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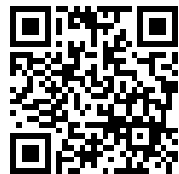
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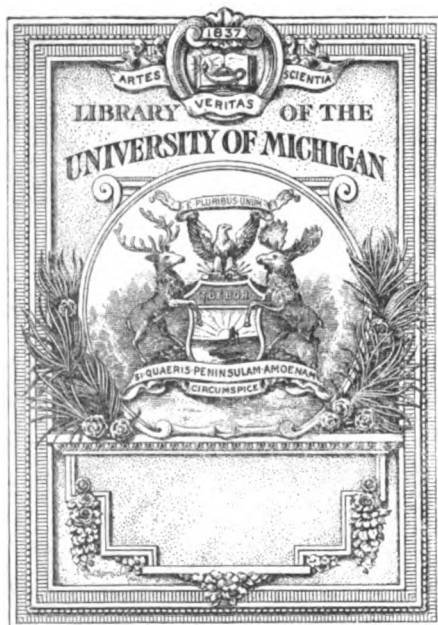
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Therapeutical Department.

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CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

BERLIN, Wis., June 14.—Prevailing diseases are and have been during the past fall and winter, colds, with inflammation and congestion of the lungs, scarlatina and diphtheria.

Medicines indicated (or used by me) *Aconite*, *Bryonia*, *Phos.* and *Kali bich.* for the former; *Aconite*, *Bell.* and *Apis mel.*, for scarlatina, *Aconite*, *Bell.*, *Apis mel.*, *Amm carb.*, *Lachesis*, *Lyc.* and *Phytolacca* for diphtheria. Have had no success with any of the mercurial preparations, except where there was hard granular swellings. Have not lost a case. The Allopaths lost 80 per cent. or more. H. M. B.

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CONVINCED AGAINST OUR WILL.

We have always been partial to low potencies, using those above the sixth but seldom, and then with but little faith. I believed it impossible for any one to detect the drug in the 30th potency. The following case has changed our views on this subject not a little :

Mrs. R. an intelligent lady of thirty years, nervo-sanguine temperament, has been afflicted for a number of years with endometritis accompanied by irritation of ovary (right) the symptoms fully calling for *Apis mellifica*. We prescribed it in potencies ranging from 3x to 30x. The symptoms were always aggravated, no difference what the potency. So uniformly was this the case, that she frequently requested me to change the remedy. A few weeks ago we prescribed *Naja tripudians* 6x, with great aggravation of the uterine symptoms, each dose producing its pathogenetic effect. Seeing the lady was so susceptible to animal poisons, we determined to test her. Prepared nine blanks, and one medicated with *Apis* 30x numbered them from one to ten and directed her to take them as before. After a few days she returned stating that she had taken 3, 4, 6 and 7. After taking No. 6, she experienced fulness in left chest, with oppression and pain in region of heart, bloating and blueness of left arm and hand, pain in the ovarian region, with a general uneasiness, all of which are pathogenetic symptoms of *Apis* as recorded in Allen's Encyclopædia.

Her husband was equally as confident that No. 6 was a medicated powder, the symptoms being largely objective. No. 6 was the medicated powder. Now, my low potency friends, how can we account for this, only that the remedy in the 30x had a pathological effect, she could not have told either by sight or taste the medicated powders.

SIDNEY, OHIO.

H. E. BEEBE.

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#### CASES FROM PRACTICE.

Diphtheria prevailed east of the city last fall and fore part of the winter, and the Allopaths lost over one-half their cases. In the towns of Seneca and Green Lake, there has been twenty-five cases reported and twenty-one deaths since the first of April, and in the city thirteen cases and nine deaths by the Allopaths, fifteen cases of scarlatina, and eleven deaths. I have heard of only three deaths treated by Homœopaths. Report of a few cases. Two cases (in different places), throats badly swollen, constant foam running from the mouth so as to saturate a common sized handkerchief in five minutes. Gave *Phytolacca* 1x, ten drops in half a tumbler of water, dessert spoonful every hour, relieved and cured.

Two cases in the same house, one minister and teacher, aged about thirty-five, dark hair and eyes, tongue protruded and in attempting to swallow any liquid it was forced through the nose. High fever, pulse 120. Gave *Lachesis* 6, one grain, in water, dessert spoonful dose every hour, relieved and cured without any other remedy.

The other light complexion, white hair, blue eyes, aged twenty. The symptoms of the two were alike to all appearances, grew worse under *Lachesis* but cured by *Lycopodium*, used in the same way as *Lach.*

Another case, thought *Phyt.* indicated, did not relieve; *Aconite*, *Bell.*, and *Apis*, no good; *Merc. iod.* grew worse, cured by *Phy.* spray from atomizer.

Cured many cases with *Lyc.*, alone. Where there is thick pseudo-membrane, I use *Amm. carb.*, and swab the throat with a strong solution of *Amm. carb.* In 1864, I tried a number of different solutions for dissolving the membrane, and found *Amm. carb.* would dissolve it in half the time of any other tried. Since then have always used it with the best of success. Fatal cases mostly among Germans and Polanders.

H. M. B.

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### SHALL WE REDUCE THE FEVER FIRST?

BY C. B. GILBERT, M. D., MINNEAPOLIS, MINN.

Read before the Hennepin County Medical Society.

It is a very common thing for Homœopathic physicians, even many of us who are struggling toward the light, to give *Aconite* or *Belladonna*, or *Gelsemium*, or *Veratrum viride* because there is fever; and some, I am sorry to say, have so little faith in what they profess, as to give them in alternation. Is not fever the result of nature's struggle to throw from the system some impurity? This taint, then, causes the fever which must cease when the cause is removed. "Hence it undeniably follows that the totality of symptoms observed in each individual case of disease can be the *only indication* to guide us in the selection of a remedy." (Organon, par. 18, edition 1876).

I offer the following case as a demonstration of the truth of the teaching of a master in whose footsteps most of us rarely tread: September, 1876, a daughter of Irish parents, about eighteen months

old, fat, with light hair and blue eyes, had, upon the vertex, yellow scabs which covered nearly the entire top of the head; the forehead and face were dotted with them, especially about the mouth; the eyelids were so much inverted and swollen that they looked like raw beef; they were stuck together with yellow gum; there was so much photophobia that the child was kept in a dark room; great heat in the head which was perceptible at times to the hand when held two or three inches from it; much sweat about the head, and she had been slow about teething and walking; face red; carotids throbbing; she suffered much and was very fretful and restless at night. What is to be done in a case like that? Shall we give *Aconite* and *Bell.* in alternation and rub *Vaseline* on the parts? Shall we wash the head with *Carbolic* soap, or put on tar ointment? Or shall we give *Bell.* to reduce the fever, and follow with something else? Let us not, like our sole representative (?) in the N. B. of H., give a dose of *Morphia* if we do not know what else to do, "because some of us have ideas in advance of Hahnemann" (Transactions American Institute, 1877, p. 714), or send a prescription to the drug store with several remedies in it, for the same reason, but let us until we find some better way, follow the teachings of him to whom we are indebted for what little we know of Homœopathy, and prescribe for "the totality of the symptoms." Let us look at two remedies, *Belladonna* and *Calcarea ostrearum* in Hering's Condensed: *Belladonna*, heat of head with redness of face and delirium; photophobia; lids feel sore, red, congested and swollen; plethoric children, blue eyes, light hair. *Calcarea ost.*, thick scabs with yellow pus, spreading to face; photophobia; swelling and redness of eyelids with nightly agglutination; during the day full of gum, with heat, smarting pain and lachrymation; sweat most profuse on head and chest; difficult dentition; fair, plump children.

It will be seen that the child had all the symptoms given under *Bell.* except delirium, but that remedy does not have the eruption; it only goes so far as a state of congestion; when the condition passes to one of effusion, if I may so express it, *Bell.* ceases to be the remedy, but meets inflammatory conditions of the skin as shown in smooth scarlatina and erysipelas. Therefore *Bell.* did not cover the constitutional symptoms of the case. But *Calcarea* did and was prescribed dry, in the 1m potency (Jenichen) three times a day for three days. A few powders of *Bell.* cc were left also, with directions to the mother to give one if the head symptoms should be very severe; they

were not used. On the third day the child played out doors all day and on the tenth day there was nothing left of the trouble. *There was no external application whatever.* It would probably have taken three or four days to reduce the fever with *Bell.* which would not have helped the eruption and would probably have had little effect on the eyelids; then *Calc. ost.* would have to be given, and before any good effect could have been perceived from the *Calc. ost.*, the fever would have been up again and *Bell.* given the second time, and so on, till the remedy covering the "totality of the symptoms" had asserted itself from frequent repetition. Besides Dr. Kick, of Vienna, says, that *Calcarea* does not work so quickly after *Bell.* Dr. Elb (*All. Hom. Zeitung*, Vol. XXXI., p. 227, *British Journal*, Vol. V., p. 33) speaks of the ability of *Calcarea* to control severe fever and says, "Besides it is known that every febrile state gives way, when the medicine administered corresponds to the other morbid state, which is the cause of the fever." This statement is the direct result of the rule quoted. Let us then still have faith in Hahnemann's teachings. I venture to say that "fever medicine" has done more harm in the practice of medicine Homœopathically, than *Aconite* has ever done good, though it is so much used. I rarely find *Aconite* indicated and *Bell.* not much oftener. Let the "fever" alone!

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### MORE CASES FROM PRACTICE.

BY C. M. PICKETT, M. D., ALBION, IND.

Read at the fourteenth annual session of the Indiana Institute of Homœopathy at Indianapolis, May 26, 1880.

CASE I. Mrs. E., aged sixty-three years, came to me August 20, 1879, complaining of a distressing pain in right foot and ankle. Upon examination, I found the flesh almost entirely atrophied, from the end of the toes to a line of demarkation just above the malleoli; skin presenting a bluish, shining appearance, seemingly adherent to the bone. Patient complained of a distressing, burning pain over the entire atrophied surface, preventing sleep at night, or rest during the day. The disease first appeared two years previously, and has been gradually spreading upward ever since. She had been treated both locally and constitutionally by the scientific doctors of this and

neighboring towns, during the whole of this time without relief. The patient had been induced to come to me by the advice of a neighbor, who had been relieved of a bronchial cough of five years standing, with a few little pills. I promised to at least do as well as the others and prescribed *Ars. 3x*, a dose three times a day for three days, after that to be taken only morning and night, as a local application gave her

℞ Distilled Extract Hamamelis ℥v  
 Aqua Distilled ℥xi  
 M

A bandage to be applied over the affected part and kept moist with this solution. The patient to report in thirty days. Two months afterward the old lady came walking into my office without her cane, and told me she was entirely cured. On examination I found the affected part to have regained its normal size and color. No farther medicine was needed, and the patient has remained well to the present time.

CASE II. John M., aged fifty-six years, farmer, consulted me November 30, 1868, for varicose ulcer, (which he called fever sore) of thirty years standing; he was suffering terribly with burning pain. Ulcer presented a bluish appearance, ragged edges, with a profuse, serous discharge, limb varicosed. He had been treated by all our scientifics, with at times slight relief, but no permanent benefit. I instructed this patient to cleanse the ulcer thoroughly every morning with carbolized soap and water; bandage from the toes up as tight as he could comfortably bear, and keep the whole varicosed surface moistened with the following:

℞ Distilled Extract Hamamelis  
 Aqua distilled aa. ℥viii  
 M

Gave him *Ars. 3x*, a dose morning and night. In thirty days this patient reported ulcer reduced in size over one-half; burning pain entirely gone; can sleep well nights and do a fair days work. Continue local treatment, *Sac lac*, to be taken morning and evening. January 29, 1879, this case reported as entirely cured. I advised to continue the bandage for some time to prevent recurrence. The patient has remained sound and well up to the present writing, May, 1880. Another case of fifteen years standing, presenting similar symptoms and condition, was entirely cured by the same line of treatment.

CASE III. *Rhus poison*; was called July 15, 1879, early in the

morning to attend Molly E., whom the messenger said, "had been berrying the day before and had got poisoned with shoemake." In consequence of this case being some distance in the country, and my previous engagements, I did not see it until twelve hours later. Found her with face and neck swollen terribly; eyes swollen shut; skin presenting a rough, shining, dark red appearance, with watery vesicles here and there. She was resting quietly. The mother reported that about six hours previously, the swelling, burning, and nervous distress, had been much more severe, when an old lady had advised her to wilt cabbage leaves and spread with salted butter and lay over the inflamed surface. This was done, and Molly got easier immediately, and the swelling was going down. *Sac lac.* every two hours, continue the cabbage leaves. Saw this case thirty-six hours later, when the swelling and inflamed appearance had entirely subsided, and the child was as well as ever. My experience in treating *Rhus* poison is decidedly in favor of local applications to the inflamed surface, giving remedies internally to control nervous symptoms as they may appear. One of the best applications I have ever used and which proves almost a specific in my hands is

℞ *Oleum olivæ* ʒj  
*Bromine* gttss. xv

M

apply to the inflamed surface with common hair brush, or soft muslin, three or four times a day. A cure will follow in from twelve to thirty-six hours.

#### HYPERTROPHIED SPLEEN.

CASE IV. Mrs. C., aged forty, came to me Sept. 20, 1878. She has been suffering for two years with a tumor which now fills the whole left hypochondriac region, extending two inches to the right of *linea alba*; complexion sallow; tongue pale and flabby; lips pale; conjunctiva blueish; appetite poor. She was taken two years ago with chills, and was treated by a regular, who broke the chills for a short time, but the tumor came in the side shortly after, where it has continued to the present time, with chills more or less frequent, although almost constantly under treatment. She "would like to be cured, but did not want to experiment any more."

I told this lady I could cure her, and prescribed *Grindelia squarrosa* tincture, fifteen drops three times a day, and in consequence of the blueness of the eyes, flabby tongue, sallow complexion, and the evident *Quinine* treatment she had undergone at the hands of the regulars

I gave her *Ars. 3x* to be taken three times a day, alternately with the *Grindelia*. On the third day the tumor began to disappear. On the sixth it could not be felt, symptoms all better, appetite improved. In three weeks the abdomen had resumed its normal size and condition, complexion fresh and healthy, in fact the patient was well, and has continued so to the present writing, May 1880.

This case is typical of quite a number that fell into my hands, the *Grindelia* being the principal remedy used (and empirically, too, as I have no proving of it). Some cases would require *Ars.*; others, if there be a decidedly scrofulous diathesis, would require *Mer. bijod* or *Berberis aq.*; others, where the chill had been broken with domestic remedies, would need *China sulph.* in from three to five grain doses, given three times a day, alternately.

This remedy seems to have a specific effect, upon the spleen, causing softening and reduction of the hypertrophied condition in a very short time.

It is curative in chronic ague, as many patients with it hereabout can testify. I have however, derived the greatest benefit from it, in hypertrophied spleen, which was a terror to me before I got hold of this remedy. Give it a trial.

CASE V. Doctor B, a retired Allopath, froze his feet twelve years ago, during a cold winter ride, so bad as to disable him from business. Every winter since, his feet swell, presenting a blueish inflamed appearance, crack open in places, causing most excruciating burning itching pains, that almost entirely deprived the doctor of his usefulness during the whole winter. He has consulted the best talent in his own school, scanned its literature closely, and as he says, "tried most everything," without relief. He has fought Homœopathy incessantly but now proposes to try its efficacy. Giving him a doubtful prognosis, I prescribed Nov. 1, 1879, *Arsenic 30* a dose to be taken morning and evening.

To my surprise, in one week the pain had ceased, the inflammation began to subside, and in thirty days, all symptoms of frost bite, had disappeared, and the doctor passed the winter without any inconvenience therefrom.

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POISON ANTIDOTE.—Dilute *Sulphuric acid* in mucilage and simple syrup is said by Dr. Sanftleben to antidote poisonous doses of *Carbolic acid*.—*Pharmaceutische Zeitung par Russian's*.



**VARIOLA ABORTED BY ARSENICUM.**

BY G. W. BOWEN, M. D., FORT WAYNE, IND.

Read at the fourteenth annual session of the Indiana Institute of Homœopathy,  
May 26, 1880.

Variola is one of those forms of disease that seems to be so much dreaded and feared that a doctor has only to call a case of measles or chicken-pox by that fearful name, and it will produce a stampede, or strike a terror so great as to cause a strong man to turn pale in a moment. In fact it seems to be more feared than any other disease with which the public are familiar.

Having treated many cases some years ago, and had such excellent results especially in abridging its duration and preventing it from leaving its marks, I felt it a duty incumbent on me to place before this society for the benefit of mankind, my plan of treatment, in hopes that some one might be brave enough to try it.

My first case in which the treatment was adopted was my own, and necessity seemed to compel me to it. I had contracted the small-pox in the care of others afflicted with it, as I had felt myself to be amply protected by an old vaccination, although the cicatrix had disappeared years ago, yet as I felt a perfect indifference to fear from infection had ran more risk than prudence now would dictate.

I knew its symptoms too well to doubt the cause of my suffering but was fearful to trust to my own judgement as I was the party most interested, so I consulted three of our best physicians asking as a favor that they would diagnosis my case for me. Two of three promptly gave it as their opinion that I had the small-pox, the other one feared it might be. Of course I laughed at them for making so great a mistake and returned to my office to deliberate. After maturely conning the case over, resolved to go to the drug store and get three grains of pure *Arsenious acid* which I took in two days, which of course made me almost death sick with horrid gastric disturbance so that I threw up extensively, and considerable amount of fresh blood. Thank fortune I was well in only three days.

My next case was that of a German child brought into the city, with fairly developed small-pox. It had never been vaccinated. After explaining the situation to the father, and apprising him it could be crushed out, if I was allowed to act promptly and severely which might make the child very sick for a few hours and make it

throw up; his consent was obtained, and *Arsenic* one-tenth of a grain was given every hour, and continued until the child was sick enough to eject from the stomach everything there, or that we put there. After six hours retching, perspiration came on freely, but every vestige of eruption had disappeared. Sleep came on, and the urine passed off freely the next day, and my patient was only a little weak on the third day, and well the fourth, and staid so for months after, when they moved away. My next case was a child of nearly twenty months which had never been vaccinated. The small-pox was brought into the family by some friends (who as it was later ascertained had fled its presence in the east.) Already the elevation of the pustules were felt beneath the skin, and showing on the surface. I told the father of the danger and had him fully comprehend the situation, and then described my own case, and that of the German child and so won his consent to allow me to proceed with my harsh and heroic treatment, as I saw fit. I gave it *Arsenious acid*, one tenth of a grain every hour, until its stomach began to rebel under my doses, and it threw up freely; first the food, then came hot scalding water and some little blood. That night was a long one for the family, one of anxiety to me, but morning came with relief to all in the form of profuse perspiration which was succeeded by sweet peaceful sleep; of course the doses were put farther apart after sufficient irritation on the stomach had been obtained.

The rest of the family were vaccinated, and my patient seemed to be fully restored to health in less than four days. My wife next came home with the small-pox well under way, and my heart almost ceased to beat for some time after fully realizing the gravity of the situation. A sense of duty demand that I must crush out all affection for the time, and treat her as I would any other patient, and so began with the decimal doses of *Arsenious acid* every hour, and keep on even under her protest that the medicine was making her worse at every dose. Fearing she would not take it, so that some one might call and discover the cause of her trouble, I closed up my office and came home offering as excuse that I was not well enough to attend any one else, and even persuaded her to keep on with my doses until I got my object obtained by getting up that vomiting so much desired. Of course I had to give her something else to keep up her courage and make her feel I was working for her interest, but my other doses happened to be *sugar of milk* and neutral globules. Thank heaven I had the courage to keep on until I got her through and well, appar-

ently so in three days. No ill results have ever been noticed in any case from such daring drugging.

Since then, I have seen fit to vary my treatment so as to make it milder and equally as efficacious, by giving the *Arsenicum* and *Causticum*, both in the first decimal, one hour apart, and as the patient gets better, two hours apart (but continuing until nausea is developed, then protracting the intervals.) The results is equally as good and safe; at least the prescriber need not have that anxiety he must feel when he gives an emetic with pure *Arsenic*. Could I have left home I would have gone to Philadelphia some years ago when that city was so scourged by the small-pox, or to Chicago some weeks ago when it got such a fright from a few cases that occurred there, and urged on the profession this plan of treatment or at least made it known to them. Had I done so that sense of neglect of duty would not have been felt. I shall now feel at least self-acquitted even of it is not adopted or tried by others.

My theory for its action is mainly as follows: The system will absorb the *Arsenic* very promptly, especially with the fever that is always present at that stage of the disease, and after a few doses it produces a congestion and inflammation of the mucous membrane of the stomach, of its own, and higher than of the skin, when of course a metastasis or translation of the disease must, and does take place. The chemical change that takes place in the transition of contaminated blood while passing through the system to the stomach, cannot well be known, but we do know that the *Arsenicum* will prevent decomposition not only of blood, but of even muscular tissue, and will cause a separation of that which has already undergone decomposition, and aid its expulsion from the system. If it is not entirely accomplished by its primary or drug effect, its secondary or curative effects will by its slower action prevent that ferment essential to its reproduction.

*Causticum* will also diminish that *liquor sanies* that is so essential to the formation of the pustules, and thereby lessen the tendency to their formation, but it has not that difference and permeating effect peculiar to *Arsenicum*. They are not antidotal and works well and harmoniously together, having as they do a similar range of action in common.

*Arsenic* does not kill *on sight* or very soon, and is tolerably well borne by any system, and is easily antidoted or expelled if given to excess.

I once after getting cut in a post-mortem took five grains of the pure acid of *Arsenicum* in forty-eight hours, it was just enough to save my life by throwing the poisonous matter to the surface in the form of abscesses. For several years afterwards I took one grain every summer as a guard against infection from the latent or any new cause.

Most of my patrons trust implicitly to my judgement, and let me medicate their children instead of doing, as they wish, vaccinate. Medication is a far better and more efficient means of protection against variola, and will last longer, for after you remove all humoral tendency from the system it will be almost a matter of impossibility for the system to acquire or absorb enough of the contaminating influence to develop any eruption. It could only occur from malnutrition or morbid nutriment.

Let any one vaccinate a patient, then give *Arsenicum* and *Causticum* and see if their virus will ever develop. It matters not what or how strong your virus may be, *it never can germinate* while combatted by those potent powers.

I will not vaccinate if I can help it, and do protect by medication. It is almost possible if we study up *anticipative* treatment (which by-the-by is the highest skill of art) to guard against anything (especially if we know what is expected) by our judicious selection of medicine. Most certainly malaria and syphilis can be prevented from getting a location, or securing even a *squatter's* claim in the domain, we are called upon to guard and protect.

Now I confidently hope and firmly believe, that in future years we may be able to prevent any and all disease from invading the system, by our careful selections of medicines, except the increase of the population.

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#### *POISONING FROM BROMIDE OF POTASSIUM.*

A case of poisoning from *Bromide of Potassium*, where three ounces had been put into the prescription instead of three drams, presented the appearance of mental and physical languor or weakness, drowsiness, amounting to somnolence. When aroused the patient had a startled expression of the eyes, singularly at variance with her aspect of indifferent. Nervous sensibility, especially reflex irritability was

diminished. Memory was impaired, but the mind was unaffected. The grasp of the hand was feeble and the limbs, on being raised up and released immediately fell; locomotion was impossible. On being thoroughly awakened a paroxysm of the epileptiform seizures would occur. The tongue was thickened slowly and partially protruded by great effort and covered with a thick tenaceous secretion. Articulation was drawing difficult, and imperfect. When a question was asked the answer would be as intelligent as far as it went, but would frequently break off in the middle of a sentence. If the patient were again aroused when this occurred and the interrogatory repeated she probably would reply, as if vexed: Well I have told you. The heart's pulsation was diminished in force and frequency; pulse, sometimes 60, temperature 80, respiration slow, easy. Breath fetid nauseous. Pupils dilated, the lids of the eyes heavy and opened with difficulty. When shaken and desired to do so, patient would make the effort and the voluntary elevator muscles could be seen to strain before accomplishing their function. Constipation; kidneys acted freely.—*American Medical Bi-weekly.*

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**LIFE AND ITS ULTIMATUM, OR WHY OUR FOOD SHOULD BE ORGANIC.**

BY J. E. SANBORN, M. D., D. D. S., TABOR, IOWA.

(Continued from page 466.)

Fermentation is the first process of decay; and just in proportion as this process has taken place, just in that ratio has it lost the force that makes it valuable for food. Why is this so? Why cannot the chemist combine the ingredients of our food, and present them in a highly concentrated state, so that we can live independent of the products of the soil?

What properties should our food contain, to supply the demands of our vitality? Why should our food be organic?

Our best physiologists agree with Lionel Beale that, *the life*, the living *independent moving* part of animal life, is in the *bioplasm*:

“Bioplasm is the matter that in the first state, is alone concerned in the development of those materials, which ultimately take the form of tissue, secretion, or deposit, as the case may be.”—*Beale.*

“Protoplasm is to the vegetable kingdom, what bioplasm is to the

animal kingdom. Bioplasm and protoplasm, cannot be distinguished from each other under the highest powers of the microscope." "They are transparent, colorless, viscid or glue like, and structureless."

The bioplast has the power of self-motion in all directions, assuming forms never twice alike, may exist in mass of 1-100000 of an inch to that of 1-200; as nuclei of full formed cells, it is usually found in masses of 1-6000 to one 1-3000 of an inch in diameter."

"It absorbs nutrient matter, changing it into bioplasm."

"Aside from the motions where it assumes various shapes, it has a motion in receiving plasma at the circumference, and passing it to the center, where it becomes living bioplasm; and a second motion wherein the bioplastic material, passes from the center towards the circumference, where it becomes formed matter, or dead matter."

"The bioplasts are the agents that construct nerves, veins, arteries, bones, muscles, and all the structures of the body, by throwing off from their circumference formed matter."

"The nerve bioplast never throws off the formed matter of the muscle, nor the muscle bioplast that of bone. Each throws off and forms tissue of its own order."

"These bioplasts are so thickly scattered through the tissues, that there is scarcely a space of 1-500 of an inch in extent without them."

