy of Homœopathy and the Minnesota State Homœopathic Institute, convened June 9, 1880, at Minneapolis, Minn. The session was opened by the Academy, which was called to order by President G. S. Walker, M. D., of St. Louis. Dr. James A. Campbell, of St. Louis was made secretary *pro tem*. The president stated that the delayed trains had prevented many delegates from arriving in time to hold the morning session, and that the order of proceeding might therefore be somewhat changed from the programme. He then introduced Rev. J. H. Tuttle, who invoked divine blessing on their proceedings.

Dr. G. H. Hawes of Hastings, was elected provisional secretary, and the following committees were appointed:

Auditing Committee—Drs. J. H. Miller, C. G. Higbee and W. A. Edmonds.

Committee on Credentials—Drs. T. C. Duncan, G. W. Foote and Mrs. M. B. Pearman.

The joint meeting was then convened, and Dr. A. E. Higbee, president of the institute, delivered the following address of welcome:

DR. HIGBEE'S ADDRESS.

MR. PRESIDENT AND MEMBERS OF THE WESTERN ACADEMY OF HOMŒOPATHY: Upon lips all unable to frame into fitting words the warm welcome the heart prompts, has fallen the pleasant duty to give utterance to you that Minneapolis, and Minnesota to-day extend to each and every member of the Western Academy of Homœopathy.

First, we greet you with the greeting that science extends to all her followers, who labor for the advancement of human happiness. We greet you in the name of that medical practice that has done so much for the true advancement of medical science, whose banners are to the front in every battle with the hosts of ignorance, prejudice and superstition.

We greet you in the name of him who first gave to the medical world a law, the revered and honored Hahnemann, whose followers are to-day found in every land and every clime, are numbered by thousands and count among their patrons the wealth, beauty, and what is far more gratifying and desirable, the intelligence of the land! We welcome you with hearts as warm and hands as true as have ever met you at previous meetings. To do more than this lays not within the compass of human power. In the name of this young city, whose years scarcely entitle to a vote, but withal a promising youth, bottle-

fed in early years, and even now largely nourished by patent food ! In the name of her citizens, staunch friends of Homœopathy, in the name of her ladies and children, I bid you welcome.

“ Beautiful is the sun, oh, strangers,
When you come so far to see us ;
All our town in peace awaits you,
All our doors stand open for you ;
You shall enter all our wigwams ;
For the heart's right hand we give you.
Never bloomed the earth so gaily ;
Never shone the sun so brightly,
As to-day they shine and blossom,
When you come so far to see us.”

Thus welcomed Hiawatha the stranger at his door, and so I welcome you.

This is a progressive age ; every man is delving into the depths of his chosen work in search of that which has long laid hidden. The onward rush of progress is as irresistible as that of the waters of the mighty river that flows by us. He who lags is soon lost from the ranks of the world's laborers. In the city that to-day seeks to welcome the stranger within her gates, you can see an example of the wonderful progress of the northwest. But little more than a score of years had been recorded in time's register since the Indian's "tepee" was the only hotel, and the open space about the council fire, roofed by the heavens, was the only hall or opera house where to day stands the city of Minneapolis. In those days your welcome here might have been of a warmer kind, and thrusts far sharper than those given in a debate on 1x versus 1m might have penetrated your cerebellum.

There must be some powerful and progressive influence that has drawn this meeting together. Some of you come from where the breezes of the Atlantic are fresh upon your cheeks, some from where the snow capped peaks of the Rocky Mountains look down upon you. Others of you come from the land of the magnolia, where warmer skies smile upon you.

What is the force that draws us together? Pleasure alone it cannot be! Profit to the purse cannot by any rule be demonstrated, and besides the avaricious doctor was never known to attend or assist at a medical convention of any kind.

From every face before me comes the answer: "We come with an earnest desire and strong purpose to help forward by concerted action the great medical reform in its march to still greater victories than those it now claims the honor of."

From the small and despised beginning of a few scores of years ago. Homœopathy has reached out with ever-lengthening arms, until to-day every land feels the benign influence that rational Homœopathy has wrought in medical practice.

In our ranks to-day stand men whose well won reputation is world-wide; men eminent in every branch of medical science, and year by year these facts are receiving official recognition, and our physicians are to-day filling some of the stations we are entitled to, and not simply because we have a "theory and law," but from our numerous and distinguished patronage. Surely this is a stately tree to grow from a few small globules.

A year and a month have passed since your last meeting in the saintly city of the south; long and weary months to many of you no doubt, as you have battled with a scourge worse than "Attila," some of the time, and a noble record you have made; some of you come bearing laurels won in the glow and furnace heat of last summer; all glory to you, and honor to you all, and though sometimes you are persecuted, remember that all discoverers in science, and reformers in the art of healing, have had to suffer in direct ratio to the success of their efforts. Let us then, as we meet from city to city in these conventions, not only help one another by our deliberations, but as workers together in the same profession, encourage, sympathize with and strengthen one another, that we may go back to our chosen work with renewed energy, and not only wiser and better, but also happier, for having been here. Hoping that we may all be spared to meet together in an unbroken band for many years to come, I again bid you welcome to this land of the "sky tinted waters."