"The bioplasts constitute about one-fifth of the bulk of living bodies, and formed matter the other four-fifths. Bioplasm is the sole agency by which every kind of living thing is made. Bioplasts form nuclei, which appear to differ sexually, for it is only after the intermingling of these, in certain cases, that multiplication takes place."

"The coagulation of the bioplasm causes the rigidity of the body after death."—*Vide Cooke's Biology*. Every particle of matter, properly belonging to a living being, is of one of three kinds, viz.: plasma or nutrient matter, bioplasm or living matter, and formed or dead matter. Plasma passes through the walls of the cell, or formed matter, enters the bioplasm and becomes a part of it, as living matter. In all animal life this plasma must be what? Is it dead matter, as decayed grain, rotted fruit, or inorganic matter? If so, then the bioplasm has the power to impart life to the plasma, instead of receiving energy from it, which would require an expenditure of force to raise the dead to the living condition. That the organization of matter is at the expense of force, is almost, if not quite axiomatic. It requires force to raise matter from the inorganic to the organic condition; this vegetation does by the force derived from the sun.

This the animal kingdom cannot do, because it is dependent on its food for its force to maintain its own vital action. It is the special mission of the vegetable kingdom to raise matter from the inorganic, decayed or dead condition, to the organic and living state, for the use and subsistence of the animal kingdom. For this reason, vegetation has most intimate connection with the earth and is dependent on the sun, the grand source of plant food and force, to enable it to perform as a daily task, this important and indispensable work. Vegetable substances are food in the ratio of the amount of force stored up during their production.

It requires nearly the whole force of the plant to mature the seed, and it withers and dies as soon as the task is performed. Now if the life motion of the plant becomes stored up as latent force in the seed, then it must possess nearly all the food properties of the plant, and the straw has but little or none left in it.

If the force stored up in our food is the essential, to make it of value for the support of our vitality, and if this force is dependent on organization, it must be obvious that any substance suitable for food, ceases to be so as soon as it has lost this force by disorganization. Inorganic matter is incapable of disorganization, from the very fact that it has no organization in a physiological sense.

Organized matter and force may be illustrated by the balances, with force in one scale and matter in the other; the higher the organization the greater the amount of force present to balance it. The converse is also physiologically true. The vitality stored up in the seed of the grain may be divided by grinding or cooking, so that it will not grow, but the vital force as vitality, is destroyed only by decay. Grinding and cooking are not decaying processes, so that the vitality therein stored up, has not been impaired unless fermentation has been allowed to initiate decay, or decomposition has been effected in some other manner.

The vitality stored up in organic matter and used as food, is *transferred* to the bioplasm; the latent force as vitality, becomes apparent motion as life force, thereby adding to the life energy of the bioplasm, imparting strength to its activity. Thus is vital energy sustained in full vigor by the continued addition of plasma to the bioplasm, and therewith life energy from the vitality of the food eaten, wherein the force stored as vitality becomes energy in the bioplasm.

The matter in the seed used for food, becomes matter in the bioplasm; in like manner the latent force in the seed becomes life force

in the bioplasm ; and thus by the continual transfer of this force, the life energy is maintained. Now if the food is not organic, or if the organism becomes destroyed by chemical action or decay, the stored up latent force has been evolved, and the plasma without it, cannot add energy to the mass, because it is not there to add. As vital force is dependent on the continuity of the molecular organism, and as chemical action on either organic or inorganic matter, consists in a re-arrangement of the atoms of the molecules of the subject matter ; it will be obvious that the organism will become destroyed, and the vital force will be such no longer, whenever chemical action takes place.

It is not claimed that all organic matter is food, but that all food to nourish animal life, is and must be organic.

When the plasma has been received and passed from the circumference to the center of the bioplast, it becomes a part of the bioplasm. While this is taking place at the center, the formed matter is being thrown off at the circumference, and as such, has no further power of self action or independent motion ; and is ready for disintegration and depuration.

A chemical decomposition of our food shows that it is composed of C. H. O. N. united in various proportions, and not in such a balance as to be permanent in character. Starch, C. 12, H. 20, O. 10 ; sugar, C. 12, H. 24, O. 12 ; glucose, C. 12, H. 14, O. 14 ; fat, C. 12, H. 16, O. 12. These are carbo-hydrates or non-nitrogenous substances, and are appropriated as food by the bioplasts that throw off fat as formed matter.

Gluten, caseine, fibrine and albumen are C. 48, H. 36, O. 12, N. 6, and are known as nitrogenous or albuminous substances, and furnish plasma for the bioplasts that form muscle.

The inorganic elements, as they are called, carbonates, phosphates and fluates of lime, as found in the osseous structure, are as truly organic in the grain, as are the gluten, sugar, or starch, and must be as truly organic to become plasma for the sustenance of the bioplasm of the osseous structure, as is the food for any other part of the system.

A chemist might as well think of compounding artificial albumen to nourish the muscles, as to think of making phosphates for the brain, or that will nourish the bones ; and neither are of any more value, than counterfeit money at the United States treasury, wherewith to procure gold.



The formed matter of the system has its use as well as the bioplasm, and as four-fifths of the body is of this structure, its physiological use is better known than that of the bioplasm. But our subject has a use for it that has hitherto been too little known, and studied. In respiration, oxygen is received into the lungs, and carried by the red blood corpuscles to where it is wanted, and is there used to oxydize the formed matter. And as force is always at the expense of matter, in this disintegration of formed matter by the oxygen, we shall expect to find force evolved.

In the build-up, we find a physiological action, where vitality in the food is transferred to the bioplasts, and becomes life-motion. In the take-down of the formed matter we shall find that the action is a chemical oxydation, and force is evolved. In the consuming of wood, we have oxygen combining with carbon, forming  $C. O_2$  and water. In this disintegration we have heat evolved. In the oxydation of the tissues there is heat evolved as in the case of the wood, and we find it utilized as animal heat; and as this break-down of tissue takes place in all parts of the body at the same time, so we may expect to find animal heat everywhere present. In combustion there is more or less electricity evolved. In the oxydation of formed matter there is also a force evolved that bears some relationship to electricity, which ultimates in what we call nerve force. This force is conveyed by the afferent nerves to the brain, which organizes it into brain force.

As the lungs purify and vivify the blood, as the stomach digests the food, so it is the function of the brain to vivify the nerve force, and it becomes brain force.

In the galvanic battery the oxydation of metal develops electricity, which is known as the direct current, and corresponds to the current of nerve force as it passes through the afferent nerves to the brain.

In the battery this current, though abundant, is scarcely perceptible to one who may take it; but as it passes through the magnet and helix, it becomes wonderfully changed, and is more than ten times as difficult to bear.

The longer and finer the wire that surrounds the helix, the higher the current becomes magnetized and refined, and the more like the life current, and the more a person can take with ease and pleasure.

The brain, like the coil of the helix, the finer its structure and the deeper the convolutions, the finer will be the thoughts, feelings and sensibilities, and the greater its producing force.

If we compare the living system of man to the galvanic battery,

we shall find the break-down of tissue to correspond to the oxydation of the zinc. This takes place in the formed matter in all parts of the body, from center to circumference, and the primary current is formed. The afferent nerves correspond to the connecting wires that convey the electricity to the magnet and helix.

The magnet and helix magnetize, modify and diminish the size and increase the velocity of the current, and when received at the electrodes it is scarcely to be recognized as being the same kind of force as the primary current.

The brain is the helix of the living battery, that vivifies the nerve force or primary current. It diminishes the size, while it increases the velocity and intensity, and it becomes brain force for originating thoughts, feelings and sensibilities.

The life in the bioplasm is not the sole end of all this complex, vital machinery, although it is of prime importance as a factor in the equation. It is the disintegration of formed material, resulting from its oxydation, which gives rise to the primary current that passes to the brain, the living helix, which elaborates the force that gives the power to produce thoughts and ideas that may change the destiny of nations, or that shall live when ages have passed away.

#### CONCLUSIONS.

The vegetable kingdom is the medium by which matter is developed to the first step above the inorganic, and force as manifested in nature, is raised, refined and utilized into vegetable life.

The animal kingdom is of a higher grade of manifestation of life, and is not only higher but further removed from the inorganic.

It requires this higher organization, to take the force as left by vegetation and raise it to a higher and more refined gradation, that ultimates in brain force? and by the addition of its strength to the impetus sends, it onward and upward in its development.

Can you invent a machine that can think? You may as well expect to, as to presume that animal life can be derived directly from inorganic matter, and therefrom to originate living thoughts, and thus overleap the intervening steps ordained to be taken by Deity, and usurp the peculiar province of Him, who alone can make alive.

If man cannot keep alive that which is already organized, how can he raise to life that which is to be organized before it can have life.

Our food must then be organic, but it must possess latent force as vitality, to be changed to apparent force as life, and thus contri-

bute to our life energy, strength to perform the highest duties of life; to think and act.

The mind is the sovereign ruler, the body its willing subject, ready to live to do its behests, or to die to enhance its power.

Matter and force may change their modes of manifestation, but are never annihilated. When a force becomes sufficiently refined to become thought force, is it ever annihilated? when the highest powers of the most refined organization have been required to develop, modify, and refine to such a high degree as to become almost angelic, shall it degenerate as does matter, back to the lowest manifestation of force. Shall it cease to be? Shall it become annihilated? Or shall we say that thought force, like matter, is never, *never* lost; but rather that all great thoughts as originated, are sent forth to become united with the great ocean of thought force, from which those who will may draw, from time to time, as they have occasion, and have the mental strength to control and use.

Few persons can raise the weight lifted by Dr. Winship, neither could he at first, but after years of gymnastic practice, he could lift over 2,700 pounds.

As gymnastics develop the physical, so education develops the mental powers. It enables them to lift, to control, to handle thoughts or ideas from the realm of thought force, as much beyond what ordinary minds can control, as 2,700 pounds will compare with what Dr. Winship could do when he first began.

Animals have more or less of this power to think, and they form the connecting link, between vegetation, the lowest manifestation of life, and human mentality, which is the highest.

Human beings are of various grades of physical and mental strength, as well as susceptibilities. Our subject teaches that without force there can be no organization; without organization no vegetable life, or vitality; without vegetable organization no animal life; without animal life, no consciousness, no voluntary motion, no power of thought, no motive to act.

Truth and principles emanate from Deity, thoughts and ideas are the province of man; and when they lead to a knowledge of the divine emanations, they are the highest ultimate of human life.

May we so live, think; and act, that we may ever contribute to the ever onward and upward, in the development of the great and the good of the race, that man may attain to his proper sphere of action wherein he shall rule in the sphere of thought as Deity does in the universe.

## Gynecological Department.

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### *THE FEMALE PERINEUM.*

BY T. G. COMSTOCK, M. D., MASTER IN OBSTETRICS OF THE UNIVERSITY OF VIENNA, ST. LOUIS, MO.

Read before the Joint Convention of the Western Academy and Minnesota Institute of Homœopathy.

No medical man who practices obstetrics or gynæcology can satisfactorily pursue the practice of his profession, unless he fully appreciates the importance of the perineum in all its relations. He must first of all fully understand its anatomy, yet, as a matter of fact, there is not a book upon anatomy in the English language, which so describes the perineum, that "he who runs may read," in other words it is but imperfectly treated. This knowledge of the anatomy of the perineum is further necessary to the understanding of quite an array of complaints which the general practitioner meets with in his daily rounds, but unfortunately practitioners have not given the matter such attention as its importance demands.

The perineum is the space between the anus and the posterior commissure of the vagina, or the space between the backward curve of the rectum and the forward curve of the vagina, and is composed of fascia, areolar tissue and a fibro-elastic tissue, with blood vessels, it being really a union of tendons and muscles which coalesce at this point. Beginning at a point less than two inches above the margin of the perineum, the vagina and rectum, which have hitherto been near each other, begin to diverge, the vagina naturally curving forwards and the rectum curving backwards. This minor fact in the topography of the rectum and vagina should not be forgotten, for without its full appreciation, the peculiar shape of the perineum cannot be understood. This space between the rectum and vagina is wedge-shaped, and is described by Henle as a *Korper* or body, and is now called by gynæcologists the *perineal body*. This perineal body is triangular shaped and is bounded on its external face by the plane ordinarily denominated the perineum. This is the space externally from the anus to the posterior commissure of the vagina, and when the female is in the erect position it may be considered as the lower

side of the triangle. On the front side the triangle is bounded by the posterior wall of the vagina, and on the rear it is bounded by the anterior wall of the rectum. Now this triangle which is the perineum or rather the perineal body at a distance less than two inches above the anus and commissure of the vagina, comes to a point, where as above described, the rectum and vagina are in proximity but it can be easily understood as we approach the outlet of either of these, that the distance between them becomes greater. This perineum, which as a whole we choose to call the perineal body, sustains the anterior wall of the rectum and prevents it from prolapsing, and secondly, by supporting the posterior vaginal wall, prevents it also from prolapsing. Thirdly, when the perineum is intact the walls of the vagina are in opposition so that the anterior vaginal wall rests upon the posterior wall, the bladder resting upon the anterior wall and against the bladder and the uterus, all of which are supported by the perineum. Lastly, as Dr. Thomas says, the perineum preserves a proper line of projection of the contents of the bladder and rectum and thus prevents tenesmus, which may indirectly cause displacements. Dr. Thomas describes the perineal body as the "keystone of an arch," although strictly speaking this keystone is an inverted keystone. Now take away this triangle (keystone) or split it and you can readily conceive the result. A lacerated perineum is nothing more than a splitting of this triangle and an operation to restore the same, is nothing more than first vivifying these two torn surfaces, and then bringing them together and holding them in their normal position with sutures properly applied. A perineum lacerated ever so little will be liable to affect the health of any woman. Dr. Emmet, a noted authority on this subject, in speaking of the importance of all, even small injuries to the perineum, uses the following language :

"A laceration of the perineum is sometimes accompanied by a general irritability, which cannot be traced to any other cause, and is only relieved when it is restored. I have known several instances in which the existence of scars in the perineum had so much effect upon the nervous system as to entirely change the disposition of the woman, and yet they were not conscious of any local difficulty."

The perineum holds a very important relation with that change in the *uterus* which must normally go on after labor — we refer to *involution*. Anything that interferes with the process of involution may be a very important factor in disease, and no woman can enjoy good health after parturition, unless the process of involution is complete, and accompanied by a retrograde metamorphosis of tissue, which

shall reduce the uterus to nearly its pristine size before conception. During pregnancy, the perineum as well as the vagina becomes hypertrophied and its tissue increased, and after labor, not only the uterus but likewise the perineum and vagina undergo involution.

Dr. Thomas first called the attention of the profession to this last named fact, and it is a fact most important and one which explains to us many of the most important ailments of females. Whenever the gynæcologist takes a new case for treatment of a porous woman who has borne a child, he explores the uterus to find its condition. If he finds it enlarged, showing sub-involution, he immediately searches for the cause of the same, and if it is possible to find it after removal of such cause, the process of involution may set in again and be normally completed. The perineum when not ruptured, as likewise the vagina may be in an atonic and relaxed condition and seriously affect the health of the patient, the whole difficulty arising from defective involution. That such a condition exists affecting the vagina and perineum may perhaps be new to some practitioners, however, if the physiology and pathology of the perineum and vagina, as evinced by their condition after a labor are thoroughly studied, defective involution affecting them will be found to be an ailment of not infrequent occurrence.

Now, if it is possible after a normal labor to have a feeble, atonic, relaxed condition of the perineum, although without rupture, what may not be expected, when the perineal body is rent? When a woman has a complete rupture of the perineum, so that the rectum and vagina are almost reduced to one canal or a cloaca, the consequences of this are apparent to the patient herself and to every practitioner that she calls upon to attend her, but in this connection let me assert that every portion of the tissue of the perineum which is destroyed, weakens it relatively. And right here I will take occasion to enumerate a few of the ailments and complaints which are liable to set in as direct results of rupture of the perineum. Prolapsus of the vaginal and rectal walls (cystocele and rectocele) septicæmia, endo-metritis, sub-involution of uterus and vagina, catarrh of the uterus (leucorrhœa) prolapsus uteri, chronic cystitis, pruritus vulvæ, and as further consequences sterility, hysteria, neuralgic conditions, neurasthenia, and a host of nervous disturbances and other neuroses, the result of reflex-nervous irritation.

Laceration of the perineum, which is a great factor in preventing complete normal involution of the uterus, is not the only cause of this

condition. Laceration of the cervix is also to be enumerated, something quite as important as the former, and really, until within the past ten years, but little understood by the profession generally. I deem it not improper to make this mention regarding laceration of the cervix, because its diagnosis is more difficult than laceration of the perineum, but when once diagnosticated, its surgical treatment is even safer, and numerically speaking, more successful, than operations for the restoration of extensive ruptures of the perineum of long standing.

One object of this paper is, to call the attention of practitioners of midwifery to the importance of always examining ocularly the condition of the perineum after every labor, and of closing any rupture that may be found to exist, by surgical means. I repeat, the rupture should be closed by surgical means, because, although a slight rupture of the perineum usually heals by the powers of nature, yet the union is not by *first intention*, and its existence renders the convalescence of the patient tedious, so that she will be liable to have a protracted confinement, and her getting up will be slow and tedious. In addition to this, she is more liable to have septic puerperal processes set in—perhaps septicæmia, all of which may be avoided and prevented by properly closing the rupture with sutures immediately after delivery. Some gynæcologists classify perineal ruptures into three varieties: a simple or slight laceration, a central laceration and a complete laceration; but we prefer the classification of Dr. Thomas, as follows:

First, superficial rupture of the fourchette and perineum not involving the sphincters; second, rupture to the sphincter, and third, rupture through the sphincter, and fourth, rupture through the sphincter ani and involving the recto-vaginal septum. Either variety of rupture above enumerated may cause a good deal of trouble if left to nature. The first variety may heal, but never, as previously stated, by first intention, but by *second intention*, by granulation and the formation of more or less cicatricial surfaces and scars at the seat of the rupture.

Experience has proven it to be far better, far safer, more salutary and satisfactory to the patient for the accoucheur to bring the parts together, so that they may be in a condition to heal *prima intentione*.

Let no practitioner be too modest to satisfy himself whether or not rupture exists. If he finds this to be the case, he should at once place the woman upon her left side, with her hips at the edge of the bed,

and taking a candle in his hand, with the aid of the nurse carefully examine the parts and separate the labia to see the extent of the fissure. If it is a case of rupture of the first variety, the parts are to be brought together, and either Serre-fines, or Hoffs automatic sutures applied.

Sometimes the vagina is ruptured high up, and the perineum itself seemingly not torn. In such a case, separate vaginal sutures of carbolyzed silk must be applied, beginning at the upper end of the rent and descending to the perineal body. After applying the serre-fines a cushion or pillow should be applied between the knees and they tied together, and the patient lie upon her side, for some seven or eight days, then the sutures may be removed. If necessary, the urine should be drawn by the elastic catheter twice daily. If the patient can pass water without the aid of the catheter, her nurse should after each micturition inject the vagina freely with carbolyzed water.

In more extensive lacerations of the second or third variety, the treatment to be pursued is the application of sutures with silver wire. I need not enter into a detailed description of the manner of performing the operation, as the sutures are to be applied according to the principles and practices of surgery, especially as detailed in the works of Goodell, Emmet and Thomas.

The experience of the writer goes to show that it is far better to close a ruptured perineum directly after labor, than to wait for some months, until the patient recovers from the immediate effects of her confinement. As a general rule the immediate operation is a success, and the failure of the perineum to unite by first intention is an exception to the general rule.

It may not be inappropriate to state in this connection that rupture of the perineum is of frequent occurrence, and it is overlooked, and its existence unknown, because practitioners of midwifery have not been in the habit of examining their patients by ocular inspection after the completion of labor; in this paper we have insisted upon the necessity of a new departure in this practice. In the Cincinnati hospital,\* for the past two years, in the lying-in wards, the internes have been directed to *examine every case ocularly* after delivery, and as a result, of one hundred and forty-two labors which were primiparæ and fifty-nine multiparæ, there were seventy-five cases of rupture of the perineum among the primiparæ and five among the multiparæ. This is about 37 per cent. of the whole; 50 per cent. of

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\* *The Obstetric Gazette*, May 1880, Page 551.



primiparæ and 8 per cent. of multiparæ. This proportion of perineal ruptures is about a fair average of hospital practice, but in private practice may perhaps show a less per cent. Of course, in most cases, they were of the first variety, but nevertheless the percentage is sufficiently large to require the careful attention of the obstetrist to such accidents.

## Children's Department.

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### *A SINGULAR CASE OF MALFORMATION.*

On February 28, 1880, was called to see Mrs. B. in confinement. Labor was natural in all respects lasting about seven hours. The child at the moment of its birth appeared perfect and healthy in every respect. It opened its eyes and gasped for breath as a newborn child generally does when it first begins to breathe. In a few moments I noticed that it did not get any air into lungs. Its face began to look livid; it gasped and struggled for breath, and showed every symptom of strangulation. I sprinkled its face with cold water, tried to force air into its lungs by placing my mouth over its mouth but failed. I then cut the cord and placed the child in a bucket of hot water, but soon found that death was inevitable in what appeared to be a perfectly developed and healthy child. It made its last effort to breathe in about seven or eight minutes after birth, but the heart continued to beat for forty-five minutes.

While manipulating the child I found that the heart was in the right side of the chest. I was anxious to ascertain the cause of death, and by permission of the parents a post-mortem was held in the presence of all the doctors of our town, eighteen hours after death, with the following results:

Upon opening the thoracic cavity, the first thing that presented itself to view was the intestines apparently filling the entire thoracic cavity. Upon removing the intestines from their abnormal position we next found the heart in the extreme right of the chest, under the right nipple, and about one-half the normal size. We next looked for the lungs. The left one was entirely absent and the right one

about one-fourth developed, not sufficient to admit of any air, or if any it was so small in quantity that it would not sustain life at all.

The liver was hypertrophied to about three times the normal size. About three-fourths of the diaphragm was absent or undeveloped, consequently the abdominal and thoracic cavities were one common space, having no partition between them. The liver and a portion of the large intestines filling the abdominal part of the cavity, while a part of the large and the entire small intestines were crowded into the space that should have been occupied by the heart and lungs. Consequently the heart was crowded entirely out of position and atrophied. And the presence of the intestines crowded into the chest was evidently the cause of the lungs being undeveloped. It was a male child and I never saw one more perfectly developed externally, but when the time came for it to breathe, it had no lungs to breathe into, consequently death was the inevitable and the immediate result.

The abnormal condition of the other organs I do not think would have caused death, but the absence of the lungs was necessarily fatal. The mother gave birth to a child a few years before, that died in the same way. The attending physician told them that the heart was in the right side of the chest, and I suppose it was a case similar to the one that I have described. I have never seen a record of a case of this kind, and thought it might interest some of your readers who can give some probable cause for such a deviation from nature.

N. F. CANADAY.

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### *CHOLERA INFANTUM.*

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

Read before the American Pædological Society held in Chicago, June 14, 1880.

I regard as diagnostic, vomiting and purging, prostration and tendency to collapse on the one hand, or on the other to febrile reaction with brain symptoms; coming on without warning in teething children in hot weather; or preceded by gastro-enteric derangement. Pathologically, the stomach, bowels, liver, brain, and spinal cord participate in the irritation; also, the skin. Originally, I think the irritation peripheral; and the cure is by peripherally acting drugs,

especially *Gels.* and *Ferrum phos.*; also, *Ipecac* and *Verat. alb.*; later, *Bell.*, *Hyos.*, etc., acting centrally.

The red ray of the sunlight I consider a prominent cause of the irritation. The remedy, the green and blue rays of the woods; the sky, the stream. Excessive clothing does as much or more harm than exposure. On the other hand, all infants sent on excursions, etc., must be guarded *specifically* against wind as well as the direct rays of the sun. They may advantageously drink the pure spring water. One of the best remedies for spasms is *Magnesia phos.* 30. For collapse *Arsenic.* For fever, *Ferrum phosph.* 30. For diarrhoea, *Rhatania.*

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### OBSERVATIONS ON THE FEEDING OF CHILDREN.

BY WILLIAM V. DRURY, M.D., M.R.I.A., FORMERLY PHYSICIAN IN CHARGE OF DISEASES OF CHILDREN TO THE LONDON HOMŒOPATHIC HOSPITAL; AND FORMERLY LECTURER ON MATERIA MEDICA AND THERAPEUTICS IN THE SCHOOL OF MEDICINE, PARK STREET, DUBLIN; VICE PRESIDENT OF THE BRITISH HOMŒOPATHIC SOCIETY.

Read before the American Pædological Society.

MR. PRESIDENT AND GENTLEMEN: I must make my apology for not presenting a separate paper on some one of the subjects proposed for consideration at your convention for discussion on the diseases of children; but after retirement from the active duties of medical life, the opportunities for noticing cases, as we can do, when they are under our own care, and testing the action of remedies, is at an end. Journals are read with different feelings, and in the country one lacks the opportunity of consulting books of reference, that are of comparatively easy access in London. Hospital case books are also out of reach, even if one's memory supplied the recollection of suitable cases that might be brought forward to illustrate certain points of practice. Under these circumstances I have thought it better to send some discursive observations illustrating my own mode of practice, and which can, if you think proper, be read in the course of your discussion, rather than to attempt to produce a complete paper on any one subject, which will be so much better done by men actively engaged in treating the cases they speak of.

The London Homœopathic Hospital is situated in a central part of London, and has beds for about sixty patients. The dispensary prac-

tice is very extensive, and is very useful in spreading a knowledge of our mode of treating disease among the poorer classes. When the hospital was removed from Golden Square, I was appointed physician accoucheur, but by an arrangement with my colleague, Dr. Leadam, he took charge of the department for diseases of women, while I took the children, obtaining, after some time, the privilege of having beds for children, instead of for women, as I had at first. The out-door department increased considerably, children being brought long distances, and ultimately a separate ward was set apart for them. The opportunities for observation were considerable, and from time to time medical men visiting the hospital availed themselves of the opportunity of witnessing the practice.

At present, I understand children taken into the house are distributed among the other patients, a plan that has some things to recommend it, though in giving up the special ward an object of much interest is lost. There is still, however, an out patient's department for diseases of children. I mention what has been done as it may be of interest. I regret, however, that so little has been done on this side of the Atlantic, indeed I do not know of any hospital in Great Britain specially for diseases of children.

Infantile diarrhoea which is one of the subjects proposed for discussion, always exists more or less, but the causes which call it out with increased vigor in the close of summer, being more or less absent in winter, the cases then are isolated. Many summers pass with nothing more than the ordinary disturbing causes, such as great heat, evening chill, sudden changes of temperature, the accidental partaking of sour milk or sour food, which may also affect an infant through its mother's milk. Improper food which is often foolishly given to a young child is more likely to act injuriously in summer than winter, but any time of the year some indigestible food may cost a child its life. And plenty of foolish mothers are found who like putting a taste of everything into the baby's mouth, and sometimes what is merely intended to be sucked slips down. Strange food is swallowed and strange tastes are created that excite surprise; thus a mother has told me at the hospital of her child having a craving for stout. Now in this case it was evident the mother had been in the habit of putting the glass to the child's lips, else where was the taste acquired. These causes are quite sufficient to bring on diarrhoea, or convert a simple attack into a very sharp one, thus producing in the

hot summer or autumn months, what is known as autumnal diarrhœa or infantile cholera of French writers.

Then again from time to time an epidemic wave seems to pass over us, intensifying the severity of the cases and making them much more numerous. These summer attacks affecting children and adults, appear from year to year constituting our English cholera, and are well described by Sydenham. And as these cases are often very severe we are accustomed to hear the announcement of the appearance of a case of Asiatic cholera at some place or other, a subsequent statement appearing that on investigation the case had proved to be only a severe case of English cholera. Still this cry of "wolf" has at times proved to be the forerunner of the more dreaded disease.

Now though some will maintain that the English and Asiatic forms of cholera are quite distinct, I do not think this is always so easy to prove; were the distinctions so marked the mistakes would not arise that I have alluded to. Indeed, it would seem that Asiatic cholera was very much the same as severe English cholera, plus some epidemic influence, the conditions of which are not understood, but which intensifies symptoms, and calls them into operation often at other times, different from those we expect to find English cholera in. And the symptoms imperfectly developed in English cholera, or absent in many cases, mark more distinctly the Asiatic variety. Thus, rice water stools, vomiting, cramps, blueness, coldness, and collapse in the first stage mark the Asiatic form, but when a really severe case of English cholera occurs, I do not think the difference is always as marked as Trousseau implies. If we have the marked epidemic influence, the greater severity and more general recurrence of the symptoms I have named, and cases terminating fatally in the early stage and in greater numbers, then we can speak more positively as to the presence of Asiatic cholera.

What may be said of the two varieties just spoken of to some extent applies to infantile cholera. It must be borne in mind as regards children, that at any period of the year diarrhœa and vomiting of more or less intensity may be present, originating from the same cause in December or August, only that in the warm months they are more likely to be brought into operation, and at that time owing to the influence of the heat there is less inherent power of resistance to disease, and the exciting cause is more likely to continue to exist, keeping up the mischief. If in addition there happens

to be an epidemic influence, the symptoms become more severe, and the tables of mortality show a greatly increased death rate.

There are two causes in constant operation that produce diarrhœa in children, chill and errors of diet. The first leads more frequently to other forms of disease, but in hot weather the chill of evening acting on a surface that has been perspiring freely through the day is very likely to produce diarrhœa. Adults suffer in the same way. But errors of diet with children are the most prolific source of mischief. Under this head must be included a nurse's milk, affected by moral emotions.

Where diarrhœa is induced by a chill, the effect for the time being may be sharp enough, and if an epidemic influence exists at the time, its aggravating effect will be shown, a simple diarrhœa being converted into one of the prevailing type. Hence the necessity of prompt measures to arrest the mischief in its early stage.

Where diarrhœa is induced by dietetic causes, whether in the shape of breast milk or other food, the attack is very apt to be protracted, for this reason, that though vomiting or purging may remove the exciting cause, a fresh supply renews the mischief, as the cause of the trouble is not always recognized at first, and when at last found out as the whole alimentary canal is disturbed, a change of diet does not always produce the result desired. Those accustomed to treat diseases of children know well how in some cases one food after another will disagree.

In a large field of observation I have found errors of diet a most common cause of illness in children, and that other illnesses were materially influenced by this cause. Of course it must be remembered that other illness will often cause food that is taken at other times with impunity, to be found unsuitable. Thus while teething is going on, digestion is readily set astray, though happily for the child the anorexia prevents further loading of the stomach, which could not but be hurtful. The feverish state attending many forms of illness, frequently brings with it nausea and vomiting; diarrhœa when it shows itself coming on later.

Every child should be brought up at the breast unless some serious obstacle, such as the state of the mother's health intervenes. I have alluded to mental emotion as a cause likely to influence the child injuriously. A return of the catamenia either by diminishing, or deteriorating the supply of milk often injures the child and may make weaning compulsory. It often happens that mothers nurse too

long, and though in point of time it may not exceed a few months it may be too long for them. I believe this is not infrequently a cause of sudden collapse in the child, which is set down by those not cognizant of this cause to teething or anything else that may appear possible. The remedy is instant weaning, or a greatly diminished supply of the mother's milk, cows or donkey's milk taking its place. It is often thought that getting two milks is hurtful, this is not so if both are good, but if one is bad that one will keep up mischief.

In the cases of collapse I have alluded to, the proper remedy should be given, and if need be a few drops of brandy in a little water or other fluid, but cautiously at proper intervals. A few drops go a long way with a child, one drop producing some effect. Occasionally a mother may be found who can nurse over twelve months. In Palestine, it is, I believe, not uncommon, and even for a longer time than we have any idea of, but in this country it can rarely be done, indeed most mothers require to supplement their own efforts after seven or eight months nursing with something else.

Where nursing is prolonged beyond the safe limit, the mother, the child, or the next child will be pretty sure to suffer, sometimes, all three. The diet of the mother should receive anxious consideration, as the child may gain or suffer according to what the mother takes. Thus malt liquor may suit some very well, but if the least sour, the effect will be soon noticed. Again, vegetables if begun with cautiously, may be borne, but if of an improper kind may do much harm.

Where sea bathing suits the mother, it often helps nursing very much, and like everything that improves the mother's health, does the child good.

When it is found that the mother cannot nurse, the question arises in this country, is the child to be brought up by hand or by a "wet nurse." If a healthy nurse who may have lost her own child, and whose family history is known can be procured, her services should be secured. If, however, a nurse has to be procured, about whom little is known, or whose child may be living, my own feeling is in favor of bringing the child up by hand. The risk to the child sent out to be nursed, as the nurse's child will most likely have to be, is very great, and if its life is sacrificed as too often happens, there is something so wrong in the transaction, that the wonder is people are so morally blind to what they are doing. A woman ought not to be tempted for the sake of gain to risk the life of her own child, and the

life of the child of the poor woman is as valuable as that of the child that is heir to a kingdom.

If a child is to be brought up by hand, the question is asked, what food should be given? The simple answer is cow's milk diluted with water in such proportion as the child can best bear, usually two-thirds milk to one-third water. These proportions have at times to be varied, and as the child grows older more milk may be given and less water.

Various attempts have been made to introduce other kinds of food, and each well advertised variety has its advocates, and certificates are not wanting to testify to the superiority of each. None of these can be superior, or equal to, good cow's milk, but it is well to have something to fall back on, in the cases where it may not suit. If cow's milk does not seem to agree, it will be well to change the source of supply before deciding against it. Like human beings, the food on which a cow is fed exercises considerable influence on the milk, and the state of the animal's health also does the same. In London, for the most part, milk is brought by railway from distant parts of the country, and must often be twelve hours old before it reaches the consumer. It is probably much less adulterated than it used to be, but as "the cow with the iron tail (the pump)" is so easily accessible, some water often finds its way in. When that expensive fluid, asses milk, is supplied, it is said that a well arranged sponge containing water, placed up the sleeve, will allow of the animal being milked before one's eyes, while the water will trickle in without its being detected.

The "anglo-swiss" milk is often used where cow's milk has been said to disagree. Children are frequently fed on it, but the quantity of sugar that it contains is objectionable, and however valuable in hot weather, on a sea voyage, or when other milk cannot be procured, it may be, it should never be allowed to take the place of cow's milk, if the latter can be borne. Children brought up on it are said not to bear illness well, and it is absurd to suppose that any artificial compound can be equal to a natural food. The same remark applies equally to Liebig's extract of beef tea, which should never be used when fresh can be procured.

Liebig's, and Savory and Moore's food for infants, possibly also Nestles' and some others, may suit very well in case of emergency, and for older children very finely powdered oatmeal, Hards farinaceous food, and Ridges; also "tops and bottoms" will be found very



useful ; to these cow's milk has to be added. Arrowroot also may be used, but then the milk mixed with it is the chief article of diet. As the child gets its teeth, we may begin to use these foods instead of plain milk ; and begin when older still, with beef tea, bread and gravy, eggs, broth, and finally, finely divided meat, so as to prepare the child for regular every day food.

When the bones are soft, ivory jelly may form part of the diet. I have used it largely, as it supplies *Phosphate of Lime*, in a form easily assimilated, it is a valuable auxiliary. It is prepared as follows :

Two ounces of ivory dust (obtained from a worker in ivory) is washed by being boiled in water for a few minutes, after this is poured off, the ivory should be put down alongside of the fire in five half-pints of water, and allowed to simmer for six or seven hours till reduced to half a pint. This is to be strained off, sweetened with white sugar, and allowed to stiffen into a jelly. Two or three teaspoonfuls may be given twice a day to a child between two and four years old ; a smaller quantity to a younger child. This may be continued for five or six weeks, and after a time repeated.

For delicate children eight or nine months old, a couple of teaspoonfuls of beef tea, mixed in with such a food as Hards food, and milk, is a help ; to younger children, without the farinaceous addition, but the more closely a pure milk diet can be kept to, the better. Beef tea is best made, for invalids and children, according to an old formula of Liebig's :

Take one pound of lean beef, mince it as fine as it can be cut, let it stand in its own weight of cold water (one pint) for six or seven minutes, lift it on to the fire, let it simmer for from fifteen to twenty minutes, then strain off the beef tea and add a little salt.

During infancy the nurse should always report any departure from the healthy appearance of the stools or urine. The approach of illness may be thus seen, or an attack of diarrhœa may be warded off, either by giving a suitable medicine, or making some alteration in the food.

In warm weather it constantly happens that diarrhœa is brought on by food being given in bottles or vessels not perfectly clean. All feeding bottles and jugs should be carefully examined, the nose as well as the eye being satisfied. A sour smell may often be detected about the mouth-piece of the feeding bottle, and frequently a putrid smell inside a milk jug that looks clean.

The appearance presented by the stool of a young infant, that

should attract our attention, are, absence of yellow, or if the stool be yellow, its being liquid; whitish or chalky, or creamish, or curdled or chopped-egg looking stools; also, frothy, or slimy, or bloody actions. A very offensive or sour smell should also attract notice. The mode in which the action passes, if accompanied by flatulence, or straining. If it be preceded by abdominal pain, or if nausea or vomiting be present. The general symptoms should also be noted.

As a rule, children that suffer from constipation are stronger than those subject to diarrhœa. If however the stools are chalky-looking and offensive as well as being constipated, the hepatic functions are not being rightly discharged, and further derangement may follow. *Calceca carbonca* for a few days, followed, if necessary, by *Sulphur*, is the best mode of dealing with this condition.

The chopped-egg appearance of the stools, so frequently seen in the diarrhœa of teething, is best met by *Chamomilla*. When there is straining, *Podophyllum*. *Sulphur* and *Merc.* may help. For this also *Mercurius corrosivus*, if any tendency to bloody discharge, is preferable. For simple tenesmus with small stools, *Nux vomica* is of use. When there is lientary, *Podophyllum* and *China* are very reliable medicines.

It is not my intention to go through a list of medicines, but rather to indicate what my own practice would be under certain conditions, so that if I seem to omit any, it is not that they may not be useful, or that I would pass them over, but rather that the ones I name are those I would first select.

Thus for griping pains in the bowels, or cutting pains, the description of which we cannot get from a child, but the character of which we may guess at, from our familiarity with a child's mode of showing its feelings. Many medicines may occur to our mind, but one of the following will probably do all we need: *Chamomilla*, *Belladonna*, *Bryonia*, *Colocynth*, *Rheum*, *Sabadilla*. Of course it will at times happen that we may have no hesitation in selecting one not amongst these. But much as we may like a pure selection from symptoms, every one of us has a routine practice, that we are unwilling to acknowledge, but which nevertheless we follow. It is in accordance with this routine that we sometimes have to make our choice between two medicines when there are no very marked symptoms, beyond the prominent one of abdominal pain. In such a case, redness of one cheek may lead us to *Chamomilla*, while alternate paleness and flushing may lead us to *Belladonna*. I would rather not be asked, by an

examiner, the connection between the pain and the indication for the remedy. Other symptoms, as the characters of, the stool, or the presence of vomiting, may enable us to decide more easily in other cases.

Warm weather and vomiting of food would be a guide to the selection of *Bryonia*, though then *Ipecacuanha* would have to be considered, and a choice made, the greater apparent nausea, and character of stools, would help in the selection of the *Ipecacuanha*.

These illustrations show that all is not plain sailing, and that there are difficulties that experience alone can enable us to overcome. When food is vomited a smaller quantity should be given, and it may be necessary to give nothing for a time, but ricewater or milk and water, even beef tea given in small quantities will lie in the stomach for a time, accumulating, and then suddenly a large part will come up. It is possible that even with nausea a small portion is from time to time absorbed, but as the feeling of sickness is so exhausting, the withholding of food for some time is desirable, so as to allow time for the *Ipecacuanha*, which is the most frequently needed medicine, or some other remedy, to act. A few drops of brandy in icewater may help to support strength without being too much for the stomach, but stimulants must be given carefully in measured quantities to a child. When the vomiting is of a sour character, or the case is assuming a choleraic character *Iris* may be thought of. *Kobenia* may also be used for sour vomiting and indigestion. But when there is vomiting of food, continuing to return, *Bryonia* is a medicine that should on no account be overlooked. If the indigestion proceed no further than pain, and that not apparently of a colic character, but returning day by day, *Conium*, *Nux vomica* and *Bismuth* are the medicines to be thought of. Other remedies are, no doubt, very valuable, but I am giving the names of those I should look to. Limewater with milk will often enable it to be borne, and in these cases of indigestion of infants, asses milk should never be forgotten.

Gripping pain with the well known characteristic symptom of relief after action, is best met by *Colocynth*, while a more constant pain, with urging and frequent liquid stools, may be treated with *Sabadilla*. I find no medicine more valuable, when the pain is described as like "cutting with knives." The child cannot give this description, but from its appearance, tenderness of abdomen to touch, and the frequent actions with urging to stool, the stools being fermented and brownish, or containing mucus or blood; we may gather enough to justify the selection of this medicine. Tenesmus, with bloody scanty

stool will point to *Mercurius corrosivus*. This medicine is sometimes needed early, but often the need for it grows out of some form of diarrhœa that has run on.

Colic pain with pappy, sour or offensive stools, lead us to *Rheum*, a most valuable medicine in suitable cases of diarrhœa in children.

Hitherto I have chiefly had in view the removing of indigestion, the relieving of abdominal pain, the stopping of vomiting and diarrhœa, but when our efforts fail or these symptoms set in early along with collapse, assuming the character of true infantile cholera, arising at a time that there is an epidemic influence in existence, or as is seen in severe English cholera in hot summer or autumn weather, what are we to do, what other medicines have we got? Well the vomiting we may meet for some time with *Ipecacuanha* every five or ten minutes, but as the disease advances we must bring in some of the medicines previously named, or go at once to some not hitherto spoken of, but which may be of great value in acute diarrhœa as well as in what we are now speaking of.

The presence of scalding stools, or violent frequent stools, with or without colic, and of various characters which I need not enumerate, together with vomiting and retching, collapse, feeble voice, and general feeling of distress, would lead us to the selection of *Arsenicum*. Rumbling in bowels with sudden copious, watery evacuations and collapse, with or without the other symptoms that characterize it, would lead us to *Veratrum album*. Of course the symptoms that indicate these medicines, when present in a less degree, would lead to their selection as well, so that for slight or severe attacks they are well tried and valued medicines. In severe cases I give them rapidly, every half hour or hour, and after each action, giving at the same time rice water to drink, and beef tea and brandy as needed, and as can be borne. If collapse increases, notwithstanding our efforts, *Camphor* may be given cautiously for a few doses. The exhibition of *Camphor* has sometimes been overdone by being given in too large doses, a little and often is safer and better. When *Carbo veg.* and *Cuprum* are indicated they must not be forgotten. *Jatropha*, *Euphorbia cor.* *Veratrum vir.* may also help, but if we have a few good remedies, that have been well tested it is well not to be in a hurry to lay them aside in favor of others, perhaps very good, but less known. I believe our practice has somewhat deteriorated owing to this running after novelties. Let new medicines be carefully tested, and when well attested take their place, but not displace valuable remedies, before this is done.

I must apologize for the somewhat unmethodical manner in which I have expressed myself, but as my object was to give my own views instead of an exhaustive paper, leaving that to some others who will handle their subjects better, taking up the newest and latest views, which will be full of interest, I have kept to the purpose expressed at the outset.

I trust the society will accept my expression of regret that I cannot be present to meet my brethren and make their acquaintance. I should have been glad to have been present amongst those who are of our own kindred and who are members of that great nation who are our offspring, and with whom I trust with God's blessing we shall ever be united by those brotherly ties of affection, that becomes members of the great Christian family, so that joint national interests for the good of humanity, and individual feelings of friendship and good will may ever draw us together.

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## Society Proceedings.

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### *PRESIDENT WALKER'S ADDRESS.*

Delivered before the Joint Convention of the Western Academy and Minnesota Institute of Homœopathy.

The obligations, under which the partial kindness, which seated me one year ago in the presidential chair of your Academy, has laid me, and the grateful sense which I hold and cherish of these obligations, have roused me like a trumpet blast, to an energy of thought and feeling, of which I had for sometime deemed myself practically incapable. I was lying mentally crippled, I fear, by the sullen pool of absorption in personal interests and professional cares, when your angel kindness descended, and so troubled the stagnant waters of my life, that I feel, throbbing in my mental veins, something that resembles the strong current of returning health. Or, to change the metaphor, I was mentally growing old; had paid my score, and bidden a tacit farewell to the more active duties and responsibilities of the world of mind; had resigned myself to dressing-gown and slippers, and was only thinking how I might spend my declining years in pleasant and graceful repose. Then your flattering courtesy came, like the fabled adventurer of the east, and led me to the fountain of perpetual youth, and I drank and became—the boy you see.

In sober sooth—to one who suddenly awakes from the lethargy of indifference, or pauses from the ardor of professional pursuits to look

about him over the world, and note the changes, material, mental and moral, which mark the advancing civilization of our time, it does seem as if some magical agency were playing strange tricks with his intelligence. The earth, the air, the elements, wear the yoke and do the bidding of man. Time was, as we know, and not so very long ago, when this order was reversed, when man was the trembling servant of material things. They awed, and frightened, and subdued him. He saw in them the types and expressions of a superhuman and resistless force. There was a spirit in the hills, and in the valleys, in the clouds and in the storms, which he dared not encounter, and dreaded to provoke. Led by his priests and rulers he fled from the presence of the scourge to the altars of his gods, and there crouched, and shuddered and prayed. To-day, he has bound the giant earth with fetters of steel—he has tunnelled its everlasting hills—bridged its bottomless abysses—dried up its deadly morasses—jettied the impassable channels of its rivers, and reclaimed much of its boundless waste.

The iron teeth of his multiform machinery are harrowing its reluctant bosom into fruitfulness, or digging deep in its bowels and turning all its hidden treasures into the light of day.

The blast-fires of his thousand furnaces, and the myriad wheels, and arms, and hands of his ceaseless industries, make the night lurid with the threat of his power, and the day vocal with the boasts of his triumphs. His towns and cities spring up almost in a night, as if by magic; and where yesterday was nought but the smiling landscape, to-day we see the rush, and hear the tramp of busy thousands in the eager race for wealth. And these men of the new towns, whenever they come, have left no desert behind them. The swarming hives of civilization are yet full to repletion. The great cities grow greater day by day. Beneath and above the ever crowded streets are new channels for commerce and transit, while the old seems more thronged than before. Fire and water have not only been tamed and disarmed of many of their wild terrors, but subdued and harnessed to the carriage of daily necessity and convenience.

They draw man's burdens and lift his weights; and load and unload the cargoes of his ships, and boats, and cars. They bear the messages of his intelligence on aerial or submarine roadways, over earth and through ocean, and endue him with a kind of terrestrial ubiquity. Faithful servitors are they, whose powers have grown with use; but they do not satisfy their master. They are too feeble and too slow to meet the force and fire of his impatient wishes. Already he is anticipating the time when he can substitute them by gentler, stronger and more tractable powers, and contemptuously dismiss them to an eternal repose. His daring and adventurous genius has met and subdued the hideous dweller of the threshold; and the spirits of the earth and of the air must come at his call and do his bidding. Even while I speak he is in earnest converse with them, wringing from superhuman strength the secret of its powers

and processes — a secret which when won, will enable him to turn night into day, and annihilate time and distance.

The wisdom of the school men is to man now but the toy of his mental childhood, which he has broken and thrown away for things worthier of his time and strength. His philosophy has become universal, and seeks the "*raison d'etat*" of all things in heaven and earth. The old dogmas of opinion, which were supposed to define the ultimate limits of man's thought, and beyond which he might not wander on any mental excursion without invading the terrible realm of madness, have been broken down and trampled under foot by a skepticism as successful as it was daring; and these barriers once leveled, new worlds of mind have been discovered and colonized far beyond the ultima thule of our fathers' boldest thought. Kant, Hegel, Buckle, Spencer, Darwin, Tyndall, Huxley, and Bastian are but familiar examples of names which have opened endless vistas to the eye of mind, in regions whose darkness a little while ago, no light of human intelligence was strong and bright enough to pierce.

The German genius essentially *subjective*, with an introspection as subtle as profound, has probably touched the last analysis of the powers and properties of mind; and while it has gone hastily like a first discoverer through this vast and comparatively unknown country, noting only here and there its most striking and obvious features, and while there are necessarily many errors and no little confusion in the maps and charts with which it has furnished us, yet there has come one after it who in many respects is greater than itself. And it remained for the Anglo-Saxon Spencer to gather and group and set in the strongest light of reason and common sense all the best and highest results of German thought. For the Anglo-Saxon mind is quite as essentially *objective*, or what we are accustomed to call *practical*.

Its genius is almost wholly utilitarian. It originates and discovers it is true; but then its inventions are machines and methods, its discoveries are powers and processes. It creates only for its needs, and designs only for its ends. It is impatient of all darkness, confusion, waste and uselessness. It cares little for any knowledge, save that which may be applied. It works for pay or it does not work at all. If occasionally it achieves a mental triumph which is for all time; if its feet touch the rock of some ultimate truth which no other step has ever reached it is unconsciously and by accident and while seeking for valuable ores or precious stones; even in the realm of poetry, its greatest bard must needs write for his own acting and for his daily bread, the plays which unknown to himself were to win him the rich querdon of universal and immortal fame and honor. The teutonic and Anglo-Saxon races may thus be said to divide between them the whole vast and splendid realm of modern mental conquest; for the Latins are but subordinate colonists in these countries, and the French do but amuse themselves whenever they venture there with intellectual pyrotechnics. I have said thus much on

this point, because it was needful to the apprehension of the truth that the whole robust and beautiful issue of our later philosophy were born of the intermarriage of German and English genius.

But in nothing is the progress of modern thought more distinctly and strikingly marked than in the change and growth of religious opinions; because these being the essence of faith and so long confounded with the substance of virtue, had preserved an unbroken front long after the cohorts of science had carried confusion and death into the camp of other popular errors. Orthodoxy, save as crystallized insects, and guarded in the strong holds of profitable organizations is already a thing of the past.

Firm faith in the old dogmas is now really held by few whose limited capacity and intelligence does not disqualify them to judge fairly of truth, or whose material interests have not so deeply corrupted their judgment as to blind them to the conditions of any honest issue of fact. To instance in a single point it is perhaps not too much to say, that no calm and cultured mind, either in the churches or without their pale, rejects to-day the conclusions of Darwin with regard to the origin of species. His irrefragible reasoning carries with it so strong a weight of probability, as even without the demonstration of a connecting link, to crush out the possibility of an opposite belief in every candid and capable mind. And the entering wedge of this simple truth has so deeply cracked the gnarled and stubborn trunk of orthodoxy, that the light of heaven already touches and stirs its cold heart, and there is good hope of its being riven into the materials of use and beauty.

Within the last decade an epidemic of free thought has invaded almost every religious community in christendom. The Protestants of France, the old Catholics of Germany, the churchmen and dissenters of Great Britain, and the press and pulpit of our own country have uttered spontaneously and without mutual conference those broad and startling conclusions which have sapped the very life of the old faith.

Biblical criticism has become all at once discriminating, candid, faithful and severe. The apologists strike faintly back with failing heart and strength, and many of them refuse to strike at all. The conflict between science and superstition is nearly over; because superstition must perish with the general acceptance of the obvious truth, that science is mere certainty, or the relation of sameness between things and our notion of them.

These rapid and tremendous changes invite and almost compel speculation upon the theme of their final outcome. Since civilization advances with constantly increasing velocity, and ever greatening force, what will be the end of its progress and the limit of its achievements? Or shall the one have no end and the other no limit? To us who stand upon the height of fifty years, and can look back over the growth of half a century, the country—the world of our childhood has already passed away. We recognize hardly a common feature in the landscape of the *then* and *now*.