The joint convention then adjourned, and the Western Academy was called to order, and the report of the secretary read as follows:

ST. LOUIS, June 5. 1880:—TO THE WESTERN ACADEMY OF HOMŒOPATHY—Your secretary reports the following work done by him during his term of office:

That he has transferred to a book prepared for the purpose, the constitution and by-laws of the Western Academy, as originally adopted at the preliminary meeting held in St. Louis in 1871. That he has failed to note any amendments made subsequent, finding no record of the same.

That he has, as far as possible, placed in the same book, a correct list of the members, of the Western Academy, alphabetically, for reference.

That he returned to the several writers the reports of the various bureaux entrusted to him for publication, after the lapse of three months; the committee on publication failing to secure within that time subscriptions enough to publish a volume of transactions.

That he sent to eleven hundred and fifty physicians the circulars of the Western Academy, announcing the meeting, bureaux, railroad rates, etc., distributing them northwest and south, and to all the home journals of the United States.

That he answered all letters addressed to him as secretary of the Western Academy.

That he procured fifty copies of the certificate of membership, and sent to the following members their certificates :

Drs. G. S. Schmidt, Effingham, Ill.; Wm. C. Dake, Nashville, Tenn.; T. M. Triplett, Macon Ill.; E. A. Murphy, New Orleans, Ill.; J. P. Willard, Jacksonville, Ill.; L. A. Sernoris, Mount Pleasant, Iowa; B. Bell Andrews, Astoria, Ill.; W. Bailey, Sr., New Orleans, La.; W. Bailey, Jr., New Orleans, La.; J. M. Larrabee, Marysville, Nev.; W. M. L. Breyfogle, Louisville, Ky.; A. C. Jones, Connersville, Ind.; W. H. Blakely, Bowling Green, Ky.; J. P. Garvin, Alton, Ill.; S. M. Fowler, Dubuque, Iowa; S. N. Saunders, Attica, Ind.; M. B. Pearson, St. Louis, Mo.; A. C. Cowperthwaite, Iowa City, Iowa; W. L. Hedger, Warrensburg, Mo.; P. B. Hoyt, Paris, Ill.; E. A. DeCailbal, St. Louis, Mo.; J. C. Cummings, St. Louis, Mo.; W. G. Hall, St. Joe, Mo.; C. W. Spaulding, St. Louis, Mo.; J. P. Frahue, St. Louis, Mo. W, B. May, St. Louis, Mo.

Several certificates yet remain in the secretary's possession, belonging to members from whom no reply can be had from letters addressed to them.

Your secretary would still further urge the active exertions of the members of the Academy to increase its members, the entire list amounting but to 150, the larger part of whom came from Missouri and Illinois. It is believed with a little effort, many earnest workers and valuable men can be induced to contribute yearly to the reports of the Academy and become active members.

He would further urge the publication of an annual volume of transactions, believing such a collection of reports would largely increase the interest in the proceedings and induce many to contribute who otherwise would not.

Finally, he deplors the professional necessities which keep him from being present at Minneapolis, and lending his hands to making this

annual convention the great success it promises to be, asking indulgence for any errors during his term of office. Respectfully submitted.

Dr. C. W. Crary, chairman of bureau of obstetrics, was not ready to report, except verbally. On motion it was voted that he be allowed to report verbally. His subject was miscarriage. He stated that there were many more cases of this kind than was generally supposed, and cited instances and treatment that called out an earnest discussion of means of arresting the liability of some patients to such unfortunate troubles. He cited a case of miscarriage at the second month, when the membranes were cast off in spite of his best effort. He called attention to the effect of *Opium* and its alkaloid in quieting threatened miscarriage. When it was inevitable, he found that a peeled lemon, pushed high up, would bring all away. A spirited discussion followed.

Dr. J. Harts Miller, of Abingdon, Ill.—Would not call, in absence of one menses, an appearance of membrane an evidence of miscarriage. He cited one case that passed membrane, but thinks it was not pregnancy. It was a mass of cysts.

Dr. T. C. Duncan, of Chicago—Moved that all present be invited to take part in discussion. Carried.

Dr. Steele mentioned that he had tried hyperperdermic injections of *Morphia* with great success, though this might not be considered strictly Homœopathic. Had many similar cases. Thinks gestation may occur and foetus not appear among the membranes. Has quieted these cases down with *Morpine* very easily, sometimes even after abortion seems inevitable.

Dr G. W. Foote, Galesburg, Ill.—Did not know any course better than cotton or a silk handkerchief or anything else when there was some hæmorrhage.