At the same rate of progress — and if we are to judge of the future by the past, the rate must be indefinitely greater, what scene will meet the view of the observer, who shall stand upon the next centennial height? A hundred years hence, and whereunto will the world and mankind have grown? What mind so dull as not to have asked itself this question, and have been dizzied by its own response? Then, for a moment, sweep away the limit of a hundred years, and look upon the innumerable centuries of the far “to come” and tell us oh soul watcher, tell us “what of the night!” “Surely the night cometh and the morning” when man will have subjugated the last rebellious energy of nature, and wear the crown and wield the sceptre of unresisted dominion over all her wild and restive forces. Then universal liberty, convenience, comfort, facility and power must be the inheritance of humanity. Wars must cease, because the agents and facilities of destruction will be such, so many and so deadly, that war will mean the common extermination of the nations that engage in it. The force that brutalizes and degrades will be substituted by the “sweet reasonableness” that melts and subdues.

The magnetic and psychical forces of which we see now but the occasional phenomenon and understand hardly anything, will have revealed their laws and methods and become subordinate to the daily uses of man. Universal health and pleasure and long and vigorous life will take the place of the disease and debility which have so long tortured and crippled our race; being as they will be the simple, natural, and necessary effects of that perfect knowledge and strict observance of the laws of life and health, which will then have penetrated and controlled every rank and condition of society. Even now we can see that the coming physician will be he who most largely and accurately possesses, and can most successfully impart to others a knowledge of the laws of life, and the secret of the powers and properties of those agents which nature has designed to preserve it. The average date of human life is perceptibly increasing to-day, and any one can see that with the steady growth of sanitary science it must continue to increase indefinitely, and it is even not difficult to conceive that the general average of human life may far exceed that of the times of Methusalah. In that remote future, the thought of what must be the mental progress and power of man strikes us with a sense of bewilderment. We all do know that the intellectual *dwarf* of to-day sees farther than the intellectual *giant* of a hundred years ago, because as we are accustomed to say, the dwarf sits upon the shoulders of the giant.

What then will be the mental grasp of the intellectual *giant* of the future? Who besides his own marvelous wealth shall have inherited the knowledge and genius of all past time? When the growing habit of intellectual sincerity, which is even now the tendency in temper of our own times, shall have been developed and purified until intelligence becomes as crystal to every ray of certainty; when the mastery of subjective and objective truth shall be simply

perfect; when nature shall hold in reserve from the grasp of human prescience no dark and stubborn secret; when analysis shall have penetrated the Infinite and opened for itself a clear and easy way to endless progress — when intelligence shall be the obedient servant of will, and will the constant energy of wisdom; what sort of man will be he who shall embody and voice in himself and his conduct of the issues of life, all these tremendous powers and glories? He will be simply, if we are able to conceive it, the man of that future whose conditions will have made him all that he is and which conditions you and I in our humble degree are aiding to create. In this connection, therefore, it may be well to ascertain as completely as we may, in a necessarily brief, imperfect and condensed review, the value of the contribution which our own special science is making to the progress of the world.

#### OUR MATERIA MEDICA.

The growth and development of this department of our profession, in a period within the memory of the youngest member of this Academy are such, and so great as to fill the mind with admiration, wonder, and hope. Proving have been multiplied, and methods and arrangements condensed and simplified, until "he who runs may read" accurately and intelligently, almost all the medicines indicated by disease. In this matter, an easy comparison with works of the Old School, will show to any unprejudiced mind that we are justified in the seemingly proud boast that "Homœopathists possess the only real and intelligible materia medica in the world." The works commenced, or completed within the last year or two are wonderful, and those which are foreshadowed for the next few years, makes us exult in the capability and industry of the profession, and in the grand future of Homœopathy.

#### ADVANCES IN MEDICAL ART.

In the mechanics of medicine the improvements have been as numerous, as splendid.

New ones have been invented or discovered, and old ones have been tested—"weighed in the balances and not found wanting." Of these we can have space to particularize but a few. Prominent among these is Lister's employment of the atomizer with *Carbolic acid* spray as an antiseptic method during surgical operations and in the treatment of wounds. He deserves special honor for the tremendous percentage of difference which it has, and which it still promises to make in the safety of operations, and the encouragement it holds out to the surgeon to venture upon more formidable ones, which otherwise would never have been attempted, and without which the suffering victim would have been consigned to the undertaker or the cremator. The results of the antiseptic method have not only been in the saving of life and in the restoration of function, but also in shortening convalescence. All this seems indeed, a miracle of healing; a magical shower of mercy, which insulates the bruised and mangled conditions

of life from the poisonous and malignant tribes of the atmosphere, until the crippled energies of nature shall have gained time and strength to rebuild their broken walls.

The application of drainage tubes of rubber or glass in the treatment of effusion into the serous sacs—in compound and semi-united fractures, and in spinal, psoas and lumbar abscesses; the use of rubber bandages for ill-conditioned ulcers; plaster jackets in spinal deformities; air and water pads for splints, and the employment of thermo-cautery in various surgical operations, are note-worthy examples of improvements in the mechanical department of our art.

It would seem also, from the improvements in gynæcology and obstetrics, that medical science is essentially masculine and gallant, recognizing the claims and paying special attention to the needs and weakness of woman. The nicer distinction made in the application of drugs, and the wonderful progress made, even in the last twelve months, in surgical manipulations of this department, are evidences of the delicate and tender attentions paid to woman. If such things go on; it is not difficult to foresee the day when the original curse shall be lifted from the destiny of woman by the loving and daring hand of science, so that she shall no longer languish under a peculiar burden of suffering, nor bring forth children in pain and anguish; until motherhood shall become in a word, as safe and as pleasant in its processes, as it is divine and holy in its results.

As a means of diagnosis and prognosis, the clinical thermometer is deserving of no small praise. This faithful register of the intensity of those vital fires, which animate or consume, serves for the instant solution of a thousand doubts in the mind of the medical practitioner whose persistence would mean his patient's death. It supplements, and to a large extent substitutes, his own presence in the sick-room, it is a sort of ubiquitous eye and hand, by means of which he can accurately test his patient's condition during all the hours of his necessary absence from his side, and thus multiply, by many fold, the chances for successful treatment. The sphygmograph and the sphygmophone have reinforced the sense of feeling, in the reading of the pulse, by the powers of the eye and the ear. The tell-tale artery now scribbles, in its own hand-writing, and sealed with its own sign manual, the condition of those vital currents on which depends the life and health of man; and it has even found a voice which can penetrate through miles of distance, to the intelligence and culture which must otherwise be excluded from the council whose decisions are fraught with the awful verdict of life or death to the sufferer.

These discoveries would seem to herald the time when the deadliest pestilence may be insulated and throttled by benevolent agencies, which need no longer seek their own destruction in the rescue and relief of imperiled and suffering humanity.

The application of hot water—110° Fahrenheit—for the arrest of hæmorrhage, was apparently one of those reckless ventures of empirical medicine, which seemed to sin against all our experience of

thermal effect, and whose audacity could only have found justification in its complete success. It should serve to remind us of the eternal truth, that the infinite realm of the untried may yet be clothed with practical omnipotence in the world of healing

In the study of climatology, also, what surprising advances have of late been made! A few more years of such progress, and we may be able to name with simple certainty, all the climatic conditions of health and disease.

Local hygiene has discovered, and proved by the testimony of thousands of dead and living witnesses, that the sewer is the savior of the city; and that no plague, white—or red—or black—or yellow, can stand face to face with clean and thorough drainage. Gradually, as this knowledge increases, and is disseminated, residences in town and country, public buildings, and especially schools, colleges and hospitals, and the whole system of food and water supply and waste, will be so constructed and conducted, that safety, health, comfort and pleasure, will be the natural and easy conditions of every phase of social life: and then will have dawned the glad day when even the poor shall be rich in their possession of the gospel of health and life.

Such are a few of the many things which indicate the value of medical science as a factor in the grand product of the growing welfare of the world. The mission of the healer and helper is indeed the noblest of which the mind can conceive; and when this divine beneficence, hallowed by purity, and illuminated by genius, shall distinguish the whole rank and file of our profession. The triumphs of the past—its victories over the foes of humanity—will seem of little worth, when compared with the greater glories of the future.

I remark in passing, what must be sufficiently obvious to every observer and thinker, that the prevailing spirit of the age, and which especially marks our own country—the growing restlessness of men and women, the rapid rush and deadly impetus of pursuit—is producing its effect in an increasing tendency to nervous disease; and if we would not see the medical victories of the past neutralized or shamed by future defeats, we must be prepared to meet and struggle successfully with this new, and more dangerous development of our ancient enemy. Disease has protean forms, and mastered as he has been in grosser fields, he hopes to succeed in a new and more subtle role. It must be ours to meet him there and thus; to stand undizzied on this outmost verge of material life, and win for humanity a final victory over the fiend, who so baffled and defeated, still pursues, and would destroy her. In view of this new danger, we see with particular pleasure the growing tendency of advanced medical culture to group itself in those departments which are called specialties. This, in my opinion, is as it should be; and it indicates more strongly than any other circumstance, the advance of the profession towards the mastery of every form of disease and suffering.

It is doing in the intellectual world what has long been done in the

mechanical; and it will be justified, I have no doubt, by those marvellous results, which have uniformly attended the division and combination of labor.

It may be expected that I should speak particularly, in this address, of the comparative rank and efficiency of the Homœopathic division of the grand army of medical science; and I have no motive to shun a reference so pointed and direct. We have now near six thousand Homœopathic practitioners in the United States, and this shows an increase of one thousand over the estimate of the lamented Carroll Dunham, in the centennial year. We have twelve full-fledged colleges, equipped with every facility and adorned by all the talent and culture needed to give assurance of their large and enduring usefulness.

In literature we have scores of books, where, a few years ago, we had only units<sup>6</sup>; and the books are growing perceptibly better and greater every year; while to notice, and commend or censure these, and to keep us apprised of all the conditions of our rapid growth, we can count our journals by the score. And, which is still more significant of progress, we have achieved, against what a little while ago was a minimum of public recognition and a source of personal and professional mortification to us all, a large and liberal consideration throughout the whole country. Our representatives are named to honorable commissions, and share liberally in the patronage of the government. We are no longer without weight and influence in society. The day is past when, at the instigation of professional jealousy, we could be ignored, slighted and contemned.

We have names of world-wide reputation and enduring renown. And all this gratifying consideration has come unsought; has overtaken us in our quiet pursuits of the great ends of our profession; and, almost unconsciously to ourselves, has crowned us with glory and honor. Of this fine success the west has been and is no inconsiderable factor. Within the legitimate scope of this Academy we have not less than two thousand practitioners, and the attendance upon its annual sessions has been about 5 per cent. of the practitioners for the seven years of the existence of our organization. In proportion as the number of practitioners increase, so, doubtless, will the active members of the Western Academy. We have thus, for mutual, denominational and professional gratulation, the strongest and most solid grounds; and may not unreasonably indulge the hope of a much larger, and more splendid, professional and social success for the west and for the whole country, in the near and remote future.

It is the custom, I believe, on occasions like the present, to take some note of the vacancies which death has made in our denominational ranks during the months that have elapsed since the last annual meeting of this Academy; and this custom, it seems to me, is as creditable to our own piety, as it is honorable to the reputation of the men who have passed away. It is such a holy and beautiful embalming of the memory of their genius and worth as may prevent

for a longer or shorter time, the natural decay of forgetfulness. It is the antiseptic of affection. It is the scattering of flowers upon the clay, or the hanging of wreaths upon the urn of the departed; which, though they soon may wither, will yet long bind the hearts that conceived and the hands that caressed them, and apprise even the indifferent passer, of the precious quality of that dust which his careless foot might otherwise profane. We have time and space to name but a few.

W. H. Woodyatt, the eminent oculist of Chicago, one of the founders of the Chicago Homœopathic College—a member of the faculty of that institution, and one of the brightest members of this Academy, died young in years and full of promise, February the 24th, of this year.

On the 24th of September, last, passed away the renowned and scholarly Charles Julius Hempel—almost the father of Homœopathic literature—blind, and paralyzed, yet praying with his latest breath for the success of the youngest-born of the children of his mind.

On the 10th of last November, at his home in Madrid, died the venerable and celebrated Marquies de Nunez—the pioneer of Homœopathy in Spain.

In this connection, I will take the privilege of speaking of one, who, although he died more than one year ago, yet for his many good qualities of heart and head deserves a niche in the shrine of these immortals. Diedrich Reinhard Luyties, of St. Louis, Missouri, died of fatty degeneration of the heart, January 10, 1879. During the twenty-five years of his practice in St. Louis he did more to establish Homœopathy in that city, than any practitioner of our School. His quiet, unassuming manners—his unblemished personal character, his kindly heart, and the careful consideration of all the symptoms of the patient placed in his charge, endeared him to his patrons, and excited the admiration of his personal friends.

The passing away of such men seems to beggar life and enrich death. Of course we know that this is not true; that all that is best and greatest in the life of man survives him, and serves to enrich his successors in the world of mind; yet how willingly in the presence of the pain of the heart, would the intelligence forego its sad inheritance for the personal presence of him who gave it. I am reminded by this sad theme; that the oldest Homœopath in America, at once the nestor of the Homœopathic army and the patriarch of the Homœopathic denomination yet survives in apparent health and vigor, at his home in Philadelphia. And long may he live to be gratified by the honors which the whole family of our school of medicine in this country and in all European countries delights to heap upon the hoary and reverend head of Constantine Hering.

And now, gentlemen of the Western Academy of Homœopathy, I have but to thank you, which I do most gratefully and sincerely for the unmerited honor of my election to this chair; for the gentle kindness which could forget my lack of qualification for the place in

its impulse to reward my zeal for the cause, for the patience with which you have listened to the lame expression of my discursive thoughts and to utter a word of congratulation and farewell.

From this height which is your birthplace and your home, you can look abroad over your possessions, present and prospective. From the river to the western sea "the whole boundless continent is" yours. It is a goodly land, and you have but to go up and down and possess it. If you have enemies inside or outside of your ranks, conscious of the rectitude of your own intentions and the kindness of your own feelings, you can afford to forgive and forget them. You have enough to think of in the field which lies before you and the work which must be done. The influence of the west upon the civilization of this country is already vast and profound, and it is destined to be greater in the future than it has been in the past. Here throbs the mighty heart of the continent; and from this valley and its tributary plains must issue the tide which circulates in every vein and artery of the country's prosperity. The growth and future of this valley are a subject of speculation which I fear to touch. The vision is too vast and splendid for any human forecast. Here — where we might hide all the living tribes of men and feed them for ages and still have room and substance to spare — who is bold enough to imagine what shall be when the hands of time and development shall be lifted and joined in infinite benizon on hill and vale and mine and stream! To that future I commend you in the earnest hope that you may be capable of its grand duties and worthy of its high honors.

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#### WESTERN CONVENTION OF HOMŒOPATHY.

(Continued from Vol. XI. No. 11, page 489).

##### SECOND DAY.

The Homœopathic convention was called to order by President Walker at 9 A. M.

Reports of the bureau of statistics were called for. Dr. Duncan reported concerning the convention in Chicago, and stated that in Illinois the interest in Homœopathy was increasing rapidly.

Dr. Hill, of Dubuque, reports that the increase in members and influence of Homœopathic physicians keeps pace with the growth and development of the country. There is no longer any excuse for the students of Homœopathy to attend other colleges. The number of physicians in the territory represented by this Academy is 3,112, widely distributed as follows :

Alabama.....	10	Kentucky.....	35
Arkansas.....	17	Louisiana.....	26
Florida.....	8	Mississippi.....	8
Georgia.....	23		

No organizations exist in these states.

Texas.....	30	Tennessee.....	25
Ohio.....	665	Illinois.....	600
Michigan.....	400	Indiana.....	225
Missouri.....	200	Kansas.....	100
Wisconsin.....	230	Iowa.....	300
Minnesota.....	80	Nebraska.....	39
Colorado.....	50	California.....	100
Washington Territory.....	7	Utah.....	6
Montana.....	2	Nevada.....	9
Idaho.....	1	Indian Territory.....	1

There are seven colleges, hospitals and dispensaries. These latter states have flourishing state and local societies and there are several publications of merit. Out of this number but 150 are members of the Academy. We are represented in the National Board of Health. W. H. Watson is surgeon general in New York; R. H. Stout is in St. Luke's hospital, Florida; L. A. Falligant is on the sanitary committee at Savannah, Ga. And the representatives on the many state and city boards of health, the public institutions in charge of Homoeopathic physicians, north, south, east and west, all attest the importance of united action on our part, in order to receive proper recognition. Regarding the Academy, the report stated that the American Institute is national, the state societies circumscribed while the Academy occupies a place between the two, and it rests upon this society to bring every physician of our school into some of these societies, and suggests that this bureau be composed of one from each state and territory, whose duty it shall be to collect statistics and represent the interests of this society to the physicians of his state and in all other available channels.

On motion of Dr. Higbee it was voted to change the time for making the excursion to Lake Minnetonka to 9 o'clock on Friday morning.

Dr. Everett, of Denver, Colorado, reported an increase of interest in our school. We have about fifty members, and our physicians are going into all the new settlements. We have one man on the board of health.

Dr. Edmunds reported the successful efforts of the fraternity in St. Louis to increase the endowment and usefulness of the already



well-conditioned college in that city, which now presents unequaled facilities for the student, and will soon be much enlarged.

Dr. Cartwright, of Decorah, Iowa, reported concerning the institution of Iowa City. It has as good a faculty as any other state, and has graduated a few students.

Dr. Hawkes, for Hahnemann College and Hospital, reported that it graduates many students, and told of the facilities of that institution.

Dr. Delamater reported that the Chicago Homœopathic College had started for a high grade of medical education. In every branch they compare favorably with older institutions; have a large clinic, and invite all to come and see them.

Dr. Campbell, of Joliet, representing the Joliet state penitentiary, stated that the attendance at that institution was 1,500; the clinic, 40. [Laughter]. Hospital average, 4, which, out of 1,500, they consider a very respectable showing. Death rate 25 per cent. less than that of the county.

On motion of Dr. Duncan it was voted that the report of the committee on statistics be received, its recommendations followed, and a committee consisting of one member from each state and territory be appointed by the president.

#### BUREAU OF SURGERY.

Dr. Steele made a report concerning a case of injury to the spinal column and cord, which he thought showed that a dislocation of the spinal column could take place sufficient to destroy the spinal cord. In the case cited the body was paralyzed below the seat of injury. The patient lived but four weeks. Second, a case of amputation of both legs at which the operation on one was delayed an hour after the other. Third, the case of an old lady, aged seventy-four who sustained an intra-capsular fracture of the neck of the femur. The treatment was conspicuous for the absence of dressing for two weeks, and the uniting of the bone in six weeks.

Dr. Hall reported on affections of the coccyx. Except where they are neuralgic in early stages they will yield only to surgical treatment, and specified the special course he would pursue in various cases. He advised the removal of the coccyx. "When the disease is below the union of the two bones dissect carefully on either side till the diseased portion is wholly disclosed, when it should be removed."

Dr. A. E. Higbee reported two cases of injury to the coccyx, one of which had been previously treated by *Morphine*, and which he cured

by surgical procedure. The other, though an almost hopeless case yielded fully to surgical treatment, and the patient is now a well person.

Dr. S. B. Parsons, of St. Louis, read a paper on Ectopia Vesicae Urinariae.

Dr. C. G. Higbee read a paper on Traumatic Inflammation of the Brain, in which he reported good success from the use of *Arnica* and *Hepar*.

Dr. Leonard reported verbally on the use of the Leavis splint in case of fracture.

Dr. W. H. Caine of Stillwater mentioned the use of a Sayre's dressing in the fracture of the clavicle with excellent success.

Dr. Dorion presented the case of a tumor or cancer by an injury to the thigh, in which amputation was performed twice. He exhibited the removed tumor to the audience.

Dr. Hall arose to answer a question as to whether coccydynia cannot be cured by medical treatment, and stated that he had never known it to be thus cured except it was neuralgic, and in its first stages. He further, in reference to Dr. Steele's report, stated that the authorities disagreed with the theory that dislocation can occur to the spinal column without destroying life. Also in case of mortification requiring amputation, he should not delay the surgical operation except for extraordinary reasons. And he protested against the use of *Ammonia*, and advised *Nitrate of Amyl*. He excepted to the report of the case of the old lady, as the time given for the joining of an intra-capsular fracture of the neck of the femur was entirely too short, and he should object to the report going out if not thoroughly verified.

Dr. Parsons would add still ten weeks to the time, and would be loth to believe that a union were possible. Three months is a short time for a union. He said: On the subject presented by Dr. Hall, that patients were willing to use electricity, *Morphine*, and any thing but the knife, and their unwillingness often prevented the true state of affairs from becoming known. He referred to splints, and said he was confined to no particular kind or make. He used those made of straw with success.

Drs. Hall and Parsons, spoke at length on trephining in cases of traumatic encephalitis, when the convention adjourned.

In the afternoon the joint convention was called to order by Dr. C. H. Vilas. Papers were called for in the

## BUREAU OF GYNÆCOLOGY.

Dr. Edmonds, of St. Louis, read Dr. Comstock's paper, treating on the female perineum, ruptures, etc., and their treatment, exhibiting instruments.

Mrs. S. C. Harris, M. D., of Galena, Illinois, presented a paper on Climacteric Period, in which she treated of the diseases peculiar to that time of life, citing many varied cases and remedies that had proved efficacious. The paper was greeted with applause.

Mrs. Julia H. Smith, M. D., of Chicago, presented a paper entitled a study of leucorrhœa in which she discussed the dislike of physicians to call it a disease, and the trouble women have not only with their complaint but with doctors with hobbies. She combatted earnestly the water cure, arguing that the disease under consideration is often produced by this so-called cure. The Homœopathic system is filled with remedies efficacious for this disease.

Dr. Hawkes characterized the last paper as a very able one. He would combat the use of astringents in the cases cited. He thought leucorrhœa brought on by a condition of the system; it cannot be local in childhood, and therefore the treatment by local applications and astringents is bad. He also complimented the previous paper.

Dr. Foote agreed with the previous speaker in objecting to the sort of treatment recommended in the paper, and had no more doubt of being able to cure this sort of catarrh, as any other. He criticized some of the papers presented on account of their being indefinite and not telling why one remedy was used in place of another.

Dr. Cartwright advocated the dissemination of knowledge as preventive of this disease.

Mrs. Dr. Smith defended herself very spiritedly and ably, stating that when she named remedies she assumed that those present would understand without explanation the manner of their use.

Mrs. Dr. Swain handed in a paper on Dysmenorrhœa.

Mrs. Dr. Pearman read a paper on Inflammation of the Mucous Membrane of the Cervix.

Mrs. Dr. Harris and Dr. Miller discussed briefly the foregoing papers.

## BUREAU OF OPHTHALMOLOGY.

The hour for the reports on eye and ear having arrived, Dr. Campbell was requested to read his paper first. His subject was Helps to

Hear, and he treated of and exhibited some of the numerous mechanical helps to hear, describing their peculiarities and usefulness, many of them curious, and all more or less useful, some being to aid hearing through the teeth. A deaf gentleman being present the various instruments were practically illustrated.

Dr. C. H. Vilas of Chicago, read a paper on the subject of Spectacles. Four causes of defective vision were common, viz: Short sight, long sight, over sight, and weak sight. There are others, some of them quite complicated, and all were often aggravated by the unadvised use of glasses.

Dr. Phillips delivered a paper on Errors of Refraction, illustrating it with figures drawn on a blackboard.

Dr. Petrus Nelson read a paper on Iritis.

#### BUREAU OF PÆDOLOGY.

Dr. Duncan of Chicago, presented a lengthy paper on Gastric Catarrh of Infants, stating that this is a common affection, and one much overlooked. It is a common error that a spitting child is a healthy one, but this is a mild form of the disease. As it increases the symptoms show themselves in severe pain, restlessness and enormous appetite. The treatment of this is largely dietetic. In nursing children the milk of the mother must be changed by proper food. In older children he emphasized the giving them only light suppers and nothing between meals. The doctor presented a case for the inspection of the doctors present. Adjourned.

#### EVENING SESSION.

At 8:30 o'clock the hall was filled with the members of the convention and a large number of invited guests to listen to the annual address by President Walker, of St. Louis, which was ably delivered and well received. A reception by the ladies of Minneapolis followed and was a most pleasant affair.

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#### *THE PÆDOLOGICAL CONVENTION.*

The call issued in this and other journals for a Pædological convention, was responded to by quite a number of physicians, who met in the Grand Pacific hotel, Chicago, June 14, 1880. There were present among others, Prof. Wm. Owens of Cincinnati, Prof. T. P. Wilson of Ann Arbor; Drs Geo. F. Foote of Stamford Ct., M. A. Chamberlain

of Winthrop Iowa, Edward Cranch of Erie Pa., W. A. Edmunds of St. Louis, A. S. Everett of Denver Col., G. H. Patchen of Burlington Iowa; Prof. I. T. Talbot of Boston, and T. C. Duncan, H. M. Hobart, E. A. Ballard, Prof. J. S. Mitchell, J. S. Lane, Sue A. White, O. B. Howe, Jennie E. Smith, L. C. Dodge, Juliet A. Caldwell, A. E. Bailey, Prof. R. N. Tooker, Chas. E. Davis and Abby Underwood, of Chicago. Prof. Owens was made chairman, and Dr. Cranch Secretary. Letters of regret were received from Drs. A. C. Clifton, Wm. V. Drury, and Thos. Skinner, of England, Dr. J. C. Morgan of Philadelphia, Prof. Crank of Cincinnati, and Prof. Mary Stafford Blake, Drs. H. Noah Martin, C. S. Middleton, Bushrod W. James, etc.

The programme of the convention was then proceeded with by Dr. Duncan, who opened the

#### DISCUSSION ON ATHREPSIA.

He lamented the frequent want of attention that this important condition had, and that it was too often confounded with cholera infantum or with simple inanition, or else with the still rarer condition scleroderma. It most often arises soon after birth, while it may come later, especially during dentition. It begins in perverted nutrition in a gastro-intestinal stage, marked by the presence of thrush in the mouth, and of lienteric discharges. There is desquamation of the mucous epithelium, followed by exudation of serum; and the *tip of the tongue is red and raw as if scalded*. If unchecked in a few days, or even hours, the hæmatic, or cyanotic stage comes on, from the thickening of the blood. The skin feels cool and dry, like parchment and the internal organs show much disturbance, embolism occurs in the lungs, heart, or brain, or elsewhere, and as a last feature, the muscles become condensed in tissue, giving a peculiar wooden rigidity of the whole body, with a mummified appearance. The fontanelles sink in, and the skin is drawn close to the bones, while emaciation proceeds rapidly, if death does not close the scene at once.