Dr. C. thought *Citric acid* helped. Did not know where he got the idea.

Dr. Humphreys described a case in which he used *Morphine* without success, and the woman has become a *Morphine* drunkard.

Dr. Foote asserted that Dr. H. is responsible for that case, and that there are remedies for such cases that are efficacious, and should be used.

Dr. J. H. Miller sustained the position of Dr. Foote, and if the remedy does not act in one dilution another should be tried. In many cases of miscarriage keeping the patient quiet is efficacious.

Mrs. Dr. Harris inquired: "Isn't this a question for temperance societies?"

Dr. Pratt.—And medical societies, also?

Dr. Duncan.—This discussion shows the necessity for more knowledge of the indications of remedies for the prevention of miscarriage. Search our literature and see how meagre are the reliable hints for the selection of the remedy.

Mrs. Dr. Smith supported the case of the one who uses *Morphine*, as her own experience in the hospital has proven beneficial. In five or six cases she had used it with benefit, but she was careful not to tell the patient what remedy she gave. Hot water was also used with benefit.

Dr. Steele rose and cited cases where one to three doses of *Morphine* had been ample.

Dr. C. B. Gilbert, of Minneapolis.—Related a case of threatened miscarriage where the pains were spasmodic, face red. *Bell.* 200 relieved so that she went on to full term.

Dr. A. E. Higbee.—Thinks *Morphine* may be the similia in some cases.

Dr. M. B. Pearman, of St. Louis.—Uses *Morphine* 1st trit. and finds the single dose efficient.

Dr. G. S. Walker, St. Louis.—For many years an Allopath. Gave *Morphine* for some cases and it relieved, and in some not. Now uses it. *Morphine* 1x trit. in half a glass of water—dose every 20 minutes, is quite as efficient for the tearing pains as a larger one, and produces no after effects.

Dr. G. C. Higbee, St. Paul.—The trouble is, they want to have a miscarriage, and do not follow our orders and keep quiet and get the effect of the remedy, we can make them by *Morphine*, and so arrest trouble.

Dr. L. Pratt, of Wheaton, Ill.—Protested against the use of *Morphine*. Delays result and blinds physician. Does not believe it heals up the abortion. Get on as well without it. Had cases where *Secale* helped. These and similar remarks were cheered by many members who did not speak on the question.

Dr. Gilbert, of Minneapolis, referred to a case he had last Sunday morning; didn't need *Morphine*; thought its use not allowable in Homœopathic practice.

The president stated that owing to the limited time this discussion must close to give opportunity for other business.

Voted that an evening session be held at 7:30.

Dr. Higbee, from the board of censors, reported the following list of names, and recommended the election of new members, which recommendation was unanimously adopted.

NEW MEMBERS.

C. W. Crary, Lake City Minn.; R. B. House, Tecumseh, Mich.; J. C. Tucker, Minneapolis; Eugene Campbell, Fairfield, Iowa; C. G. Higbee, St. Paul; E. A. Guilbert, Dubuque, Iowa; J. A. Steele, Minneapolis; W. H. Caine, Stillwater; G. F. Roberts, Waterloo, Iowa; J. Flanders Beaumont, Minneapolis; Mrs. Julia Holmes Smith, Chicago; John T. Bickley, Waterloo, Iowa; Mrs. L. M. Hurlbut, Portage, Wis.; Benton Banton, Waterloo, Iowa; D. M. Goodwin, Minneapolis; G. H. Hawes Hastings, Minn.; Charles Griswold, St. Paul; Mrs. S. C. Harris Galena, Ill.

Dr. Duncan, from the committee on credentials, reported the following list of delegates from other states and associations;

DELEGATES FROM STATES.

T. C. Duncan, Mrs. Julia Holmes Smith, W. J. Hawkes, H. N. Keener, J. H. Beaumont C. H. Vilas, T. S. Hoyne, J. S. Mitchell, H. P. Cole, L. Pratt, S. E. Smith, H. B. Fellows, R. Ludlam, Mrs. Annie E. Bailey, S. P. Hedges, J. E. Gross, E. H. Pratt, M. B. Campbell, Illinois; C. J. Berger, Mo.; A. E. Higbee, W. H. Caine, H. Hutchison, Mrs. Adel Hutchinson, Minn.

DELEGATES FROM SOCIETIES.

Hahnemann Medical Society, of Hennepin county—C. B. Gilbert, G. O. Sutherland.

COLLEGES AND INSTITUTES.

G. S. Walker and W. A. Edmonds, from St. Louis College of Homœopathy.

W. A. Phillips, from Cleveland, Ohio, College.

T. C. Duncan, from UNITED STATES MEDICAL INVESTIGATOR.

Julia Holmes Smith, from Chicago Homœopathic College.

THE JOINT SESSION RESUMED.