The whole disease may terminate in five or six days, or it may become chronic, and continue for months. It is rarely found in private practice, being most common among the neglected cases brought to foundlings' homes; aggravated often by the previous administration of opiates, which only increase the fatal stasis of the blood. A frequent cause of athrepsia is irritation of the intestines, from over-feeding, or from food lacking its proper element of fat, just after birth.

Pale children, whose blood is thin, resist the disease better than

those whose blood is richer in coloring matter and red globules. In the treatment, study the quality of the food, and give small quantities of fatty food at first, to protect the mucous epithelium. The main remedies, in the early stage, are *China*, *Nux vomica* and *Calcareo carb.*

Prof. Owens advocated *Secale cornutum* as the *key* remedy, whenever serous exudation is going on from the capillaries; as long as you can sustain the vaso-motor nerves in their function you will have no athrepsia. *Calc.*, *China.*, *Ars.* and *Sulph.* are all good.

Dr. Dodge condemned undue haste in washing the new born, as tending to favor stasis of the blood from chill; said he would wait at least half an hour, and use very little water. Athrepsia most frequent in hot seasons, next in very cold seasons, and is greatly influenced by heredity. *Lycopodium* high, and *Ferrum iod.* lower, are very useful.

Dr. Foote would treat the mother, on plain diet, and would wash the child in branwater instead of soapsuds, as being less irritating and also somewhat nutritious.

Prof. Mitchell called attention to the pathological state of the sub-epithelial structures, the gastric tubules, etc., with ulcers, fissures, etc. It is very hard to check the diarrhoea, or to promote assimilation, when the disease has got started.

Dr. Duncan exhibited a French work of 500 pp., by Parrot, illustrated, on athrepsia, with plates showing effects of embolism in brain, stomach, lungs, kidneys, etc. The Old School recommends *Quinine*, in *very small* doses, in this disease.

Dr. Ballard alluded to the characteristic symptom of *Secale*, "intolerance of all covering, with cold skin;" *Calc. phos.* has "craving for fat pork;" *Rheum*, *Lactic acid*, and *Hydrastis* often help. Look out for sore mouth in children, and put white of egg in the water they are bathed in at first.

#### FOOD FOR INFANTS — HOW TO CHANGE AND IMPROVE THE MOTHER'S MILK.

This subject was introduced by Prof. Tooker, of Chicago, who said that the majority of mothers, at least in higher classes, were not good nurses; when they are not able to nurse their children, cows' milk is the best substitute, but no single article of artificial diet is universal in its application; Horlick's food is among the very best.

Dr. Foote advocated treating the mother to improve her milk; saw

400 babies being brought up on artificial food at Blackwell's Island, N. Y.; in one year after, 399 had died. Those who had mothers to nurse them, did much better. When cow's milk is fed, use only the upper portion, so as to get the fatty part, and avoid too much casein; dilute and sweeten, adding perhaps a little white of egg; give also a piece of meat to suck, and a little soup occasionally.

Dr. Mitchell advocated fresh cow's milk. He was averse to condensed milk; it is deceptive, it checks diarrhœa, and the child seems to thrive, but it deprives the bones of their proper share of nutriment.

Dr. Ballard preferred milk from a herd of cows to that from one cow, as the one cow might get sick or eat something bad, the effect of which would be neutralized by mixing the milk from many cows, the most of whom were healthy. Condensed milk is useful.

Dr. Underwood said her experience was rather against cow's milk alone; if the child was inclined to be costive, mix oatmeal gruel with the milk; if bowels are loose, mix barley.

Dr. Davis said the mothers should be treated from childhood up. In cities he favored condensed milk, because in the ordinary way the milk gets too much churned up, and is too frequently adulterated.

#### AFTERNOON SESSION.

The afternoon session was opened by Dr. Duncan, continuing the discussion of the foods. He said nervous women were the most difficult to manage as nurses, their milk is so often apt to be unwholesome, or even hurtful, probably from a development of lactic acid in the breast. These mothers need rich food, and pale, thin women need the most fat. For artificial feeding, cow's milk is the first choice; goat's milk is harder to digest; asses milk is the most like human milk. If the globules of the milk are too small, they are harder to digest, this is a fault in goat's milk. Cows fed on beets have the largest milk globules; and fresh grass will make the milk richer in oil. For delicate stomachs, milk should be boiled, to drive off sulphuretted hydrogen and free lactic acid; then sweetened, and perhaps a little arrowroot added, which is the best of the starchy foods; milk mixed with it will not curdle so readily nor in such large lumps. In condensed milk there are more apt to be lactic and other acids, owing to the added sweetening; *Lactic acid* dissolves out the bones and gives rise to a great increase in the quantity of urine voided by the child. Some children are too acid altogether, and can-

not take any milk. In prepared foods there is a great difference ; for *very young* children use Nestle's ; for older ones, Ridge's or Horlick's, later, Neave's food. The wheat for these foods is raised on new land as having the most fatty matter. Barley and oatmeal for gruel should be soaked over night, and cooked at least one hour after. As long as any food is agreeing perfectly, do not change it ; only observe that children will do best if such foods are taken in succession, as compare with the mother's milk in its various stages ; first fatty, then less fatty and less sweet, then acquiring casein, starch, and finally a great abundance of salts for the bones.

(To be Continued.)

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## Consultation Department.

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### " DO YOU EVER CHARGE MINISTERS ? "

was a question which recently came up in a brief conversation between three physicians, of whom the writer was one. Unfortunately, we did not have the leisure which the ministers themselves have to discuss it. But it seems to me a subject of sufficient general interest to bear ventilating in *THE INVESTIGATOR*.

It is difficult to find any valid reason why ministers should not be treated like all others in the matter of doctors' fees ; that is, expected to pay the full fee if their salary or circumstances enable them to do so, and less, or nothing, if unable. The discount, if made, should be based upon the inability to pay, and not upon the fact of their profession.

If mechanics, laboring men, and that class, expect and are expected to pay something at least, why not the clergyman ? It certainly cannot be a question of means now as it once was, for there are in this section of the country very few clergymen, even in the rural districts, who do not receive at least from \$1,500 to \$2,000 a year. It might be added that there are certainly very few mechanics who get half that sum. In the larger towns and cities there is a corresponding increase in the minister's salary, so that it is not at all uncommon for him to receive \$5,000 a year, house rent free, and a vacation of from six weeks to two months, during which time his salary goes on daily, while he is



under no anxiety lest some enterprising brother, or the one left in charge, take advantage of his absence to step in and supplant him. On the contrary, the pastor's return is made an occasion of public re-union for the whole parish, binding its members closer together, and increasing the number of the flock. Whereas, the poor doctor, unless he be some celebrated specialist, comes back after a few days of anxious absence, not only with the sacrifice of his daily income, but to find everything at sixes and sevens, and that one or more of his best families, having had occasion in an emergency to call in another physician, think they might as well continue to employ him, and accordingly do so.

Motives of policy no doubt lead some physicians to make no charge to the clergy of their locality. The writer does not propose to discuss this view of the matter, but at the same time he does not think it will help any one's business very much.

The writer yields to no one in respect for the sacred office of the ministry, and numbers among the clergy many personal friends, for whom he cherishes sincere regard. These agree in the principle here advanced, and some of them have intimated that they could not preserve their self-respect, and be treated as objects of charity.

Lastly, the writer would add that for several years he has been in the habit of rendering an account to each clergyman employing him, unless this has been, as in several instances, anticipated by the clergyman himself calling and handing in an amount as an *honorarium* which he supposed equivalent to the fee. No fault has been found so far as the writer is aware, with his course in sending such bills. At any rate, the parties have invariably come back, and opened new accounts.

B. H. C.

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## Medical News.

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*Diseases of Children, Volume II.* is at last out. After four years of incessant work the book is completed. The two volumes are voted a credit to our side—or any other. First case of twins in American Pædological Literature. Joke if it is—pregnant again.

*S. A. Robinson, M. D.*, so long out of business, has located at West New Brighton, Staten Island, N. Y. The doctor has been spending his vacation in Europe and America, attending lectures on various

specialties—chiefly gynecology. Always successful before, we predict an unusual career for our friend. The New York profession can be congratulated on this acquisition.

*The New York Ophthalmic Hospital.*—Report for the month ending May 31, '80: Number of prescriptions, 3,513; new patients, 416; patients resident in the hospital, 22; average daily attendance, 141; largest daily attendance, 208.

CHAS. DEADY,

Resident Surgeon

*The Microphone* is an instrument recently introduced for the auscultation of heart sounds, but has the great draw-back of being affected by sounds from all quarters. It is composed of a spindle-shaped piece of gas carbon mortised into two square pieces of the same material, the latter perforated by copper wire. These are fitted into a small box, attached to a brass disk, which is screwed into a weight of three pounds. For the rest a telephone, a horseshoe magnet and a battery generating a feeble current compose the apparatus.

*Wanted, Medical Students.*—Physicians can secure good canvassers in their sections for our popular work on the Feeding and Management of Children, and the Home Treatment of their Diseases.† This work will be largely dietetic, like "How to Feed Children," and will prove an efficient help to the cause in a quiet way. Those living in Michigan, Wisconsin, Minnesota, Iowa, Nebraska, Dacotah and the northern half of Illinois and Indiana, address C. B. Beach & Co., and all others address DUNCAN BROTHERS, for terms, territory, etc.

*Dr. Howard*, of London, England (*Brit. Med. Jour.*), proposes an anatomical and most effectual way of removing obstruction to respiration in threatened apnoea from anæsthetics or other causes. The position consists in elevating the thorax and complete extension backward of the head and neck. The line of gravitation of the tongue is thus shifted from the back of the pharynx to the hard palate at or about its juncture with the soft palate and at the same time the epiglottis is made vertical. The velum is made tense by the palato-pharyngic muscles and in this way a post-oval air way to the nares is secured.

*The American Institute*, meeting at Milwaukee, was attended by over two hundred physicians. The reports of the bureaux were many and up to the average. There was little discussion on medical topics. Most of the discussions occurred in the special meetings of the ophthalmic, pædological and gynecological societies. Provision is made for sectional meetings next year. If properly managed, this will be a great improvement. The entertainers deserve great credit. The following are the officers: J. W. Dowling, New York, President; W. L. Breyfogle, Louisville, Vice-President; J. C. Burger and J. H. McClelland, Pittsburgh, Secretaries; E. M. Kellogg, New York, Treasurer; Censors; F. R. McManus, Baltimore, R. B. Rush, Salem, W. H. Leonard, Minneapolis, D. S. Smith, Chicago, P. G. Valentine, St. Louis. The next meeting will be held near New York City, from

whence the delegates to the World's Convention will sail for London. As the ordinary fare to Paris and return is only \$125.00 the reduction that will be secured will doubtless induce a large delegation of American physicians to go to Europe next year. Dr. I. T. Talbot, of Boston, is chairman of this committee of arrangements.

*Indigestible Medicines.*—Under this heading the *Scientific American* says: It is not an uncommon blunder for young or ignorant physicians to write prescriptions, the ingredients of which chemically reacting upon each other produce substances wholly different in nature and physiological effect to those to be administered. Not long ago we noted an instance of how two harmless drugs when combined formed a highly poisonous mixture, and it may so happen that innocent medicaments may unite to produce a compound dangerously explosive. For the knowledge that still another danger lurks in the apothecary's vial, we are indebted to Dr. J. W. Compton, of Evansville, Indiana, who has called the attention of physicians to the frequent indigestibility of their curative potions. The Homœopathic practice of medicine furnishes any number of instances where infinitesimal quantities of specifics produce the most marked effect, certainly an effect as plainly apparent as that resulting from a large dose Allopathically given. Now if the combining equivalents, so to speak, for a given result are present in one case, they are equally so in the other, the end reached being the same. Hence it follows that a very large proportion of the dose is useless if not harmful, while it usully has the further demerits of being expensive and distastful.

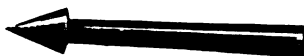
*About Suppositories.*—The suppository is an ancient method of medication. But the value of this same appliance in the rectum is more than that of medication simply. Dilatation and lubrication are often of very great service. That much might be said of the old cocoa butter suppository, but when *Glycerine* and gelatine were substituted the usefulness of suppositories was greatly enhanced. *Glycerine* has come to be recognized as very efficient in lessening hypertrophy. This it does doubtless by carrying out the large amount of fatty debris that remains in all infiltrated tissue.

The most elegant suppositories that have come to the notice of the profession, are those made by the Anglo-American Suppository Company. They have met with very great favor, largely for the reason that, although they have several standard formulas, still they are ever ready to give any physician a suppository medicated with any article he may prefer, if ordered in half-gross lots. Those who do not like polypharmacy suppositories may find many single remedy suppositories which have been made at the suggestion of Homœopathic physicians.

#### INTRA-UTERINE SUPPOSITORIES.

Intra-uterine applications are made by nearly all our physicians who have many acute uterine cases to treat. One of the most skill,

ful prescribers and one of the strongest advocates of Homœopathy uses *Glycerine* locally in all cures of hypertrophy of any part of the uterine organs. The action is to lessen the hypertrophied tissue while the selected remedy causes the deranged nervous energies that brought about the hyperæmia and subsequent infiltration. Many an uterine case is due to mechanical causes, chiefly if not entirely, *e. g.*, hypertrophy and sub-involution from too early "getting up." The question often turns upon putting the uterus up or the body in the horizontal. As the latter is often an impossibility, then local applications that drain the womb as well as elevate are the only alternative. The value of *Murex* and other remedies here, if known have not been placed prominently before the profession. There are remedies doubtless that will reduce hypertrophy as rapidly as *Glycerine* topically. Caustics will do it but the cicitrical tissue left render them of doubtful service. Caustics have been set aside by our profession, and such agents as *Calendula*, *Arnica*, *Hydrastis*, *Hamamalis*, etc., have supplanted them, each being used according to well known indications. The method of application has never been satisfactory, and especially in endo-metritis or hypertrophy of the uterine neck, from the expulsive nature of the utero-vaginal canal. A volume might be written on this subject, but suffice it to say that the pencils introduced recently, have met with most general favor by gynæcologists, but here again the trouble was that they would slip out and would not stay in situ. To obviate this the Western Suppository Company have devised an intra-uterine suppository for the os, which is well shown in the accompanying cut:



This form is highly approved by leading gynæcologists. Samples were presented by Prof. Ludlam at the Milwaukee meeting of the Institute, to the assembled gynæcologists, and were well received. At the suggestion of many, suppositories were made containing the remedies so well known to our profession as being especially valuable in the various forms of uterine disease. The following is the list in stock :

1. Arnica tincture, 5 drops ; 2. Acidi Tannici, 1 grain ; 3. Acidi Carbolica, 1 gr. ; 4. Belladonnæ Ext., 1 gr. ; 5. Cupri Sulphatis, 1 gr. ; 6. Calendula Tinct., 5 dps. ; 7. Cantharis, 5 dps. ; 8. Cann. Sat. Tinct., 5 dps. ; 9. Ergotine, 1 gr. ; 10. Hamamel. Tinct., 5 dps. ; 11. Hydrastis. 5 dps. ; 12. Iodoformi, 1 gr. ; 13. Iodini (Church's), 2 dps. ; 14. Morphiæ Sulph., 1-2 gr. ; 15. Nitr. of Sang., 1-100 gr. ; 16. Nitri Silver, 1 gr. ; 17. Opii. Pulv., 1-2 gr. ; 18. Quiniæ Sulph., 1 gr.

Those who have used these intra-uterine suppositories speak very highly of them indeed. Dr. Ludlam in his forthcoming work on Diseases of Women, will give to the profession all the information concerning them obtainable, and the respective indications for and experience with each.

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UNITED STATES  
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Therapeutical Department.

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CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

GRASS VALLEY, Cal., July 1.—Catarrh has been epidemic for several months. Two hundred cases were cured by the use of *Rumex senega* and *Stillingia* 30x. Obdurate cases required the use of *Teucrium* and *Thuja* cc.

A. DOBSON.

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A FEW EPIDEMIC CAUSES.

BY W. H. THOMAS, M. D., ELKHART, IND.

Read May 26, 1880, at the fourteenth annual session of the Indiana Institute of Homœopathy, Indianapolis, Ind.

The subject assigned me is one of such magnitude that you would have reason to expect me to wander off on the boundless fields of scientific etiology, there to be confronted with the skeletons of the many who have perished, thirsting for knowledge of the science. Yet I will make no endeavor to penetrate far into this unexplored region of science. But will try to give some reasons for the faith that

is in me, while I call your attention to a few epidemic causes: Having been versed in a land of fever and ague, and the larger part of my present practice being confined to malarial diseases, I cannot while writing on the subject of epidemics resist the temptation to refer to a few of the causes that produce malarial epidemics.

ON THE CAUSE OF MALARIA.

Dr. T. C. Duncan, in a paper read before the Western Academy of Homœopathy, and published in THE UNITED STATES MEDICAL INVESTIGATOR, says: "I think malaria is a nonentity, and that the effect attributed to malaria is due to vapor rising in the atmosphere. The whole is due to surface moisture and surface evaporation. He further says, "That malaria is not due to decomposition of vegetable matter is to me self-evident." And in support of this theory he refers to Dr. Miles, of Boonesville, Mo., who says: "In 1874 it was very dry and we had scarcely any intermittent fever; in 1875 it was very wet and we had ague worse than we have had it for a long time." Granting this to be true, and that moisture is one of the factors that produce malaria, yet it seems to me that the evaporation of moisture is not of itself a sufficient cause. Or in other words he has denied altogether or omitted to give other causes the credit they deserve in the production of malaria. It is true that the very signification of the word malaria is "infectious effluvia" and from *Italica mala* (bul) *aria* (air) "bad air," yet it does not preclude the idea of its being absorbed by and contained in water, as it is a well known fact in chemistry that water does absorb large quantities of certain gases. If I were to look no further than my own field of practice, I would no doubt adopt the theory advanced by Dr. Duncan as the experience given by Dr. Miles is the same as I have had. Yet I know of localities but a few miles from my own, where a wet season has the effect to prevent to a large extent malarial epidemics, and why? Simply because in these localities the land is low, and in the dryest of seasons there is much surface moisture, and the rays of the burning sun united with this moisture produce rapid growth and decay of vegetable substances. While if the season be very wet, malaria is less prevalent owing to the diminished growth and decay of vegetation. The extent of surface water is greater and the evaporation more, but the impurities in the water are removed or carried away and stagnation prevented. Moreover an excess of water is decidedly unfavorable to the development of malaria because more vitalized organic.

substances when brought into contact with air, heat and moisture decay very rapidly, but when entirely immersed in the water, so that air is excluded, the decay is very slow indeed. If this be true, and it certainly is, a very wet season would not produce the same effect in every locality. I do not desire to convey the idea that malaria does not accompany the evaporation of surface moisture, but I claim that that which gives surface water its power to produce malaria, is stagnation brought on by the decay of organic matter. In the first place, why is the evaporation of surface water more liable to produce malaria than the evaporation of any other water, except that it contains substances that are on the surface? And what except vegetable substances is contained in surface water that is not contained in well water?

None that would in the least contribute to the production of malarial poison. Surface water would be less liable to contain minerals than well water, and even though it contained more mineral substances, it would not in the least affect the vapors arising from it, as the minerals would remain as solid matter. Because a country is cleared up and under a state of cultivation, it does not in the least, I think, prevent vegetable substances appearing on the surface; or prevent the decay of such substances, except there be a system of drainage sufficient to remove the surface water, as is usually the case in countries long under cultivation. Although water may not appear on the surface so as to be seen, yet the earth may be so over-charged with it, that the emanations from the earth may be entirely sufficient to produce malaria.

To illustrate: A dry season following a very wet one that has produced luxuriant growth, might be—in fact would be, one in which malaria would flourish. For, the moment vitality ceases, that moment chemical decomposition begins, and the earth's emanation being of unusual volume, would hasten decomposition of the growth of the previous year and fill the atmosphere with malarial vapor.

Why is it that extensive marshes give rise to diseases of a febrile character, every year, among those who reside in their vicinity?

We are inclined to attribute the cause entirely to the fact that air, heat and moisture are brought into contact with decomposing organic substances. That malarial poisons can be, and often are, taken into the system by other means than inhalation and absorption, to me is self-evident. In fact, the water we drink may be so strongly impregnated with malaria as to produce diseases of a malarial char-

acter, without in the least being otherwise exposed to miasmatic influences. Prof. Huxley, in speaking on this subject, refers to two or three cases recorded in the *Lancet* :

First take the case recorded by Boudin, of three vessels sailing from Algiers to Marseilles, carrying eight hundred soldiers, who on shore had all been exposed to the same atmospheric conditions. Two of these vessels had been supplied with good water, but the third with water from a marsh. The two former arrived at Marseilles without a sick man ; but the third ship lost thirteen men and had one hundred and twenty sick, ninety-eight of whom were afflicted with malaria. In this instance it could hardly be presumed that evaporation of the marsh water contained in the tanks had anything to do with causing this epidemic, for water carried on board of vessels is in closed tanks, so that little or no evaporation could take place, and even if there had been evaporation of this water constantly going on, there could in all probability have been no perceptible effect produced from it, as they were on the high seas, and carried along by strong sea breezes that would have removed every vestige of the vapor arising from this marsh water, as fast as it was vaporized.

Again, there is the malarial epidemic at Tilbury Fort in 1872, cited in Parks' Hygiene, where thirty-four men out of a garrison of one hundred and three were seized with ague, while the people just outside of the fort entirely escaped. These troops had been supplied with water collected from the roofs, while the people outside were supplied with water from a spring. This case is exactly parallel with the one just referred to, as the soldiers in the fort were subjected to the same atmospheric conditions as the people on the outside. In this case, too, that evaporation of the water from the roofs could have had but little if anything to do with producing the epidemic seems evident, as this fort is situated on the coast of England, where high winds prevail, which would have removed the vapors just as effectually as in the case of the vessels mentioned above. That water collected from the roofs would contain a certain amount of organic substances, it seems to me, no one can doubt ; and as no other reason can be given for these epidemics, I am constrained to attribute it entirely to the malaria contained in the water and conveyed into the system through its use, independent of evaporation.

#### PREVENTING SMALLPOX FROM SPREADING.

Leaving the subject of malaria, I will give my own manner of pre-



venting the spread of variola, a disease that I have treated every year, with one exception, for the last five years. This disease is both contagious and infectious until after the eruption appears.

I arrive at this conclusion from experience, as I have not known a single instance of infection from it before it was diagnosed as small-pox, from the appearance of the eruption, and in many instances that I know of has the diagnosis been erroneous and the utmost freedom exercised with and about the patient, by a number of persons and the physician, all of whom never once dreamed of small-pox, until they were surprised by the appearance of the eruption peculiar to the disease. One case in particular do I remember, where a boy was confined to his bed for three days with what his physician denominated bilious fever, when an eruption appeared, which for another day was decided to be a rash of no great importance, but on the fifth day another physician was called who pronounced it small-pox.

Being employed by the county to doctor the indigent poor in the district where I reside, the case was immediately placed in my care, and proved to be a case of confluent small-pox.

Knowing in this instance that a number of persons had been in to see the boy, I made special inquiry regarding those who had been exposed, and I found that from twelve to fifteen persons had visited the patient, three of whom, at different times, had taken care of him during the nights, and none of them had ever had the disease. From the carelessness or ignorance manifested in this case, I confidently expected a spread of the disease. But I was happily disappointed, as there was not another case in the city, during that winter.

In this instance, as well as others that I would mention, the exposure certainly was great enough to have spread the disease, had it been contagious at the time. In this case I resorted to the usual custom and vaccinated a number who had been exposed. A friend of mine, a physician of no mean ability and experience, always when in doubt as to the disease and desirous of diagnosing to a certainty whether or not it is small-pox, requires the patient to blow in his face, that he may smell the effluvia peculiar to this disease, if there be any, and by this means settles the question in his mind. This he does, not only before the eruption but shortly after as well. And he has never had the disease. This peculiar mode of diagnosing I have not as yet adopted. When a case of variola comes into my hands for treatment, the first thing I do on taking charge of the case, is to remove all articles not absolutely necessary, from the room. I use *Chloride of Lime*

as a disinfectant, and sprinkle it freely about the room where my patient is confined, and require that the discharges from the bowels be buried deep enough not to be easily unearthed, and far enough away from well, spring or cistern not to reach them by percolation or surface washings. I do not allow cats or dogs in the room or about the door, for I have not the least doubt but a worthless cur or a good-for-nothing house-cat can carry the germs of infection in their hairy coats, and thereby cause a spread of the disease. I require my patient to be bathed once or twice a day in warm water, and during the *stadium invacasion* I take pains to know that after bathing they are anointed thoroughly with *Carbolated Castor oil*. During and after this stage I always, for reasons no doubt obvious, wear a pair of overshoes while visiting my patient, and leave them to be destroyed when I quit the case. I never under any circumstances allow any of the infected articles burned out of doors, as the heat would release the germs and carry them up into the air, to be distributed in the surrounding neighborhood; the fact of which I saw verified in one instance, and several persons came down with the disease.

If burned in a stove the infected matter is kept long enough in confinement to be destroyed by the heat. The habit of burying infected articles is a pernicious one, and fraught with danger, as the infectious matter wrapt in articles of this kind, though buried under ground may retain its properties for years, if not exposed to great heat and excluded from air.

I do not know as there is anything new in the manner I have adopted for the prevention of the spread of this dreaded disease, yet I do know that the disease never went any farther from any patient of mine, and was confined to the rooms where my patients were confined, and that I have received the commendation and approval, for my success in this particular, by a board of health that differ from me in school of practice, after rigidly investigating the probability of a spread of the disease from my patients. A board that was frank enough to allow their approval to appear in one of the papers published in the city where I reside.