After acting on sundry matters of routine business, the joint session was again resumed, and took up the report of the bureau of psychological medicine, anatomy and physiology. Dr. C. D. Williams of St. Paul, read a paper on the subject which consumed the time of

the convention until the hour of adjournment arrived, 5 o'clock, when a recess was taken until 8 P. M.

EVENING SESSION.

At 8 o'clock the joint convention was again called to order by the president, who stated that any who desired would have an opportunity to pay their dues.

The following additional names were enrolled as members of the convention :

N. A. Pennoyer, Kenosha, Wis. ; S. B. Parsons, St. Louis ; E. H. Grannis, Menominee, Wis. ; E. Cartwright, Decorah, Iowa ; G. H. Hawes, Hastings, Minn. ; Chas. Griswold, St. Paul ; J. B. Tucker, Minneapolis ; S. B. Sterritt.

Reports from the bureau of psychological medicine, anatomy and physiology were continued.

Dr. Pennoyer, of Kenosha, Wis., read an essay on modern miracles, having some reference to the so-called special dispensations of providence, so often reported through the newspapers. These, the gentleman claimed should be explained scientifically, rather than as the result of prayer, and then proceeded to bring forward some forcible reasons in substantiation of his assertion. The solution of the so-called miraculous cures of the day, he concluded, lay wholly in those who have become nervous wrecks obtaining absolute rest. Nature's laws had done more than prayer ; and thought an attempt to attribute these cures to any other cause did not promote the cause of religion.

A paper was read by Prof. Hawkes, from H. B. Fellows, of Chicago, in which he described the case of a child attacked with a nervous disease, neurasthenia, resulting in emaciation and weakness, which finally produced hernia. He was unable to walk until four and a half years old. He was treated with *Fer. phos.* and electricity, and is entirely recovered.

N. A. Pennoyer read a paper on the beneficent effect of rest in nervous diseases, stating that these are often brought on by over-excitement, and a period of rest allows the system to recuperate sufficiently to throw off the disease. These papers were discussed by Drs. Duncan, Edmunds, Hawkes, Humphreys, Mrs. Sarah Harris and Miller. These discussions developed different opinions as to the policy of changing one disease for another ; on what constitutes hysteria, and on action as opposed to rest in nervous cases.

Dr. Sterritt read a paper on provings, in which he gave the results of various medicines on himself, one being *Lapis alba*, a remedy for cancer, which produced symptoms about as bad as the disease.

W. C. Leonard also read one on *Pedicularis canadensis*, a remedy for snake bites.

Dr. Hawkes suggested that a better way to prove remedies would be to take them without knowing what they were.

Drs. Hoyne, Duncan, Leonard, Pratt and Roberts discussed the symptoms reported, showing their similarity to other remedies, and advising extreme care in making these provings.

Dr. W. H. Leonard reported his experience with *Honey* and *Salt*.

A paper received from the Woman's Temperance Union was referred

The president stated that Thursday afternoon at 4 o'clock a paper on the eye and ear is to be presented, and on motion of Dr. Higbee it was resolved that the public be invited to attend. All the various instruments in use in that branch will be exhibited and illustrated, including the audiphone and dentophone.

(To be continued.)

Hygiene Department.

INTERESTING NOTES ON YELLOW FEVER IN CUBA.

BY PHIL. PORTER, M. D., JACKSON, MICH.

(Continued from page 435.)

The report then shows how the collections were made and prepared for examination, but I shall pass on to the "Experiments upon Animals" without giving the details of the experiments. No symptoms were produced in any of the animals, which can fairly be attributed to the influence of the yellow fever poison.

The clinical thermometer was constantly used for the purpose of recognizing any slight febrile movement which might possibly occur; also the blood was examined from time to time, and blood from a yellow fever patient was injected to the amount of one and one-half drachms.

The examination of the water of the harbor was also negative as

far as yellow fever is concerned; the specific gravity of the water near the shore was found to be 10.22 at 84°F.

This water exposed in the laboratory in a wide mouthed bottle for two weeks did not undergo any putrefactive change; after a heavy fall of rain, however, the water became muddy in appearance seen in mass, and the specific gravity fell to 1016 or even to 1005 in the vicinity of sewers and places where the drainage from the streets made a considerable stream of fresh water. These specimens of low specific gravity contained considerable amorphous mineral matter, vegetable debris, and infusoria of various forms including spirilla, vibriones and rod-bacteria.

The bacteria did not exhibit active movements, and doubtless had been washed into the harbor from the streets and sewers.

Probably being fresh water species, their reproductive power, if not their vitality was soon destroyed by the salt water.

The examination of the air in and about Havana is of a very interesting character. That yellow fever is usually contracted by respiring in infected localities, a poisoned atmosphere, seems beyond question; and many things in the behavior of the specific poison of the disease such as its portability, the tenacity with which it clings to surfaces, clothing, etc., seem to prove that it is particulate.

In Havana various methods were resorted to for the purpose of collecting the suspended matters in the atmosphere for microscopic examination.

Common experience proves how quickly dust accumulates upon exposed surfaces in dwellings, hospitals, etc., and Prof. Tyndall has shown that in a closed apartment where there is no disturbance of the atmosphere, all the suspended matters soon settle to the floor of the chamber, leaving the air as free from particulate contents as if it had been filtered through a cotton filter.

Upon the glass slips exposed in Havana in the yellow fever wards of hospitals, in the laboratory of the commission, and on infected vessels, the dust deposited was found to contain a variety of vegetable organisms, and numerous extremely minute crystals, in addition to the amorphous mineral and vegetable matters, epithelial cells, etc., which make up the greater part of the dust found anywhere.

Attention was particularly attracted to certain slender glistening acicular crystals radiating from little opaque masses, which were especially abundant in the yellow fever wards and in the soiled linen worn, of the military hospital. Subsequent observation in the United

States have added to the interest which these striking objects aroused when first seen. Soon after the return of the commission the National Board of Health had a session in Washington, and several of the members on returning to their homes took with them some watch-glasses arranged in little boxes so that they could be conveniently packed and sent by mail. These watch-glasses were exposed in various places and returned to Washington for microscopic examinations of the dust deposited upon them. They were received in good order, and had adhering to the concave surface of each glass, a deposit of dust more or less abundant, according to the place of exposure.

Seven boxes, each containing two glasses, were received from infected localities, two from Morgan City, Louisiana, four from Centreville, Louisiana, and one from Bayou Boeuf.

Of these, six pairs of glasses had been exposed in the room occupied by yellow fever patients, and one pair outdoors in an infected locality: all of these glasses were found to have adhering to them a considerable number of radiating acicular crystals exactly similar in appearance to those discovered in Havana. Eight boxes were also received from places supposed to be not infected, viz., from Bellevue Hospital, New York, and from Charity Hospital, New Orleans.

The watch-glasses enclosed in these boxes had been exposed in the wards of these hospitals, and in the dead-houses and soiled linen worn in the Charity Hospital. All were well covered with a deposit of dust, and none of those from New York presented any appearance of crystals. The glasses from New Orleans, however, had a few of the acicular crystals described, and considerable number of prismatic crystal exactly resembling crystals found in Havana upon glass slips exposed in the laboratory and in the Military Hospital. Whether these and the prismatic crystals are different substances or different forms of the same substance, whether the one or both bear a casual relation to yellow fever, whether they are in the atmosphere in greater abundance during the prevalence of yellow fever without being the true poison of the disease or whether they are entirely independent of this disease, are questions to be determined by future investigations, but the facts already presented and the additional fact that no description of figure of anything like these acicular crystals is to be found in the amply illustrated reports of Maddox, Cunningham, Miguel, and others make it imperative that the investigation be pursued until these questions are answered. Crystals deposited

from atmosphere are mentioned, both by Cunningham and Miguel and prismatic crystals are figured by the latter writer which may be identical with those of similar form found in Havana, but the elongated, flexible, acicular crystals shown in photo-micrograph from Havana and Morgan City, are so peculiar and striking, that these careful observers could scarcely have failed to describe and figure them, if they had found them during their researches. At first it was a matter of doubt whether these slender glistening filaments were vegetable or crystalline in character, until brought in contact with water.

MORBID ANATOMY AND PATHOLOGICAL HISTOLOGY.

Twenty-two autopsies were performed and eighteen have furnished material for histological studies.

The organs that have been prepared for examinations are: The liver, stomach and intestines, the kidney, the supra-renal body and the spleen, the spinal cord, the medulla oblongata, the mezo-encephalon, the pneumo-gastric nerve, and the semi-lunar ganglion of the abdomen, the heart and other muscles, the mesenteric glands and the lungs.

The liver has been found always to be of about the normal size and consistency, its color in the majority of cases light; the hepatic cells are found in a condition of cloudy swelling. Besides the fine albuminous granulation, the fine cells show at times evidence of fatty degeneration and pigmentary infiltration.

The large biliary passages are found patulous throughout, and the smaller ducts present no evidences of catarrhal inflammation; so that if any obstruction exists in the latter, it is due to the cloudy swelling of the hepatic cells and the inter-lobular connective tissue.

It has been supposed that the jaundice may be due to diminished pressure in the portal circulation, yet in spite of the depletion by hæmorrhage from the portal radicles, the inter-lobular veins are found sometimes choked up with blood.

No microphytes have been found in the liver or in the blood contained in its vessels.

The stomach presents no evidences of inflammation. The protoplasm of the epithelial cells is normal and the nuclei quite distinct. There is no degeneration of the muscular coat. It is very difficult at first, the source of the blood found in the black vomit. The reason is this, that the tops of the ridges between the gastric follicles are removed by post-mortem digestion, and it appears that the hæmor-

rhages take place always, as far as they have been seen from the loops of capillaries that rise into the ridges.