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*Dr. Mircur* (Annales de Dermatologie et de Syphilographie) has made an attempt to inoculate three healthy persons with the semen of a syphilitic subject, but in no instance was syphilis produced.

### A SLIGHT MISTAKE.

Do Homœopaths make use of physical diagnosis? This question was asked me not long since by a friendly Old School physician; but the following case would seem to give us good reason for asking a similar question with reference to our Allopathic brothers:

Mrs. R., aged thirty, after a gradual failure of health, about the first of December 1879 became so distressed for breath as to be unable to lie down, especially at night. There was also violent palpitation at times, with occasional attacks of cough, which was sometimes dry and sometimes accompanied by very copious serous expectoration. An Old School physician being called in, diagnosed the case as one of cardiac enlargement, which was probably correct—as far as it went. He said nothing of any valvular disease, but after treating her for three weeks without benefit, gave up the case, saying, he could do nothing for her.

About the 25th of the same month her feet became œdematous, and soon both feet and legs were greatly enlarged. About the time the dropsical symptoms first became manifest, she and her friends first observed a violent beating in the lower half of the neck behind the sterno-mastoid muscle, so violent indeed as to shake her clothing. Two or three days after this, another Old School physician of the same village was called in, but as he was not over-confident, a prominent physician of one of the largest towns in northern Indiana, the president of the Allopathic medical association of the county in which he resided, was called as counsel. Repeated examinations were made on that and succeeding days, and although violent palpitation was a prominent and distressing symptom at that time, the apex beating with force against the anterior chest wall, even while lying upon the back, they pronounced the case one of “dropsy of the heart,” assuring the patient and friends that the pericardium was full of water, which pressed upon the heart and interfered with its action. That matter being settled, there still remained the swollen feet and legs, which they acknowledged their inability to account for, although the jugular pulsation was very prominent. Desiring to hit the whole case, they alternated *Digitalis* and *Apocynum*, a dose every three hours. The result was that she was soon so much better as to be able to do her own housework, but under the advice of the physicians, both these remedies were continued uninterruptedly until near the first of April.

The relief was of course but temporary, and she soon relapsed, even while taking the medicine, so that when I was called to see her a short time since, she was nearly ready to pass over the dark river. On examination, I found the feet and legs greatly enlarged, the œdema extending sometimes to the hips, the liver and spleen considerably swollen, and all the signs of venous congestion in the abdominal organs, with loss of appetite, burning pain in the epigastrium, hic-cough, violent eructations, and almost total suppression of urine.

She was unable to lie down on account of the dyspnœa, which was worse in that position, and there was much palpitation. The apex could be both seen and felt in the sixth intercostal space, and to the left of its normal position, while the ventricular impulse, feeble and diffused, was rounded outwards to three inches beyond the left nipple line, and to the right as far as the sternum. The stethoscope showed the second sound nearly or quite normal, but the valvular element of the first sound was absent, and in its place was distinctly heard a soft systolic murmur which was loudest at the apex, but was also audible for a considerable distance to the left of that point. In the neck, the external jugular vein was distinctly seen, pulsating with each ventricular systoles, although not as violently as before, in consequence of the greater debility of the ventricular walls.

My diagnosis was mitral regurgitation, followed by enlargement of the left and then of the right ventricle, with tricuspid failure, general venous congestion, and general dropsy. The dyspnœa, worse on lying down, was mostly a direct consequence of the mitral regurgitation.

The error of the last two physicians should not have been made. They should have known that any considerable dropsy of the pericardium was out of the question, as in that condition, there would have been no ventricular impulse when the patient was lying upon the back, the heart being heavier than the fluid in which it is contained, and sinking to the lowest point, and hence the apex not coming in contact with the anterior chest wall.

The murmur above described is pathognomonic of mitral regurgitation, had no doubt been long present, and could have been easily recognized, but no stethoscope was used by any of the physicians who had treated the case.

Pulsation in the external jugular and other veins may be said to be pathognomonic of failure of the tricuspid valve, the blood regurgitating into the veins at each contraction of the right ventricle, and

should have been, at a glance, a sufficient explanation of the dropsical condition. (A direct connection between the arteries and veins constitute the only exception.)

It may be answered that a correct diagnosis would have been of no avail, as failure of the tricuspid can at best be only relieved for a short time. But the fact still remains, that the entire management of the case was eminently unscientific, and the beneficial effects of treatment purely accidental. Besides, the physician who would make such a mistake would be as likely to call it a case of pericarditis with extensive serous effusion; which has a very different prognosis.

W. P. ARMSTRONG.

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### SHAKING-MACHINES.

FROM DR. P. W. FOULSON, COUNCIL BLUFFS, IOWA.

At present the *modus operandi*, or going on, making our high potencies in the most convenient manner, is the problem for more conversations and active brains than the proprietors of Homœopathic pharmacies. Hahnemann advanced the idea, that only a limited number of strokes had to be made at each dilution, or a most dangerous over-proving would develop itself by too much shaking, equally wrong for the physician to administer, as for the patient to take, as it would excite the nervous centres and cause aggravations sufficient, being fatal to a sensitive and prostrated patient. Hahnemann, Bœninghausen, Staph and others conveyed the doctrine, that dilutions sent by mail, a kind of public shaking-machine, would achieve the most intense power, (*Kraftentwicklung*) and some Homœopathist forwarded of that reason only pellets, but Hahnemann exploded very soon that invention of his beloved disciple, when he wrote, that a few medicated globules in a vial could impregnate from the bottom of the entire vial filled with pellets, and that shaking would gradually develop a higher and stronger power, a dynamical acuteness of the same potency, and become too active for any dangerously diseased patient. These teachings are the only grounds for shaking-machines. But Hahnemann did entirely his shaking by hand, and within ten hand motions for each dilution; usually only three. The potency was to Hahnemann's views not solely dilutions. He was not

solely a shaking-machine, not only a materialistic dilutionalist. Potency was to him the development of the inherited, latent soul-force of the remedy, as *Sepia*, *Lycopodium*, *Stilicea* and numerous others of his preparations are no remedies at all in a crude state. The therapeutical properties are sleeping in its garment of matter, but is awakened by triturations and dilutions, to be agents of the most valuable remedial services for humanity. Thanks to Hahnemann's genius. That life-giving power called Hahnemann for "Kraftentwicklung" developed by frictions and by solution of the cohesion of the particles of the drugs, giving the specific soul force of the remedy its disembodied freedom to act on as direct correspondia, and at once on the congenial nervous center.

We have Hahnemann's warning not to unite the process too much with our own vial, human magnetism, not beyond ten shakes, which may have less importance than the great principle it imparts, as to finish and complete the remedy into its perfect dynamical development by hand-power. The shaking-machine may do the shaking very well, but the human hand must finish the work and put the crown on our potencies. It was Hahnemann's great intuition which discovered that fact.

The master expounded it himself, once, when an Allopathic brother disavowed his 30th potency of *Aconitum* as the most unreasonable thing considered as a therapeutical agent. The Allopathist exclaimed, "Think one drop of *Aconite* in the Baltic sea, and one drop of that solution on one hundred globules, and one of these pellets for a dose." Hahnemann did not object to the Baltic sea as a shaking-machine, but he said coolly, "Very well, but give me a vial to shake the Baltic sea in."

Such sounded his answer, because Homœopathy is not a dose, but an eternal principle; it is not a speculative theory, but a vital specific method founded in nature's law. The shallowness of the Allopathic reasoning is also evident for any Homœopathist who has grasped the philosophy of our great master, that one drop in the Baltic sea would not make it any potency at all; would not develop any dynamization of *Aconite*, even if the proportion had been the 30th potency, or one decillionth part of the drop. Any part of *Aconite* into any part of a tub full of water would not make out any potency, even if the relation between the drop and the volume of water would otherwise be correct. Of that ground we ought to dismiss at least these good-meaning shaking machines, who multiply the potencies in such a

marvelous degree, that they in three shakes make 30th potencies and thirty shakes make one millionth dilutions, which are *delusions*, but not dilutions in our point of view, and very confusing for the rational philosopher of Homœopathy.

Herr Jenichen kept of good reason his method secret, and not only in a financial point of view, and the mystery was at his death buried with him. We should have despaired in using with any degree of confidence his preparations, had it not been for the just satisfaction they rendered as very good remedies and the profession generally, as also the authority of Bœnninghausen fully endorsed the use of them, and took up the lost thread, where it dropped out of Jenichen's hand. The late Dr. Arthur Lutze, of Coethen, among others in Germany, and some in America, advanced the idea without hesitation, that the vital magnetism of man was imparted to the remedy by hand-shaking after the proper diminution and electrical friction of the crude particles during trituration had taken place, and potency made by hand developed dynamization or soul force, and quickened the intensity of the remedy by human magnetism. Therefore, it is of the greatest importance that the potency maker has a vigorous health, and good organization, if he should not only play a shaking-machine, corresponding to a mail car jumping along over the rails. For that reason we call our professional brethren's attention to the dual danger setting in at making high potencies.

When the shaking-machine rapidly multiply potencies on a scale *a la* the Baltic sea theory, then we risk, in fact, to receive the old 30th potency for being a millionth dilution, and when we duly consider the work of the more honest shaking-machines, who are running with steam and working without rest day and night, year out and in, then more than fifty years of hard toil must be done for the decillionth potency. A remedy possible of greatest blessing for our grand children, but we may not get a drop to quench our burning tongue with in the hour of death.

Some pious deacon called the church organ for his beloved wooden brother, who was screaming out more false tunes than a hundred fleshy ones could deafen down. That is just the danger.

A shaking machine has no show nor honor, and the only protection and guide against fraud is the watching, honest intelligence of the physician, who by his good will to all men imparts from his hand a living principle of magnetic strength, to assist a living principle of eternal truth, over *similia similibus curentur*. No shaking machine

can substitute man in his potency work and watchfulness and care, nor substitutes the power of man, nor impart what he wants the remedy to possess.

In the future we will necessarily pay more attention to the careful preparation of our remedies and high potencies, and in the same degree we do it, finishing every potency out by the hands, our school of medicine will be supreme and victorious, and marvelous beyond all present conception of our healing art.

The shaking-machine is a remnant of materialism of medicine, and in fact a relic of the Allopathic conception of things and nature, but man don't live on bread only, but by every word, truth, principle or force, which proceed from our fountain of Life, or God.

There is nothing in nature below man, which is not found in the structure of the human organism, and finds its echo there, when the corresponding string is touched. This living laboratory full of soul chemistry and organic cellular beauty with its millions of small electro-galvanic and voltaic apparatus working ceaseless, preparing living organic magnetic brain and nerve force by which our mind will work and manifest its own "I am;" that living force "can only be reached and assisted in the regulation of the exterior form of man, by its own corresponding dynamization, acting specifically on the affected parts, and presenting in its actions such a fatality of similar symptoms and affections. Our remedies cannot be properly prepared with the shaking-machine, and for that reason I will finish my remarks with Hahnemann's earnest advice: "*Mach es nac mach es aber genau nach.*" It is, "Do it as I do it, but do it exactly as I did it."

If somebody favors shaking medicines, I do not object. Try all things and keep the best. Abraham Lincoln once attended a lecture on metaphysics, and a person present asked him how he liked it. He answered, "it is a good thing for persons who like such things." The same about the shaking-machine preparations, if persons like such things.

Prof. Buchner of Munchen, Germany, writes beautifully in his late work, "Power and Matter" on the inherent power of matter, which by the most endless diminution of its particles retains its specific soul, its fullest and most perfected form in even the smallest conceivable particles.

The attributes of iron exists as full in a decillionth part of a grain as in the iron monitor, which floats the ocean.

Not without a strange emotion in our minds do we read Samuel



Hahnemann's sad prophecy in his work on Chronic Diseases, where he is looking into the future and exclaims: "I shall be hundreds of years in my grave, and the most of those, who call themselves Homœopathic physicians shall even not comprehend that spirit in which I wrote."

That is an assured fact, that the true spirit of Homœopathy cannot accept the finish of a shaking-machine for man's living work, and it will gradually lead us into a wholesale counterfeiting of our Homœopathic preparations.

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## Society Proceedings.

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### THE PÆDOLOGICAL CONVENTION.

(Continued from page 73.)

Dr. Cranch urged the necessity of uniform temperature (98°) for food, to be tested if possible, by thermometers. Condensed milk is good, if diluted by twenty-five or thirty parts of water, according to age.

Dr. Foote alluded to the difficulty of having starchy food digested; a little malt should be added, and grape or milk sugar, for sweetening. Non-ventilation of barns in winter makes milk very offensive, but the odors are extracted in the process of condensing.

Dr. Chamberlain believed it well to give cream diluted with an equal part of water and sweetened.

Dr. Duncan would sometimes use pure oil of sweet almonds to furnish the necessary fat for the food. For failure of the mother to supply nurse, *Agnus castus* is good, with frequent drawing of the breast, and rubbing it with oil. The fat mother should drink water, as that will tend to convert her fat into milk, with the assistance of *Mercurius* or *Silicea*. Beer is an abominable beverage for mothers.

Dr. Owens would employ a wet nurse, or failing that, give beef tea made at a temperature not to exceed 170°, so as not to cook the albumen hard; add a pinch of salt, and give it in a bottle. He condemned limewater in milk, as liable to cause ulcers or cancer; sweetening

makes the stomach acid. White of egg in water is a good food, starch is not easily digested without *ptyaline* or *diastase* being added.

This closed the discussion, and a committee, consisting of Drs. Ballard, Owens and Caldwell, was appointed to draft a constitution and by-laws, to report in Milwaukee. On motion, it was agreed to choose officers at once, and the following were elected :

PRESIDENT—T. C. Duncan, M. D., of Chicago.

VICE-PRESIDENT—Prof. Wm. Owens, M. D., of Cincinnati.

SECRETARY AND TREASURER—Edward Cranch, M. D., of Erie, Pa.

CENSORS—E. A. Ballard, Chicago; Geo. F. Foote, Stamford, Ct.; C. W. Earle, H. M. Hobart and Juliet A. Caldwell, Chicago.

The name agreed upon was the "American Pædological Society," and the members adjourned to meet in Milwaukee at the call of the president.

SESSION OF THE AMERICAN PÆDOLOGICAL SOCIETY, AT MILWAUKEE, JUNE 16, 1880.

The society met, pursuant to adjournment, in the parlors of the Newhall House, T. C. Duncan, M. D., in the chair. Present : Drs. W. A. Edmunds, W. H. Jenney, Juliet A. Caldwell, Geo. F. Foote, E. A. Ballard, W. P. Armstrong, L. M. Kenyon, J. P. Mills, S. Lilienthal, J. S. Mitchell, P. G. Valentine, Wm. Owens, Helen J. Underwood, W. P. Roberts, W. D. Gentry, R. B. House, M. M. Eaton, G. W. Bowen, W. H. Caine, W. R. Taylor, C. C. Pillsbury, A. S. Everett, J. D. W. Heath, L. G. Bedell, Sue A. White, E. Cranch, and others. The discussion was opened on cholera infantum. A letter from J. C. Morgan, M. D. of Philadelphia, was read (See page 42).

Dr. W. R. Taylor said he had a specific, an infallible remedy, especially in grave cases of cholera infantum. This remedy he had first tried in an epidemic of great severity in 1873, and had used it with uniform success ever since. This specific is *Bromide of Camphor* 1x trit., one or two grains every hour for at least twenty-four hours. He had never known it to fail.

Dr. House had tried it in at least one case, when there was no improvement in twenty-four hours, and he then abandoned it, and cured his case with other remedies.

Dr. Taylor ascribed the cause of cholera infantum in nearly all cases to too rapid growth of the dental pulp, especially in hot weather.

Dr. Edmunds, on the contrary, thought the chief cause lay in peculiar

atmospheric conditions. The main symptoms are purging, nausea, vomiting and collapse followed by death, or recovery at once, or lingering entero-colitis.

Dr. Mills alluded to the very rapid development of the disease often without pain, and teething not being in progress.

Prof. Owens thinks we can trace the chief cause to acid saliva, containing *Cyanide of Potassium*, causing denudation of epithelium, followed by nervous exudation, blood-stasis, and collapse—though even then reaction may come on. The disease is not peripheral but central in its origin.

The best remedies to be considered are, *Veratrum. Camphor, Arsenicum, Aconite. Sulph., China, Croton tig.* (pain before stool and pop-gun discharge, followed by straining), also *Phosph. and Secale.*

Dr. Jenney said there were a variety of causes; hydrocephaloid a frequent sequel; entero-colitis is a sort of after-fever, resembling typhoid. He should consider first *Camph.* Then *Bell* or *Apis* with *Croton tig.* if the discharge is always worse directly on taking anything into the stomach, with pain before stool, pop-gun discharge, and straining after; *Æthusa* if the brain becomes involved.

Dr. Ballard compared *Croton* to *Arg nil.*, which has the same prompt aggravation after ingestion, but without any force in the expulsion, while with these symptoms there is congestion of the conjunctiva, and an eager appetite for sweets. The last symptom is always characteristic of *Arg. nil.* *Veratrum*, contrary to Bell's advice, may be given usefully in painless cases if otherwise indicated.

Dr. Lilienthal said we must look up the specific for each year, and each new epidemic. Look carefully for nervous exhaustion, as a premonitory cause, when teething may just set the ball rolling. For remedies look from *Aconite* to *Zincum*, but for heaven's sake select but one.

Dr. Bowen of Fort Wayne Ind. said he always brought up babies with a little coffee, which he always insisted upon, then if they got sick he had no trouble in treating them. Almost the only remedies he gave were *Arsenicum*, to correct fetid stools, and *Belladonna* to relieve local congestion, and he had the very best success.

Dr. White suggested that cooling the air of the room might be tried, she had heard it recommended.

Dr. Edmunds would give absolutely no diet, till the case began to mend.

The subject of entero-colitis, or summer-complaint, was then opened by Dr. Edmunds. He regarded it as a lingering, slow process, liable to effect the whole alimentary canal, accompanied by fever, but not very severe, frequently caused by excess of diet.

Dr. Jenney gives no food in these cases, but Liebig's extract of beef very dilute at first, so as not to color water, and given drop by drop till the stomach will retain more.

Dr. Taylor would rely on the *Bromide of Camphor* in this disease also.

Dr. Duncan insisted upon controlling the fever and building up the patient. Look out for exfoliation of epithelium at anus as a sign of inward trouble. *Bell.* or *Acon.* are valuable remedies to control the fever.

A paper from Dr. Wm. V. Drury, of England, was read and a vote of thanks for the same, passed unanimously. The committee on constitution submitted a draft, which was adopted, and the society adjourned to meet one day prior to the next annual session of the American Institute in New York.

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### WESTERN CONVENTION OF HOMŒOPATHY.

(Continued from page 68).

#### THIRD DAY—BUREAU OF PÆDOLOGY CONTINUED.

The Homœopathic convention met at 8 o'clock. Dr. Edmunds of St. Louis read a paper on Enuresis of Children, which was briefly discussed.

Thanks were voted to the Minneapolis newspapers for their reports of the proceedings of the convention.

At 8:45 the convention adjourned to the railroad depot, where a special train awaited to transport them to Lake Minnetonka. On the train were already gathered many of the prominent ladies and gentlemen of Minneapolis, who accompanied the medical gentlemen on the excursion. Shortly after 9 o'clock the train started, and the Great Western band played the cooling strains of the Sleigh Ride polka. On the way to the lake, and during the whole trip and at the hotel, the band entertained the company with music, appropriate and acceptable.

Arriving at the lake the company embarked on the steamer specially chartered for this occasion and sailed for the Lake Park hotel where a sumptuous dinner complimentary to the Western Academy of Homeopathy was served. To tell of the jovial sayings and doings on this trip would be too great a task, but the motto of the bill of fare was well carried out, eat drink and be merry, and a merrier set would be hard to find.

Business was also attended to, and the corridors of the hotel, and afterwards the cabin of the boat was put to use as a place of meeting. First after dinner the Academy met in the second story corridors and then organized and elected officers as follows, the choice being unanimous :

PRESIDENT—Dr. C. H. Vilas of Chicago.

VICE-PRESIDENTS—Dr. E. M. McAfee of Clinton, Iowa ; Dr. A. E. Higbee of Minneapolis ; Mrs. Dr. Pearman of St. Louis.

SECRETARY—Dr. C. H. Goodman of St. Louis.

PROV. SECRETARY—Dr. R. L. Hill of Dubuque.

TREASURER—Dr. G. W. Foote of Galesburg, Ill.

BOARD OF CENSORS — Drs. Campbell, Miller, Delamater, Duncan and Mrs. Smith.

The latter part of the election was held on board the Hattie May.

It was finally voted to hold the next meeting in Chicago. By this time the boat had traversed the lake channel to the station, when the company re-embarked on board the train. Even here the time was utilized, and the State Institute held an election for officers, which resulted as follows :

PRESIDENT—Dr. C. W. Crary of Lake City.

FIRST VICE-PRESIDENT—Dr. C. N. Dorion of St. Paul.

SECOND VICE-PRESIDENT—Dr. O. M. Humphrey of Minneapolis.

SECRETARY AND TREASURER—Dr. G. H. Hawes of Hastings.

CORRESPONDING SECRETARY—Dr. A. A. Camp of Minneapolis.

Shortly before 4 o'clock the train arrived at the depot, where adieus were said, and the convention proceeded to Curtiss' hall to complete the unfinished business, which was the receiving of further papers and confirming the appointments of committees of the various bureaux, the chairman of which are as follows :

Geo. W. Foote of Galesburg Ill., sanitary science : T. C. Duncan of Chicago, pharmacy ; S. P. Stearritt of Minneapolis, materia medica ; H. C. Leonard of Henderson, Minn., provings ; Julia H. Smith of Chicago, obstetrics ; M. M. Eaton of Cincinnati, gynecology ; Sarah C.

Harris of Galena, Ill., pædology ; C. H. Goodman, St. Louis, clinical medicine ; A. S. Everett, Denver, Col., surgery ; C. H. Vilas, Chicago, ophthalmology ; N. A. Pennoyer, Kenosha, psychology.

Committee on statistics, etc., R. L. Hill Dubuque, Ia ; W. C. Dake Nashville Tenn ; W. H. Leonard, Minneapolis ; O. S. Runnells Indianapolis ; W. L. Breyfogle, Louisville ; A. S. Everett, Denver, Col. ; J. P. Geppert, Cincinnati, Ohio ; H. Hiller, Jr., San Francisco, Cal. ; H. W. Roby, Topeka, Kan. ; Lewis Sherman, Wisconsin ; R. B. House, Tecumseh, Mich ; N. B. Delamater, Chicago, Ill. ; G. S. Walker, St. Louis, Mo ; W. Bailey, Jr., New Orleans, La. ; J. M. Larrabee, Marysville, Nev. ; G. B. Sarchett, Wyoming Ter. ; Dr. Nichols, Walla Walla, W. T.

After receiving other papers that had not been reached in the regular order of business, among them one by Dr. A. A. Camp, chairman of the bureau of pædology of the Institute, the convention adjourned *sine die*.

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### THE AMERICAN INSTITUTE.

The thirty-seventh annual session of the American Institute of Homœopathy convened in Milwaukee June 15th. A marked feature of the assemblage was the venerable appearance of the majority of the representative men present. They had grown in the service of the cause they advocated, and were prepared to defend it from the stand-point of age and experience. There was quite a large audience present, including a liberal sprinkling of ladies. At 9:30 o'clock the president, Dr. T. P. Wilson, of Ann Arbor, Michigan, called the Institute to order, and the Right Reverend Bishop Welles, of Wisconsin, offered up a prayer for the Divine blessing to rest upon the acts and deliberations of the meeting.]

The Institute was then turned over to the local medical gentlemen, and Dr. Olmsted, president of the Wisconsin Homœopathic Society, introduced Mayor T. H. Brown, who welcomed the Institute as follows :

#### THE MAYOR'S ADDRESS,

*Mr. President, and Members of the American Institute of Homœopathy :* You are assembled in Milwaukee upon the invitation of the Common Council extended to you one year ago. On behalf of the

Common Council and the city I extend cordial greeting, and venture to hope that your sojourn may be so agreeably and profitably spent that the acceptance of the invitation will not be regretted.

Merchants, manufacturers, the tillers of the soil, ministers of the gospel—all trades, professions and callings have their organizations. Representative men from all parts of the country assemble in convention, relate their experiences, compare the results of each other's labors, and thus the knowledge of the experiments, the "provings," the achievements of each is secured for all.

Whatever is useful in the arts, the sciences, in mechanics, in agriculture, in every branch of human endeavor, is sifted out by this process, and thus practical knowledge is disseminated, the slavery of prejudice, superstition and ignorance abolished, and mankind improved and elevated in character and condition. But of all the grand vocations which command the earnest thought and toil of man, there is none more honorable, more elevated, more comprehensive, more useful to the world, than that to which you have devoted yourselves—the art of preserving life and health.

The physician's field of labor is inexhaustible. Its boundaries are the habitable globe. Wherever he goes, he finds man subject to like infirmities, sorely in need of his attention, his care, his kind and cheerful words.

The physician's usefulness is not terminated by death. His grand achievements live after him, and continue a blessing to mankind generations after his name has been enrolled with Pythagoras, Hippocrates, Galen, Boerhaave, Cullen, Harvey, Jenner, Hahnemann, and many more great benefactors of the world.

Doctors, expressing the desire that your convocation may be harmonious, that it may result advantageously to the profession you cherish and to those sublime purposes to which your lives and labors are consecrated, I again extend to you the welcome and hospitalities of the city.