THE KIDNEYS.

In all cases the epithelial cells are more or less in a state of cloudy swelling. In every kidney some tubules are met which appear to be in a normal condition. In some, on the contrary, there are evidences of catarrhal inflammation. No organisms have been found in the kidney.

THE HEART.

The examination of this organ shows that there is no foundation for the opinion that there is a fatty degeneration of the muscular fibre.

The heart is almost always found firmly contracted, and its consistency and color normal.

The semi-lunar ganglion, connective tissue of new formation is here met with to a greater extent than in the tissues heretofore described, but the nervous elements present no evidence of degeneration further than the cloudy swelling already described in other organs.

Of the other portions of the nervous system which have not been examined microscopically, it may be said that they present nothing abnormal to the naked eye.

Consultation Department.

ANSWER TO CASE.

Please tell W. in Volume XI, page 405, to give his patient *Carboretum sulphuric* 3x, in water, four doses a day. No external application of anything. U.

ANSWER TO CASES.

On page 405 of the May number of THE INVESTIGATOR, I find the case of a Mrs. W. signed W. *Juglans* 3x, and *Nux* 3x in alternation every three hours will meet the indications. And for Dr. Short's case, *Gels.* 3x, *Iqnatia* 3x, and *Nux* 3x in alternation, three times a day, and bathing the spine in salt water, rubbing from above downwards.

S. B. T.

ANSWER TO CASE OF SCURVY.

In reply to Dr. J. L. Short's case of scurvy I have cured two very bad cases with *Arsenicum* and *Lachesis*. Both of them had blue spots on them from the size of a pin head to the palm of the hand. The gums were revealed very bad and in a measure covered the teeth. One case bled at the nose, mouth, bowels and bladder. I will suggest to the doctor to give *Lach.* 3c., to 6 c. one, two or three times a day for two weeks. Then, if necessary, give *Ars.* 3 to 30. If this does not cure give *Nat. mur.* 200, c or upwards.

CHARLES DAVIS.

Materia Medica Department.

NOTES ON LYCOPIDIUM.

BY W. P. ARMSTRONG, M. D., LAFAYETTE, IND.

Read at the fourteenth annual session of the Indiana Institute of Homœopathy, Indianapolis, Ind., May 26, 1880.

This medicine has won some reputation as a remedy for dandruff occurring in patches and accompanied by baldness, and in thick, easily bleeding crusts upon the scalp, with oozing of foetid moisture. In the intertrigo of infants, not only when occurring behind the ears and between the folds of the neck, but more especially between the thighs and about the genitals, it has often rendered good service.

In ophthalmia tarsi it should be used more frequently than it is, as its provings present an almost perfect picture of this affection. It has: Restlessness of the eyes and pressure in them; mucus in the eyes, she must wipe them in order to see more clearly; much purulent mucus in the eyes with smarting pain; severe burning itching in the eyes, especially in the canthi; ulceration and redness of the eyelids; the water which flows from the eyes smarts and bites the cheek; agglutination of the eyes especially at night, particularly the external canthi; the evening light blinds her very much, she cannot see anything across the table.

Here *Lycopodium* ranks next to *Sepia*. It should, however, be supplemented by the local application of *Cosmoline* or something similar, in order to protect the inflamed edges of the lids from the air and the

irritating discharges, and to prevent them from adhering together. *Lycopodium* seems to be Homœopathic to nasal catarrh with great dryness and complete stoppage of the nose, or with excoriating discharge. Charge, in his excellent work on the diseases of the respiratory organs, says, that the yellow color of the discharge is characteristic. Sense of smell exalted.

In the throat we have tonsillitis, beginning in the right tonsil and afterwards going to the left; feeling in the throat as if too tight to swallow; food and drink regurgitate through the nose; sensitiveness of submaxillary glands with increased secretion of saliva. But it is in diseases of the digestive sphere, including the liver, that it finds its greatest usefulness. Marked symptoms in the pathogenesis are: Tension and pressure in the hepatic region; pressive pain as from a blow in the right hypochondriac region, aggravated by touch; the liver is painful to the touch. As might have been expected from the symptoms just given, it has proved itself one of our best remedies in chronic congestions of the liver. Great appetite; hunger remains even after eating, though the stomach and abdomen are full and tense; loss of appetite; constant sense of satiety; sour eructations, either complete or incomplete; hiccough; waterbrash; heartburn; nausea in the stomach with accumulation of water in the mouth; acidity of the stomach; digestion seems to proceed very slowly; discomfort in the stomach after eating a little; cramp in the stomach, which is much distended; pressure in the stomach as if over-distended, after eating a little; epigastric region extremely sensitive to every touch. Distension of abdomen, with rumbling, relieved by the emission of flatus; whole abdomen distended by flatulence after stool; loud rumbling and gurgling in the abdomen; great fullness and distension of the abdomen; sensation in the hypochondria as of something drawn tightly around the body; whole abdomen, and especially the epigastric region, sensitive to pressure, so that he cannot bear the clothes tight. Rectum contracted and protruding during stool; anus painfully closed; hæmorrhoids painful to the touch: either diarrhœa or constipation, but more especially the latter, with hard, difficult stools. *Lycopodium* has done some excellent service in cases of indigestion with the above characteristics. It has been said that constipation must be a prominent symptom when it is indicated, but although constipation would be one more valuable indication, its presence as a symptom is not necessary.