Professor Danforth, on behalf of the State Association, spoke as follows :

*Mr. President, and Members of the American Institute of Homœopathy :* Our mayor has cordially welcomed you to Milwaukee—this unpretending, though generous city of the west, clustering here on the sun-set side of the great lakes ; renowned for its beauty of scenery, its elegant homes, its real wealth, and satisfied life. It is made my pleasant duty to bid you welcome to Wisconsin—and so, I extend to you all a fraternal greeting. Forty years ago there were but 30,000 persons living within our borders ; now there are upwards of 1,500,000 who have pitched their tents among us, giving us through summer and winter, peace and war, for forty years, an average immigration of 3,000 a month, or one hundred a day. This tidal wave still flows on, and this year with increasing ratio. Our state sustains an unimpeachable character for intelligence, industry, progress, patriotism, and I may add—wealth ; a soil of unsurpassed fertility, immense

pine forests on our north; iron mines, lead, zinc, and other precious metals scattered in rich profusion, each, all, contribute to repay the toil and endeavor of life, while they occupy and enoble the toiler. In the name, then, of our commonwealth, of its industry, intelligence, patriotism and progress, in the name of the Wisconsin Homœopathic Medical Society, and of the one hundred and seventy-five Homœopathic physicians practising their profession here, I bid you a thrice hearty welcome to this Switzerland of America.

PRESIDENT WILSON'S RESPONSE.

President Wilson responded as follows:

In behalf of the American Institute of Homœopathy I have the pleasure of accepting your hearty words of welcome.

But yesterday, as it were, your streets were thronged with the broken, blood stained but enthusiastic ranks of our nation's honored defenders. Over their heads you hung the stars and stripes. Upon their brows you placed garlands of flowers. Let me assure you that those words have sunk deep within our hearts and caused upon the thousand chords responsive vibrations.

To-day your beautiful city is again invaded, but not by armed legions of soldiers. Not as the conquering heroes came, not with songs of war or beating of battle drum, but as under a snow white banner upon which is written the song of Bethlehem's angels "Peace on Earth Good Will to Men," so have we come and are made thrice welcome.

To many of us there is here opened a new world of existence. We have followed human civilization in her pathway full many a league toward the setting sun, and lo! the touch of her magic wand has transformed everything into shapes of beauty.

Behind us the broad expanse of an inland ocean and before us the fertile fields of Wisconsin. We behold her like a bride adorned for her wedding, with your beautiful city as the brightest jewel upon her forehead. We have come to woo her for a little while and to fix in our memories, that shall never die, some precious recollections of the brightness of the diadem she so proudly wears.

Milwaukee's fame we have heard from afar. Her sons and her daughters have contributed no small share to the common glory of our country. We have come to sit a little while by your firesides and make what may seem to be a brief acquaintance with you and yours.

But believe me, while our hearts beat responsive to human emotions we will cherish the recollection of this glad hour and in turn will make you welcome when in other lands your tired feet shall touch the thresholds of our beloved homes.

THE ORDER OF BUSINESS

prepared by the secretary was adopted, with [the exception that the report of the Bureau of Organization, registration and Statistics' was brought from the fourth to the first day's proceedings.



## THE PRESIDENT'S ADDRESS.

Dr. T. P. Wilson, of Ann Arbor, Mich., President of the Institute then delivered his annual address. He said :

*Ladies and Gentlemen, Members of the American Institute of Homœopathy* : One third of a century has elapsed since this society was first organized. A generation of men has passed away since that event, and we of to-day are practically a new race, but the legitimate successors and lawful heirs of the noble men who founded this organization. Men die, but principles remain, and the truth lives forever. And it must be no small gratification to our honored veterans who have seen the past as they now behold the present, to find the doctrines which they espoused so long ago maintaining themselves with a vitality that betokens no advancing senility. And let me hear first of all, in your behalf, as is my duty, and my pleasure, extend to these men who are yet with us to admonish and encourage us the friendly hand of greeting. And let me also send words of good cheer to the members of our veteran corps who in their distant homes, and unable to be with us on this occasion, are looking with dimmed yet anxious eyes upon our proceedings and recalling, it may be with saddened yet pleasant memories, those early times when they watched over

## THE CRADLE OF OUR CAUSE

and let us hope that they may have reason to rejoice in the knowledge that we are here gathered around the camp fires of our tribe, as they were wont to gather and to rejoice in days of yore, and that over us all still floats the unsullied banner of similia. If the advent of Homœopathy into the world's arena constitutes, as clearly it does, one of its most important medical epochs, and one which beyond doubt will span and fill the centuries that are to come, it is not likely that we may note much of its progress within the short space of a year.

Two facts of importance hide from our eyes the real progress we are making. The first of these is the cessation of hostilities that were formerly waged against us. Our fathers know what battles have been carried on that our cause might maintain its footing. How sharp, bitter and persistent has been the struggle with the enemy in high places and in low. What scorn, what denunciations, what ridicule have been heaped upon all we hold dear. It were well that we bore these things in mind when we feel inclined to complain.

To-day we are securely entrenched and our ensign floats over all the field. We are no longer rudely assaulted and beaten back by the hands of ignorance. We are not now overwhelmed by numbers and our rights wrested from us because we happened to be in the minority. Those who a few years ago were our violent opponents are to-day our honorable competitors. And while we have not in all respects yet reached the full measure of our righteous demands, yet as citizens

of the commonwealth, as scientists, and as members of the honorable profession of medicine, the representatives of Homœopathy in the United States, have reason to be proud of their standing. And so it happens because we are no longer sharply opposed, we fail to see how upon every hand we are spreading and taking root. But the fact is nevertheless demonstrable.

The second fact which tends to make our progress less perceptible to the eye is that our work has become so widely distributed over this almost boundless country of ours. I can well remember when there was but one practitioner of Homœopathy in all the state of Ohio. He was a veritable nondescript, a wonder in the eyes of the people, and if half that is told of him were true, he must have been able to discount the prophets and apostles of old in miracle working. One after another joined this good man in his noble work, and every fresh recruit was a fresh cause for surprise. A well known order of phenomena is the transition we experience in passing from smiles to laughter, and from laughter to tears. It was so with those who saw the rise of our cause. At first they smiled at its seeming harmless vagaries; then they laughed when

#### ITS FOLLOWERS RAPIDLY MULTIPLIED,

and at last they wept when they saw the multitude that followed after it with such boundless enthusiasm. If you take an electric discharge from a single point, it will be keenly, perhaps painfully felt; if you distribute that charge doubled in power over a broad surface it will scarcely be noticed. So if you had in this fair city but one of the followers of Hahnemann, his very footprints would be watched and numbered, but as it is to-day, you might be puzzled to find a chamber of sickness in which his gentle footfalls are not heard and his divine ministrations of healing not enjoyed. Therefore the wonder ceases.

By a curious provision of your constitution, the president, in his annual address, is chiefly confined to the subject of "the progress of Homœopathy during the past year." As this limitation was applied only a few years ago under a peculiar excitement, now happily passed away, and as its presence in the constitution of your body is not creditable to your intelligence or the abilities of your presiding officers I shall take occasion before I close to recommend a change in the article referred to. And when I, your present and most highly honored president, shall have reached the post presidential position, it may be concluded that all danger against which this clause was put as a warning will be happily passed. My successors might safely be left to their own judgments as to the nature of the topics they will discuss in their annual addresses. Under that established limitation, I beg to call your attention to the subject assigned, viz :



#### THE PROGRESS WHICH HOMŒOPATHY HAS MADE

during the past years. A prosaic relation of the facts which show that our cause is advancing will certainly fill the letter of the law but there is a demand for something more, and that something is a demonstration of the underlying principles which constitute the philosophy of all true progress. It is as easy to see why the cause of Homœopathy has gone steadily forward from its inception until to-day, as it is to see why the human race has developed out of barbarism in to a state of civilization. The forces which lift us up on to a higher plane of development, socially, morally and politically, would not be true to themselves if they were to leave the medical profession, to wander on in the ancient paths of darkness.

The birth of Homœopathy did not signal an epoch of medical reform merely. It was and is in all respects an epoch of revolution. A failure on the part of some to fully grasp this fact has resulted most disastrously to individuals and greatly hindered our cause. If men would only remember the sad fate of Lot's wife, if they would only recall the foolishness of the Israelites in their longings for the leeks and the flesh-pots of Egypt, there would be in our ranks to-day less solicitude for the welfare of false and obsolete systems of practice, and a more jealous and zealous care for the honor and advancement of Homœopathy. But in spite of this we have been and still are advancing. And the ratio of advancement has been in direct proportion to the degree with which we as a school have adhered to the principles of Homœopathy as taught by Samuel Hahnemann; and this, not because they were taught by Hahnemann or were any better because he taught them, but because those principles are in themselves true, and therefore unalterable. Hahnemann's relations to the doctrines of Homœopathy were purely incidental. Had he not been born when he was and fitted by his studies to discover and proclaim the truths of Homœopathy, then another in answer to the demand of the law of evolution would have stepped in where he stood and done his work and received his glory.

It was in some sense a catalysm which marked

#### THE ADVENT OF MEDICAL TRUTH

into the world and which gave to mankind its first knowledge of the existence and nature of a therapeutic law. A new era dawned, and then the forward march of order began, and it will ever continue until the chaos of empiricism is swallowed up and destroyed.

It must be conceded that Hahnemann thoroughly understood the problem with which he was dealing so far as it related to the system of medicinal practice then in vogue. No man better than he understood the utter falsity of the theories and methods of his predecessors and contemporaries. This will be cheerfully acknowledged by all. It was not necessary that he should grasp, even after years of

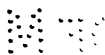
careful study and experiment, the whole scope of his discovery. I say it was not necessary, but if since his time there has risen a mind in the medical world possessing a deeper or truer insight into the arcana of therapeutics, he should be made to stand forth that we may know him and crown him. And what, alas! if he whom we are seeking after should prove to be one of the modern gods of this bastard system taught by a Ringer, a Phillips or a Bartholow! Hahnemann at least knew what he was striving to get away from, though he may have but dimly guessed whither his new path was leading him. It cannot be charged upon him that he was ever knowingly false to the principles of truth which were revealed to him. He made no compromise with error. No more did he apologise for ignorance. With the inspiration and fervor of genius, he adored that only which he saw to be true. You cannot conceive of such a mind as his framing an apologetic rule like this.

#### THE HOMOEOPATHIC LAW

is co-extensive with disease, but if any among us shall resort to any medical means other than those pointed out by the law *similia similibus*, the fault shall lie first of all at the door of our *materia medica* on account of its incompleteness, or failing to make that excuse good, then it must be due to a want on the part of the physician of a sufficient knowledge of the remedies already possessed by our school. In other words, and applied to other things, a man may not steal or commit murder according to the law, but if he does these things it must be because the authority of the government is weak or the person so violating is presumably ignorant of the law.

Men have what they facetiously call statutory laws, and they pile them up in vast and numberless tomes, and there they lie, some of them living, many of them dying, most of them dead. But nature has no laws but such as live and act without cessation. When her laws cease to act, if that were possible, they die and are dead forever. And since they are living, there is no evasion of them or successful compromise with them. Hahnemann sought for no compromise. And this is what I mean when I say we are advancing just in proportion as we adhere to the truths discovered by Hahnemann, and follow the principles laid down by him in the conduct of his professional life. Upon this point there are those who needlessly deceive themselves.)

To revive issues that are dead; to re-assert what has been successfully denied; to declare that true which has been a thousand times proven to be false; to cling to those things which we have completely outgrown; to continue those practices which have become obsolete; to go back to the dead past instead of going forward to the living future, is not progress. Neither is it progress to go forward in a circle while nothing can be worse than facing squarely about and attempting to retrace our steps. Dogs may return to their vomit, and sows



to their wallowing in the mire, but the science of medicine as developed and fostered in the Homœopathic school of to-day can never return to the chaos from whence it came forth.

It was neither a misfortune nor a mistake when the Homœopathic system was founded as a distinct and independent organization. It was a necessity, and through our separate maintenance as a medical school has come all that we have achieved for medical science. Those who have vainly tried to blend the issues between us and our opponents, and those who have decried our efforts to maintain those issues because they were

#### VITAL TO TRUTH ITSELF

and those who have charged upon us the crime of "sectarianism" when we manfully stood up for that which was our own, have been everywhere justly overwhelmed with confusion and disappointment. We stand to-day represented in every portion of our commonwealth by thousands of intelligent practitioners and by hundreds of thousands of intelligent and wealthy patrons. Now the maintenance of a proper *esprit du corps* of so large a body is a matter of no small importance. Why have we thus far stood together? Simply because we had something for which we might stand. Have we less to-day than we had in former years? The responsibilities which rest upon us as the national representative body of the Homœopathic school are neither few nor small. What we may do or say will, like the patriot shot at Concord, be heard around the world. If we shall dare to compromise or surrender aught that which is true, will be recreant to duty and unworthy the trust confided to our care. If, however, we shall strike the key-note of advancement full clear and loud, there will be many a fainting heart cheered, and along the whole line you may look to see the flashing of arms in serried ranks moving to fresh victory. But should we utter discordant notes, or give uncertain sounds, it would mantle with shame a vast multitude of faces that for years have glowed with the light of hope and the inspiration of truth. I tell you that though I am counted as an enthusiast, I felt ashamed of my coldness for a cause that had lain so long and closely to my heart, when a few weeks since I stood in the presence of three score ladies, drawn together by a common impulse, whose hearts had been touched by the hand of compassion for suffering humanity. And when I heard them say what they were willing to do for our cause, what sacrifices they would make that God's poor might have their diseases cured, and when I saw

#### THEIR SUBLIME FAITH IN THE THERAPEUTIC POWERS

of our *materia medica* and the almost boundless enthusiasm with which they endorsed the principles, and practice of the Homœopathic healing art, I felt to thank God with all my heart and to take fresh courage, for the truth cannot be bartered away nor spoiled of her heritage so long as she is enshrined in the hearts of humanity.

I beg now to call your attention to another most important fact. We have been advancing because the philosophy of our art is in consonance with the general advancement of science. During nearly a century of growth we have never been checked at a single point by any fresh discovery in the whole domain of science. I need not call your attention to the fact that empirical medicine has been, time and again, suddenly thrown back upon its haunches by the revelations of physiology, and of chemistry, and of microscopy, and of kindred subjects. I need not point out to you how, in spite of such revelations, the most absurd practices have been continued and taught by that same empirical school. On the other hand the Homœopathic school has found that not only its great central law of cure, but every corollary springing out of that law, has received the most cordial endorsement at the hand of kindred sciences. There can of course be no knowledge of a therapeutic law until we have come to a just comprehension of the true nature of disease. It has been most absurdly stated that Hahnemann rejected pathology. On the contrary, we assert that he was the most profound pathologist of his age. What he did reject was the unscientific theories and the unmeaning jargon of those who assumed to teach pathology. What he especially rejected was the assumption that the tissue changes produced by disease, was the disease itself or was the thing to be treated by

#### THE INTELLIGENT PHYSICIAN.

Hahnemann taught us that back of all functional and tissue change was the original disturbing force, and that it was to this force or these forces, which, in every case of disease, brought about the changes recognized, that the physician must apply his regulative and controlling art. And Hahnemann taught us another equally important fact, namely: That the agents which are employed in the cure of disease are not to be judged merely by their physical and chemical qualities, but by the forces resident in them. And he taught us, moreover, how those forces were to be studied and understood. It seems trite to say these things to you who are veterans in the work of practicing and teaching Homœopathy, but my friends, these things are not understood, simple as they are, certainly not by those who oppose us, and alas! often not understood by those who assume to represent us. The cause of this misfortune cannot be fixed upon any one source. We may charge it upon preceptors that they do not set the right example before their students, and remembering the old adage "like priest, like people," we do not wonder that students imbibe the most erroneous theoretical and practical ideas at the very outset of their career, and that they live only to repeat upon a larger scale the evil practices of their preceptors. We might charge it upon our current and general literature that it is sadly tainted with empiricism, and that it is guilty of offering

## SUGAR-COATED ERROR

to the public in place of the plain and priceless truth. We might charge it upon our medical colleges that they fail to teach their students that which is most desirable they should be taught, and that they allow candidates to graduate who have no proper conception of the philosophy of medical science, and have not been drilled into the true methods of Homœopathic practice. If hundreds of such are being turned loose upon the profession yearly, while the old original stock of practitioners is dying out, it will not be difficult to foresee the result of another third of a century to Homœopathy in this country. It is well known to you, my friends, that every doctrine and practice peculiar to our school has been fiercely and rudely assailed by those professing to be members of the Homœopathic profession. If each of them had gained their points, there would literally have been nothing left of us to-day. We cannot afford to be optimistic in the face of such startling facts. Least of all can we afford to lull ourselves to sleep with the songs of peace. As we are attacked, at home or abroad we must attack in return. Of what use to us is peace purchased by the selling of truth ?

———"Better war, loud war by land and sea :  
War with a thousand battles and shaking a hundred thrones."

## THE PAST YEAR

has been marked by an unusual amount of controversy. No one I think should call in question the right of either party to a full, fair and candid expression of their views. Our only hope of present safety and future progress lies in continued agitation. But if I am to report upon the progress of Homœopathy, it becomes my duty to say that we have been greatly hindered by controversies of a purely personal character, and it will be noticed that our literature will not be greatly enriched by contributions of this sort. A continuance of this is to be deprecated. My venerable predecessor, Dr. Small, in his presidential address in 1873, gave utterance to the following words :

"The power of the press is everywhere revealed, and in the service of truth it builds up human interests. It should never be the willing generator of puerile strife, but the propagator of noble principles. In medicine it should be the channel of truth, of new discoveries and practical observations. A medical journal is out of its legitimate sphere when it becomes the propagator of doctors' quarrels, throwing broad-cast personal invectives, dogmatic implications and insinuations of a personal nature."

Most heartily should we endorse these words, and I have placed them here that they may again be read and better heeded. There is such a wide field of future work before us, and it is so resplendent with the harvest of truth that we cannot my friends, afford to exhaust our energies in any other direction or upon any other cause. And I beg to call your attention to the fact that

## THE GENERAL ADVANCEMENT OF SCIENCE

is constantly widening our sphere of action. Who would have thought a few years ago, what the microscope might do for us in the improvement of a certain class of triturations? Who would have guessed what a wide spread interest might be created in these investigations? Molecular physics has received a new impetus from what has been already done in this direction by our bureaus of microscopy and materia medica, and it has also greatly enlarged our knowledge of both what is done and should be done by our pharmacutists in their preparations of triturations. This department of pharmaceutical work may be said to have gone a long way forward within the past two or three years. It has been thought by some that the recent work of our microscopist has tended to cast a shade of doubt upon the validity of our so-called high attenuations. Nothing can be further from the truth than this. In the first place, the microscopical work alluded to has but just begun, and has not assumed a finality upon any fundamental question. In the second place, it is not probable, I may perhaps say not possible, for any future revelations of the microscope to affect in any special degree, the question of dynamics. The microscope deals with drug forms; it is left for another department to deal with drug forces. And here we find a wide field opening before us. We are to-day studying force under entirely new conditions. Those marvelous instruments known as the Radiometer of Prof. Crooke, and the Tasimeter of Mr. Edison, are revealing to us a new world of thought. And I can easily imagine how a knowledge of them would have gladdened the heart of Hahnemann and would have helped him to a ready explanation of the mystery that naturally hung about his thirtieth centesimal potencies, to say nothing of higher attenuations. My friends, we have to discover a fact before we can explain it. The explanation, however does not always follow hard upon the heels of the discovery. On the contrary it lays often a long way behind.

## THE POWER OF ATTENUATED REMEDIES

to cure disease was a fact discovered by Hahnemann, and it is a fact demonstrated in the United States alone not less than a hundred thousand times every day. The explanation of this comes too slowly. But it comes nevertheless, and we find that every fresh discovery in the field of dynamics has added to that explanation. I am not speaking of any particular form of attenuation, for to every mind the sixth and the six thousand are equally in want of a philosophical explanation of their curative capabilities. But upon this point I need go no further.

I come now to speak of another cause of our progress, namely: The enlargement and perfection of our educational work. The Homœopathic colleges of the United States are taking high rank among the best educational institutions in the country. It is not the fault of



some of them that they do not take yet higher grounds. It is the fault of the profession which will not patronize as it should colleges that demand better scholarship. It is to be regretted that

#### THE INTER-COLLEGIATE CONGRESS

has met with so much to discourage its action. For the honor of our cause, let us hope that it will yet succeed in effecting a sodality among our colleges, and that together and in harmony they may carry on our educational work in accordance with the demands of the times. And I must especially urge that in the matter of final examinations for graduation, there is much need of reformation. A competent board of examiners of disinterested persons, for each college should be appointed, and this board should conduct a very full and complete examination into all strictly medical subjects, and the result of such examinations should be final as to graduation. There is a gross impropriety in the faculties passing upon their own work, and their virtues should not be so severely tested by asking them to cut down at one fell blow both the number of graduates and the cash receipts. This is too much for poor human nature to bear.

Two of our colleges have fairly and honestly met the demands of this body by requiring a preliminary examination, and they have done more in requiring attendance upon three full courses of lectures in one case eight months each and in the other nine months each, before graduation. This I think we may call substantial progress. Several of the remaining colleges will make the same requirements beyond a doubt within the next year or two, and let us hope all of the Homœopathic colleges will be upon a like high plane within a comparatively short period. The past labors of your Inter-Collegiate Committees have contributed much toward these desirable results.

Our current and general medical literature demand at my hands words of the highest commendation. Of making many books and publishing many journals, there is no end, and let us earnestly pray that there may never be such an end in our school. We can no more live and grow as a medical school without flowing constantly into our professional body a generous and fresh current of literature than we could exist as individuals, without daily food and without fresh and healthy blood flowing in our arteries and veins. All honor to the intelligence and enterprise of the authors and publishers who give us yearly such fresh and generous drafts.

It is well known to most of you that but a small part of the writings of Samuel Hahnemann has been given to the world. His *Materia Medica Pura*, his *Chronic Diseases*, his *Lesser Writings*, and, above all, his *Organon of the Art of Healing*, have long been the classics of our literature. I am creditably informed that a large amount of unpublished manuscript is yet in the hands of his heirs. I have in my possession a pretty full catalogue of what those writings comprise. It has been thought desirable by many that these should be given to the world. I am heartily of that opinion. I would like to place in the

hands of a committee such documents as have come into my possession in reference to this matter and to have that committee report upon the subject at an early date.

I beg to recommend the amendment of Section 1, Article III., of the constitution, so that the president shall be left free to choose the subject of his annual address as is the custom in all similiar scientific bodies.

I beg, also, to call your attention to the second resolution passed June 8, 1854, as casting an uncalled for aspersion upon our Homœopathic materia medica and offering a needless apology for ignorance. By persons

#### INIMICAL TO OUR CAUSE

it is often quoted to our hurt. It is misleading, and therefore injurious in its effects upon the public mind. When we have said "that we regard the Homœopathic law as coextensive with disease," we have set up a standard that is not ideal but real and practical, and it should not be concealed under apologetic phrases, neither should it be lowered in the same breath to suit those who are lacking in knowledge or devotion to principle.

It is proper perhaps that I should report to you that I was present as a delegate at the last meeting of the American Public Health Association at Nashville Tenn. This large and important body of scientists is wielding a great influence over this entire country. I am assured that delegates from this body would be cordially received by the Association, and I would urge upon all of you as individual to take a personal interest and if possible a personal part in the proceedings of this body.

#### A QUESTION OF PARAMOUNT INTEREST

to us here presents itself. Nearly twenty years ago the war of the rebellion broke out and a vast body of men were called into military service. These men of necessity demanded a large amount of medical attention. From the Surgeon-General down to the humblest regimental surgeon, there were employed a small army of medical men, whose posts of honor and emolument were eagerly sought after. It is well known to you that all these honorable and responsible positions were filled exclusively from one medical school. It was in vain that the representatives of the Homœopathic school sought for employment and recognition. The most bitter opposition was set up against, and the most foolish and flimsy excuses offered by the government for excluding us from the surgical staff of the army and navy. All this is passed, but we have reason to learn from it a lesson of importance. Let us in time of peace prepare for war, for it cannot now be foreseen when we may have another conflict of arms, but such an event is possible, and we must not be found wanting when that time comes. I beg you to consider whether it be not your duty as a national body, representing the Homœopathic school, to take such steps as will

secure from our national government proper recognition—I mean, particularly, in the matter of the appointment of surgeons in the army and navy of the United States. Our rights must be asserted and secured.

Ladies and gentlemen, I have been called by your suffrages to this post of honor, and with it there is laid upon me important responsibilities. It will be my aim to aid you in the accomplishment of your work. The will of the majority shall be my law, and I crave your assistance and patience that working together we may succeed in making the present the best of all sessions that have been held of the American Institute of Homœopathy.

Human life is a curious combination of pain and pleasure. There is no life without sensation, and our very existence necessitates the ceaseless activity of our feelings. Our emotions and our thoughts are as the keys of a mighty organ over which the deft fingers of the musician run, for over our hearts and brains, there sweeps continually the invisible and masterly hands of the all compelling forces of the universe. There can be no music upon a single note however skillfully it may be played, nor can life be manifested in man through the activities of a single emotion. It may be truthfully said that when we are without sorrow life has lost a large share of its interest, and we are robbed of half our joys.

It is therefore not a solecism to speak of

#### THE PLEASURE OF PAIN.

And this we have in its highest manifestation, when on an occasion like this, we come to pay our tribute of love to the memory of the dead. Mere words cannot greatly heighten our feeling. Indeed, they too often limit and obstruct rather than aid us. In the deep, solemn silent thoughts of our hearts, we know what we feel, and there is no language known to men, that can give it voice. Pardon, therefore, the imperfect utterances of one who would bring his widow's mite to swell your contributions of praise in honor of our dead. I would lay a loving chaplet on the brow of all who are sleeping in yonder graveyards. I would exalt their virtues and brighten the memory of their heroic deeds. I do not fear that they have perished or that they will ever cease to be. Nature knows no loss.

The President's address was referred to a committee of three, consisting of Drs. Dake of Nashville, Dowling of New York city, and Kenyon of Buffalo.

(To be continued.)

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A writer in *Nature* says that a terrier dog poisoned with one-sixth of a grain of *Strychnia* was recovered with forty-five grains of *Chloral hydrate* injected sub-cutaneously.

## Consultation Department.

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### WHAT IS SHEET GUM.

"R" in the June number of THE INVESTIGATOR page 412, speaks of "Sheet gum" as a remedy for rheumatism. What does the fellow mean by sheet gum? India rubber? If so vulcanized or unvulcanized? Such an indefinite report is useless to anybody. There are various kinds of "gum."