CASE I. M. S., aged forty-three, farmer. Indigestion of several

years duration. Sour stomach, sour eructations, burning in epigastrium; bloating of stomach and abdomen; very unpleasant feeling of fullness, more especially after eating; good appetite, but a few mouthfuls sufficed to fill him to repletion; no constipation, bowels somewhat inclined to be loose, yet not amounting to a diarrhoea. Taking as a characteristic the peculiar feeling of fullness even after eating ever so little, I gave him one dose of *Lycopodium* 200, and a box of unmedicated pellets to be taken at regular intervals. The result was that he was better the next day, and was very soon entirely relieved of his troublesome symptoms, which did not return for several months, if at all. He had no other medicine, and no change was made in his diet or manner of living.

CASE II. Mrs. C., aged thirty, pregnant six months. Dyspepsia and constipation, constantly for several months. Without being able to get a better description of the case than this, I sent *Nux* 3x, which was of no benefit. The patient coming to see me about a week later, I found the following symptoms: Acidity of the stomach, sour eructations, heartburn, constant bloating; could eat but little at a time because she had not room; constipation, a dry, hard, and difficult stool every four or five days; considerable debility. *Lycopodium* soon removed the constipation, and improved the general condition, but the distension remained as bad as ever. *Carbo veg.* 30 was next given, and promptly and effectually removed the bloating and the acidity of the stomach.

Why was it that *Lycopodium*, although able to cure the constipation, failed to relieve the distension, while *Carbo veg.* very promptly removed it? Right here these two remedies very nearly approach each other, and how are we to distinguish between them in such cases? According to Hughes, the flatulence of *Carbo veg.* is chiefly epigastric, while that of *Lycopodium* is mostly within the intestines. This difference no doubt exists to a considerable extent at least, but in this case the pregnant condition made it difficult to make that distinction. I would mention another difference, and that is, that while the flatulence of *Carbo veg.* is attended with many eructations, and the emission of large quantities of flatus, in *Lycopodium*, although we may have some eructations, the intestinal flatulence is, as a rule, *incarcerated*.

In chronic cystitis, although not one of the most frequently indicated remedies, yet *Lycopodium* has its place to fill, and should not be forgotten. Among its symptoms are: Cutting and burning in

the urethra, during and after micturition; frequent desire to urinate; ineffectual urging with bearing down feeling; urine *dark*, with *reddish sediment*; urine contains much mucus; urine turbid, as mingled with brickdust; *red or reddish yellow sand in the urine*; urine burning hot.

CASE III. S. E., aged forty-three, merchant, unmarried. Inflammation of the base and neck of the bladder for one year. First treated Allopathically. Urine nearly normal as to quantity, but somewhat turbid, with reddish-yellow sediment after standing; no albumen; at times a good deal of mucus was passed at the close of urination, and sometimes also a little blood; frequent urination, accompanied and followed by burning pain in the urethra; constant sensation of weight in the bladder; during the last ten days, constipation with slight degree of flatulence. Various remedies had been used with but partial relief. Having observed that during the last few days there was marked aggravation of all the urinary symptoms at 4 o'clock P. M., and for two or three hours thereafter, I gave *Lycopodium* 6th and 200 in alternation, which was followed by prompt improvement in the urinary symptoms, but after five days the constipation still remained unchanged, and there had been no improvement in the other difficulty in the last two days. Still thinking that I had the right remedy, I gave *Lycopodium* 30, to be taken every few hours. This removed the constipation at once, and the urinary symptoms were almost entirely relieved in two or three days, nothing remaining but a slight sense of weight. At this point the patient left the city and I have not seen him since.

Lycopodium has also been found useful in chronic diseases of the respiratory organs, where there are dryness of the trachea with hoarseness; night cough affecting the stomach and diaphragm, mostly before sunset; tickling cough as from sulphur fumes in the larynx; expectoration yellowish and purulent, or grayish and tasting of salt; shortness of breath; difficult respiration; dyspnoea as if the chest were constricted by cramp; great oppression of the chest as if too full, or with feeling of internal soreness; *fan-like* motion of the *alæ nasi*.

CASE IV. Mary O'B., aged six years, had had whooping cough for several weeks. Considerable dullness over lower part of right lung, cough so violent and persistent as almost to produce suffocation; expectoration moderate in quantity and grayish-yellow in color; rapid and panting respiration; *fan-like motion of the alæ nasi* very

very marked; patient very weak, not able to be out of bed, and greatly emaciated. Taking the fan-like motion as characteristic, *Lycopodium* 30 was prescribed. The little patient began to rally at once and was soon out of danger.

Among the other diseases in the treatment of which this remedy is sometimes useful, are some cases of pericarditis and pleuritis, where the serous effusion shows a disposition to remain, general dropsy, and rheumatic affections. The affections in which it is most frequently required are chronic, and are accompanied by more or less debility. Grand characteristics: The so-called liver spots; constipation with incarcerated flatulence in the intestines; great feeling of fullness even after eating a little; fan-like motion of the *alæ nasi*; sensation as of a coal of fire between the scapulæ; the four o'clock aggravation.

Medical News.

Removed.—Dr. J. I. C. Meade from Tunnel City to Taylor, Wis.

Dysmenorrhœa is of rare occurrence at sea.—*Boston Med. Journal.*

G. W. Palmer, M. D., has been elected City Physician of Springfield.

Paper lint is a substitute for the patent lint, is only half as expensive, and is more absorbent.

Homœopathic Medical Society.—Semi-annual meeting in Brooklyn, September 7th and 8th, 1880. Notice of the place of the semi-annual meeting and of the other arrangements will be given hereafter.

H. L. WALDO, Recording Sec'y.

Dr. Pierce's Favorite Prescription is made as follows: *Savin tops*, 10 grammes; *Larch agaric* and *Cinnamon*, each 5 grammes; *China jaen* (*Ash cinchona bark*) 10 grammes; boil with sufficient water to make 220 grammes when strained. Dissolve in the filtrate *Gum arabic*, 10 grammes; *White sugar*, 5 grammes; tinct. *Digitalis* and *Laudanum* each 2 grammes; *Star anise oil*, 8 drops; 90 per cent. *Alcohol*, 45 grammes.

The Western Academy meeting at Minneapolis was a boom for Homœopathy in the Northwest. There was a good attendance, excellent papers and lively discussions. The levee held by the Ophthalmic Bureau, and the public meeting, address and reception made an impression that will be lasting for good. The officers elected are:

C. H. Vilas, M. D., Chicago, President; E. M. McAfee, M. D., Clinton, A. E. Higbee, M. D., Minneapolis, M. B. Pearman, M. D., Vice-Presidents; C. H. Goodman, M. D., St. Louis, R. L. Hill, M. D., Dubuque, Secretaries. The next meeting will be held in the metropolis of the Northwest, Chicago, in separate session, then it is understood that the meeting of 1882 will convene in Denver.

Homœopathy in Iowa.—Homœopathy is making rapid progress in Marshall and adjoining counties, having fully doubled the number of physicians during the three years just past, all of whom are having successful practice. In order to better promote the advancement of medical science according to the laws and principles of "similia similibus curantur," and also for better acquaintance a meeting is called at Marshalltown, Thursday, July 8, 1880, for organization of a permanent local society, which shall have quarterly or half yearly sessions of one day as is thought best. Such societies have been formed at Cedar Rapids and Waterloo, and are doing much to strengthen and popularize Homœopathic practice. It is decided that there be a few medical and surgical clinics on the day of meeting, and that all members bring such patients as they can or wish. Profs. Cowperthwaite and Rockey of the University College, promise to be present at our first meeting. * * * *

L. E. B. HOLT,
J. M. THORNTON,
G. W. WILLIAMS,
Marshalltown.

Diseases of Women, by R. Ludlam, M. D.—Fifth edition, revised, enlarged by the addition of one hundred and fifty clinical cases, and profusely illustrated. The volume has been enriched by the addition of a large quantity of new matter, by notes of many interesting cases, by a much more abundant reference to the materia medica, and by the fruits of a riper experience in the therapeutics of uterine disease. It will also contain the most practical instruction that Prof. L. can afford as an ovariologist, and an operator in the department of gynæcological surgery in which he is so well known. Twenty years of successful teaching, and thirty of practice as a specialist, and an abundant experience as a lecturer and a thinker are sufficient guarantee, if any were needed, that the author will not permit this book to lose its old *prestige*, but that it will be as new and as acceptable to the profession in this new form as it was when it was first issued nine years ago. This edition has been prepared with the greatest care and conscientiousness, not for the mere purpose of making a book, but with the desire and intention that its excellent reputation shall not diminish but shall increase and extend from year to year. Prof. Ludlam's Clinics and Special Courses on Gynæcology, which have been so popular with so many hundreds of pupils and practitioners, will be reproduced in this edition. It will be a *new book*. The cuts will show the best instruments, and the text will tell when, why and how to use them.

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