H. C. LEONARD.

### WHAT DOES IT MEAN.

In the last INVESTIGATOR, on page 467, I find an article "On practical notes," the writer gave *Cas. sang.* I can not make out what that is, does he mean *Sanguinaria canadensis* or what does he mean, will you please give me the desired information.

J. H. BAHRENBURG.

(It is an abbreviation of *Cascara sangrado*).

### WHAT IS THE REMEDY?

Will some of the profession inform me what remedy, strength and how often to give a patient who is near fifteen years old, with red hair, brown eyes, (near black) light complexion, very active, good general health; menses quite regular, growing rapidly, hair is turning grey and is anxious about it as well as friends. Any one who will answer this will oblige,

W. W. FRENCH.

### ANSWER TO QUERY.

In answer to query in the last INVESTIGATOR, "Do you ever charge ministers?" I will say certainly. Why not! What class of men receive a more liberal compensation for their labor than the ministers. Doctors of medicine are expected to contribute freely towards the support of doctors of divinity. It is said to be a poor rule that will not work both ways.

F.

### IS VACCINATION NECESSARY.

Will you kindly give me what you believe to be the present attitude of advanced medical men on the subject of vaccination. Eminent opposition has been made to it, I wish to know how extended that opposition is. In a recent conversation with one of my most influential and intelligent patrons, a prominent physician took strong

ground against it, urging in its stead hygienic rules and general good health. He said a healthy body would not take disease. He slept in the same bed with a small pox case, many times and escaped.

O. B. B.

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## Hygiene Department.

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### *WESTERN TEXAS VS. FLORIDA FOR CONSUMPTIVES.*

BY C. E. FISHER, M. D., SAN ANTONIO, TEXAS.

Mr. Edward King, in one of his interesting letters to *Scribner's Monthly*, written from Florida, says of that state as a health-resort for pulmonary invalids. "If a perfectly equable climate where a soothing warmth and moisture combined prevail, be desirable for consumptives, it can be found nowhere in the southern states save in southeastern Florida." There can be no doubt but that Florida has a fascinating climate; but 'tis well that the writer of the foregoing quotation exercised a very sensible discretion in prefacing his remarks on consumption, and qualifying the proposition that Florida has a suitable climate for pulmonary invalids by the little word "if." The results of investigation, by scientific men, of consumption and its prevention and treatment have clearly revealed the fact that an invigorating climate, exercise in the pure open air, and a generous diet, are more essential by far to the successful treatment of this deadly disease than are any or all of the remedies of the *materia medica*. Before the vast regions of the far west became connected with the remaining portions of the United States by rail, Cuba and Florida and the West Indies were regarded by medical men as the most suitable resorts for the vast numbers of the valetudinarians who migrated thitherward every autumn, and returned northward every spring, with the regularity of birds of passage. The connection of Texas and Colorado with the east and north, however, has resulted in the travel of vast numbers of pulmonary invalids to the west and southwest, and the results obtained are far more gratifying than are those following the influx of invalids to Florida and Cuba.

Mr. King has well described the climate of Florida. It is *humid*

and *warm*. The climate of Western Texas is decidedly dry; and although during the summer the sun shines with considerable warmth, the nights are so cool and invigorating that the heat of the day is not at all unbearable.

The climate of Florida is warm, damp and debilitating, and, while very delightful as a happy relief from the sudden changes and severe cold of northern latitudes, the very natural effect upon the system is enervating.

The climate of Western Texas is just the opposite. The atmosphere is so dry and pure, as to be bracing and tonic, partaking somewhat of the nature of mountain air, but freed from the chilliness and dampness incident to mountain frosts and dews. The influences of such a climate are all favorable to the invalid, and are constantly tending with every breath he breathes to build up his wasted strength and energy.

The invalid can, as a rule, be out of doors five days out of every seven. The much-dreaded "norther," although at times undeniably pinching, is but a purifier of the air, and is not regarded as nearly as dangerous to the invalid as are much severer and quite as sudden changes of the north and east.

Eminent physicians of all schools are undeniably of the opinion that pulmonary invalids can hope to derive the greatest benefit in the shortest time in a dry, bracing atmosphere, and the climate of Western Texas is, without doubt, the nearest to perfection on the American Continent.

It is safe to say that *over* 90 per cent. of consumptive and bronchitic invalids who come to Western Texas (that portion of the state lying west of 98°) in the early stage of the disease, and *stay here*, recover entirely. Hundreds have yielded to homesickness when apparently well, and have returned to the north or east, almost inevitably resulting with a fatal relapse. Those who seek health in Western Texas should come prepared to stay for months—if necessary for many years; better still to remain permanently.

With the accepted fact before us that the climate of Florida is *warm* and *moist*, consequently *enervating*, and the climate of Western Texas is *dry*, *pure* and *bracing*, consequently *health restoring*, what physician who has the health of his patient at stake, will advise him to choose other than the climate of Western Texas.

## Book Department.

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All books for review must be sent to the Publishers.

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**A HAND-BOOK OF DISEASES OF THE SKIN.** By J. R. KIPPAX, M. D., LL.B. Chicago: Duncan Bros. 12mo. pp. 208. \$1.50.

I am very much pleased with your Hand-book of Skin Diseases. It is truly "*multum in parvo*." Your section on eczema is worth the price of the book many times over. Your treatment is concise and to the point. I am glad you avoid the usual abomination,—enumerating the whole *Materia Medica*, and then running away, leaving a poor fellow in the wilderness, to get out the best way he can. I wish to congratulate you on your success. GEO. LOGAN, M. D..

Having thoroughly examined your "Hand-book of Skin Diseases," it gives me pleasure to accord it my hearty approbation. Its chief value is in its conciseness, while in every detail it fulfills perfectly its office as a valuable treatise for study and reference by both students and practitioners, being a neat, systematic, reliable, compact, and comprehensive work upon diseases of the skin. I shall take satisfaction in recommending your book to the classes attending my lectures upon the skin, as well as to the profession generally.

PHIL. E. ARCULARIUS, M. D.

**A PRACTICAL TREATISE ON NERVOUS EXHAUSTION. ITS SYMPTOMS, NATURE, SEQUENCES AND TREATMENT.** BY G. W. BEARD, M. D. New York: W. Wood & Co. Chicago: W. T. Keener; Duncan Bros. 8vo. pp. 198. \$1.75.

This is a most valuable monograph on this interesting subject of neurasthenia that is occupying so much attention just now. We regret that the author did not give us some Homœopathic therapeutics, as he did in his domestic work. But Kershaw's work will make amends for this lack. The work is worthy of a place in our libraries.

**WOODS' LIBRARY FOR 1880.**

Wood's library is one of the marvels of the age. By a plan of subscription possible in the Old School where the list runs up into the thousands with the cash in advance, so that everything can be cut

down to the bottom margin, it has been possible to get up a series of books very cheap indeed. A book of 300 pages for \$1 is a marvel in medical publishing business. It is true that old medical books may be purchased even cheaper, so the value of this new venture turns not upon the size of the volume but upon the character of the volumes.

Five volumes of this library for 1880 have reached us through their agent, W. T. Keener, of Chicago, and we regret we have not room to give them the extended notices they deserve :

GUTTMANN'S *HAND-BOOK OF PHYSICAL DIAGNOSIS* is translated from the third German edition. It compares favorably with Loomis' work, but of course is far behind DaCosta on Diagnosis. It is, however, valuable to the physician, for it contains much detail.

POULET'S *TREATISE ON FOREIGN BODIES IN SURGICAL PRACTICE* make up two valuable volumes. They are exhaustive, interesting and practical, as is true of most French works.

*VENEREAL DISEASES, INCLUDING STRICTURE OF THE MALE URETHRA*, is by Keyes, the joint author with Van Buren of a large work on the Urinary Organs, including syphilis. This author treats chancroids, syphilis, and gonorrhœa as separate diseases, and in the usual Allopathic manner. This work is far below Jahr, or Berjeau, or that department of Gilchrist, and Homœopaths will find in it little of value to them.

*DISEASES OF INFANTS AND CHILDREN WITH THEIR HOMŒOPATHIC TREATMENT*, Edited by T. C. DUNCAN, M. D., Assisted by Several Physicians and Surgeons. Vol. II. Chicago: Duncan Bros. 8vo. Price, cloth, \$3.50.

This valuable work is at last completed. Volume II. takes up the diseases of the glands including the infantile liver, pancreas, spleen, supra-renal capsules, thymus and thyroid glands, and the lymphatics. Original research and deductions are here met, and give a zest to the study of the most difficult and at the same time the most important studies to the pædologist, *i. e.*, gland functions and gland diseases. This chapter should be studied in connection with digestion and diseases of the alimentary canal. The lymphatic system has been brought to the front, where its importance should have placed it long ago. The hard study of the author is here very conspicuous. Diseases of the infant circulation and respiration next follow, and are exhaustively considered. The articles on croup deserve special mention. The diseases of the genito-urinary organs of children are



carefully considered and ably handled. The diseases of the infant brain and nervous system are treated in a most practical manner. The more prominent diseases of the skin, eye and ear, and such general diseases as rickets, worms, and infantile syphilis close this excellent volume. These two volumes show an immense amount of research and hard work, and are an honor to the cause, and should be possessed by every physician who has children to treat.

L. G. H.

**MOTHER TRUTH MELODIES.** By E. P. Miller. New York: G. W. Carleton & Co. Chicago: Duncan Bros. pp. 216. Price, \$1.00.

To those who hesitate to fill children's minds with such nonsense as is found in the nursery jingles of the long ago, this book will be very welcome. It is full of common sense, truth and instruction enough to interest all from the youngest to the oldest. In addition we note some sound hygiene in "hush-a-bye," "dive me sudar," "tause I'm tross," "rock-a-bye." The latter winds up with

Rock-a-bye baby  
Our darling was ill,  
Rock-a-bye baby  
But now he is well.  
Rock-a-bye baby,  
No drugs, not a dose!  
Yet he's over it timely  
Just hear how he crows.

Those interested in little folks will find this a veritable kindergarten.

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## Medical News.

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*Dinaphthylidiquinone* is the name of a new substance obtained from naphthaline.

*Henry N. Guernsey, M. D.*, of Philadelphia, reached home June 4th from a year's travel in Europe.

*Prof. John E. James, M. D.*, of the Hahnemann Medical College of Philadelphia—chair of surgery—is spending the summer in Europe.

*Cholera infantum* seems very deceptive this year, running rapidly into enterocolitis. Compare these two diseases in Volume I. with *tabes mesenterica*, Vol. II. Diseases of Infants and Children.

*Dr. J. A. McGill* of the city of South Bend Ind. has been appointed by the county commissioners, physician to the jail and county asylum. Score one for our side.

*Dr. J. S. Mitchell* has taken a cottage at Nantucket, Mass., and will spend the summer with his family, at this noted seaside resort. He leaves July 14th to return about Sept. 1.

*Dr. T. Bacmeister*, in the *American Observer*, compares the fluxion potencies with the Hahnemannic scale, and shows Dr. Swam's m m potency to be only equal to Hahnemann's 109 1-2

*Juglandine* produces a sharp wrenching pain in the left side, a suffocating sensation in the chest, compelling one to stand still some minutes for breath, worse on walking and out of doors.—*Am. Observer*.

*Diagnosis of Pregnancy*.—When the neck of the uterus appears to you as hard as the end of your nose, pregnancy should not exist. If it appears to you as soft as your lips, the uterus probably contains a foetus.

DR. WILLIAM GOODALL.

*Dr. Samuel Potter* of Milwaukee, is a graduate, all the statements to the contrary notwithstanding, and received his diploma like any other candidate, so we are informed, by passing the required examinations. Dr. A. E. Lodge, of Detroit, is also a graduate, so Prof. P. H. Gatchell informs us.

*The New York Ophthalmic Hospital*.—Report for the month ending June 30, 1890: Number of prescriptions, 3,359; number of new patients, 374; number of patients resident in the hospital, 5. Average daily attendance, 130. Largest daily attendance, 181.

CHAS. DEADY, M. D., Resident Surgeon.

*Removal*.—Prof. J. R. Kippax having become a member of the College of Physicians and Surgeons of Ontario, Canada, has removed his residence from Chicago to Toronto. He is announced to deliver the introductory address at the Chicago Homœopathic College on Wednesday evening, Sept. 29th, and will remain to give his full course of lectures as heretofore.

*The Boston Medical and Surgical Journal* relates a case in which a naso-pharyngeal polypus was removed by sawing through the nasal bones and vomar to the alar cartilages, the nose then turned down on the mouth, the inferior turbinated bone cut away with nose forceps and the polypus removed from the bodies of the sphenoid and right palatal bones. The nose was replaced and the severed bones riveted together.

*Iowa University, Homœopathic Department*.—We learn indirectly that the board of Regents of the State University of Iowa have vacated the chair of surgery, in the Homœopathic Department. It is also rumored that Dr. Geo. F. Roberts, of Waterloo, will probably be selected to fill the vacancy. No better selection could be made. Dr. Roberts is one of the recently appointed members of the State Board of Health of Iowa, and is already admitted to be a surgeon of remarkable ability.

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*A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.*

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Society Proceedings.

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*AMERICAN INSTITUTE OF HOMŒOPATHY.*

(Full report continued from page 107).

GENERAL BUSINESS.

The regular business of the session was then taken up. The following auditing committee was appointed: Drs. D. H. Beckwith, of Cleveland; I. T. Talbot, of Boston; H. M. Smith, of New York city.

The secretary, Dr. J. C. Burgher, of Pittsburg, submitted the report of the Publishing Committee, which showed the work to be in a backward condition. He had asked to be relieved from duty on account of ill health, and had at last been obliged to transfer his duties to Dr. Guernsey, of Philadelphia.

THE TREASURER'S REPORT.

Treasurer Kellogg, of New York city, submitted his report, which was referred to the auditing committee. It shows a cash balance on hand of \$3664.15.

At this point in the proceedings, Dr. Berridge, a representative of the Homœopathic Society of England, being present, was invited and took a seat on the platform.

The report of the Necrologist, Dr. Paine of New York, was read and referred to the proper committee for additions and corrections. There have been nineteen deaths reported to the Institute during the

year, viz: Dr. W. S. Helmuth, of Philadelphia; C. J. Hempel of Grand Rapids; Moses Dodge, of Portland; E. A. Munger, of Waterville, N. Y.; Marquis de Nunez, of Madrid, Spain, an honorary member; Dr. Warren Freeman, of New York; Dr. Franklin Bigelow, of Syracuse; Dr. J. A. Ward, of New York; Dr. J. H. Woodbury, of Boston; Dr. Michael Friese, of Harrisburg, Pa.; Dr. E. B. Harding, of Northampton, Mass; Dr. Lafayette Bushnell, of New York; Dr. A. H. Botsford, of Grand Rapids; Dr. Harrison V. Miller, of Syracuse; Dr. J. M. Cadmus, of Waverly, New York; Dr. W. H. Woodyatt, of Chicago; Dr. F. H. Bradner of Middletown, N. Y.; Dr. G. R. Knight, of Collegeville, Pa.; and Dr. L. M. Smith, of Canton, O.

THE BUREAU OF ORGANIZATION, REGISTRATION AND STATISTICS reported through its chairman, Dr. I. T. Talbot, of Boston, the following statistics: The most reliable register contains the addresses of 6000 Homœopathic physicians in the United States, of whom 839 are active members of this Institute. The Western Academy has 150 members and meets annually. There are 23 state societies, of which 17 are incorporated, with a total membership of 1859, of which 183 were added and 28 died last year. Of 89 local societies, 63 reported to the Bureau, 1632 members.

The medical clubs are partially social and partially professional in their character. Six of these have 100 members.

Thirty-four Homœopathic hospitals are established. Twenty-five of these report 1,505 beds, occupied last year by 14,618 patients, 8,455 cured, 2,864 improved, 849 not improved, 355 (less than 2½ per cent;) died. The cost of 25 of these hospitals has been \$1,189,175; debt \$85,000; funds \$41,206.

Of 29 dispensaries, 22 report 103,577 patients treated last year, with 221,803 prescriptions at an average cost of 5½ cents per prescription in conducting the dispensary.

Eleven colleges, all in good standing, have had 1192 students, and graduated 387 the past year. The alumni numbers 4822 and a faculty numbering 159. The cost of establishing five of these colleges has been \$230,000. Two special schools, ophthalmic and obstetric, have had 26 students and 18 graduates, 182 alumni.

Sixteen journals are published in the United States, 4 quarterly, 10 monthly, 1 every two months and 1 semi-monthly. These publish 22,250 copies, 700 pages, monthly, or 8400 yearly. One Library Association, 1 Publishing Society and 1 Homœopathic Insurance Company. All are in successful operation.

Dr. Smith, of Ohio, objected to the report on the ground that it did not take cognizance of a dispensary maintained in Cleveland, O., by the ladies, who had, by dint of perseverance without outside aid, built up and maintained a successful institution of this character and were entitled to special recognition.

Dr. Lilienthal, of New York, said there were several institutions of

the kind maintained by the ladies of his city, and was proceeding to enlarge on the subject when the president called him to order, on the ground that the bureau report was not properly before the meeting.

A motion was then made that the report be accepted, which, was carried.

Dr. Sherman, of Milwaukee, Chairman of

#### THE BOARD OF CENSORS.

presented favorable reports on the following applications for membership: Edward Roche, of Maine; Henry Elmore Russique, Massachusetts; Edward Rushmore, New Jersey; G. S. Walker, Missouri; M. M. Eaton, Ohio; Eugene F. Storke, Milwaukee; J. D. Heath, Wisconsin; W. P. Armstrong, Indiana; Hugh Pitcairn, Pennsylvania; Phillip Porter, Michigan.

#### BUREAU OF PHYSIOLOGICAL AND PSYCHOLOGICAL MEDICINE.

Dr. William E. Spaulding, of Hingham, Mass., read a paper which provoked considerable discussion, entitled "The Sphincter Tertius or Spincter Recti."

Dr. Lillenthal, of New York, read a paper on Insanity.

He was followed by Dr. George F. Foote, of Connecticut, who read a paper on "Insanity, Inebriety and the Opium Habit, and its remedy."

Dr. T. L. Brown of Binghamton, N. Y., read a paper on Morbid Vision, which created quite a sensation among the audience on account of the stab which it gave to religion. He took the ground that perception of forms in motion, and the memory of the same, constitute the normal and abnormal visions of individuals. We cannot be conscious of anything without a brain, and have no vision independent of object, perception, or brain organization. Thought is the nerve cell motion record of object, form and motion, and we cannot think or view that which has neither body, parts, nor motion. Every vision is or has been a brain perception. The condition of the brain and its relation to the quantity and quality of blood seems to control the phenomenon of normal and morbid vision. Arterial and venous blood in the brain, as to the relative amount, modifies the manifestations of thought what we see in our normal condition is our healthy vision. Conditions favoring the increase of carbon in the blood, through the lungs by inspiration, in place of oxygen, favors in like proportion, morbid vision in place of healthy vision. The open air, well ventilated rooms, strictly physiological food, exercise and sleep are conducive to correct vision. In the spiritual circle, held in a closed room, where bed quilt and blankets are placed over windows and doors to keep out light and oxygen and keep in carbon, the blood of each person in the room is carbonized and the feeble-headed, small-chested medium, after hours of breathing the impure air, declares she sees her dead aunt or grandmother, eyes open or shut, in the darkness. An open door destroys the vision by purifying the air. The well ventilated churches of this day have done away with the excitements of the

revival and they are now practically a failure, because the inmates are clear-headed in the pure air, and can think and act rationally. In the sunshine and air, active with bodily and mental work, the scientists was civilizing himself and the terror stricken race.

A paper on "Phimosis in its Relations to Insanity," was presented by S. H. Talcott, A. M. M. D., medical superintendent of the New York State Homœopathic Insane Asylum at Middletown, N. Y.

The Institute adjourned until 8 o'clock P. M.

#### THE EVENING SESSION.—REPORTS FROM DELEGATES.

At 8 o'clock President Wilson called the Institute to order. The evening business opened with the reports of delegates from State and county medical societies. The following gentlemen reported: Dr. Farnsworth, of Cambridge, Mass; Dr. Taylor, of Crawfordsville, Ind.; Dr. Bowen, of Indiana; Dr. Peck, of Rhode Island; Dr. Everett, of Colorado; Dr. Dowling, of New York; Dr. Allen, of Michigan; Dr. J. P. Dake, of Tennessee; Dr. Edmonds, of St. Louis; Dr. Owens, of Ohio. The reports were very flattering to the cause of Homœopathy, showing how it had been recognized by the national, state, county and municipal governments by the appointment of its physicians to positions on boards of health, in hospitals, asylums and the army.

#### THE BUREAU OF GENERAL SANITARY SCIENCE,

climatology and hygiene was then taken up, and Dr. Bushrod W. James, of Philadelphia, chairman, called on Dr. D. H. Beckwith, of Cleveland, who read a paper on "Quarantine for refugees exposed to an epidemic of any kind by river, railroad or wagon-way." He gave a history of the spread of the cholera throughout the principal cities of Ohio, from a single case landed from a steamboat in Cincinnati, and based an argument in favor of inland quarantine thereon. The greatest good to the greatest number, was the correct rule, even if it did separate families and spread financial bankruptcy. The government should be empowered to compel States to establish quarantine and stop railroads and steamboats, etc. Refugees from infected districts, should under charge of authorities, should be taken to a bath-house, thoroughly washed and new clothes be provided for them and they should be kept in quarantine fourteen days. He then gave a list of disinfectants, and how they should be used in cars, coaches, etc., and advocated the use of earth closets. Sanitary science had advanced so, during the past ten years, precluded observance of the old rules. The doctor then went into statistics to show that Homœopathy was more successful than the other schools.

Chairman James read by titles, their length precluding their reading in full, the following papers sent to him: "The Cordon Sanitaire," by Dr. R. E. Caruthers, of Allegheny City; "Disinfection of People, Cargo and Baggage in quarantine," by Dr. M. S. Briry, of Maine; "National Quarantine, including that of the Sea Coast," by Dr. G. M. Ockford, of Vermont.

The chairman then read a paper from Dr. L. A. Falligant, of Savannah, Ga., on

“SANITATION AND LOCATION OF QUARANTINE STATIONS.”

Quarantine was not a cure for a disease, but the means of preventing its spread, and its weight therefore fell upon the individual. The sick must be taken beyond the power of doing harm to the well. The site for a quarantine, should be in a healthy place, so that the lives of the sick, should not be endangered by their isolation. The generally prevailing winds also should be taken into consideration; a site should be selected if possible where the wind would neither blow miasma to the hospital or the poisonous germs of the hospital, to the dwelling places of the healthy. In regard to distance, yellow fever hospitals should be located one mile and small pox hospitals ten miles from a city. The paper then went on to describe the architecture of the Quarantine hospitals, contending that they should be but one story in height.

Dr. James then read his paper on

NATIONAL QUARANTINE,

including the sea coast. He spoke of the difference in the quarantine laws of different nations, which he deplored. The remedy he thought must come through the United States, whose coast line was so vast that a rigorous enforcement of wise sanitary and quarantine laws would attract the attention of the world, and make an example which would be followed. The bitterness that such a course would engender in commercial circles, would soon change to commercial blessing. He then gave a history of the endeavors of France to establish an international quarantine in Europe, to prevent the spread of the cholera. He looked upon the International Sanitary Convention, to be held in Washington, as of vast importance. He hoped the golden rule would prevail in this congress of nations, but thought the example set by the United States would do more to the establishment of a code of International Quarantine Laws.

The subject treated of by the bureau was then opened by discussion, and Dr. Dake, of Memphis, gave a

HISTORY OF THE YELLOW FEVER SCOURGE

in that city. He argued that the disease was only spread by actual contact and the germs were not conveyed in the air. In proof of this he cited the history of the yellow fever epidemic in New York, which had been confined in one part of the city, by running a high board fence from the river to river across the island.

Dr. Bowen, of Fort Wayne, contended that infected clothes should not be destroyed by burning, as the disease was spread in the heat and smoke.

Dr. Verdi, of Washington, said the clothes should be baked in ovens, the intense heat destroying the germs of the disease without destroying the clothing, which was an item with the poor who were generally the patients.

Dr. Taylor, of Indiana, criticised the action of the chairman of the Bureau in selecting men to write in antagonism to each other. He then criticised the idea that the government should supercede the state authorities in the matter of quarantine.

Dr. Verdi, of Washington, was granted permission to speak a second time, and spoke against the doctrine of State rights bearing on this question, because the interest was an open one. He spoke of the shot-gun quarantine and said it was revolution. It was impossible to stop any epidemic without a single and leading authority to direct operations.

Dr. Pettit, of Ohio, spoke in favor of the use of super-heated steam to disinfect clothing, as a dry heat to destroy the germs of the disease would char and consequently destroy the clothing.

Dr. Smith, of Cleveland, had been through two yellow fever epidemics, and contended that fear of the disease was a potent agent for its spread; those persons during an epidemic were frightened generally took it, while the physicians and those who were indifferent generally escaped. The problem to be settled was how to prevent the disease.

The hour for adjournment having arrived, the discussion of the Bureau was closed.

The President announced Dr. P. H. Beckwith, of Cleveland as chairman of the Bureau of General Sanitary Science, Climatology and Hygiene for the coming year.

Dr. Bushrod W. James, of Philadelphia, offered the following resolutions which were adopted.

*Resolved.* That the President appoint two delegates to represent this Institute in the next meeting of the American Public Health Association.

*Resolved.* That this Institute appoint delegates to present the views of this national body to the international convention called by the U. S. Government; and if delegates are admitted to its proceedings, from medical and other scientific bodies in this country, these our own delegates, to be supplied with credentials to present to that body, and the delegates thereupon ask admittance to take part in the proceedings of the International Conference, appointed to be held at Washington.

The Institute then adjourned.

#### THE DELEGATES.

The following is a complete list of the members and delegates: Drs. George Holbrook, Chicago; C. A. Reynolds, Detroit; P. P. Wells, Brooklyn; W. L. Breyfogle, Louisville, Ky.; O. S. Runnels, Indianapolis; T. T. Oliver, Chicago; Mrs. Persons and Mrs. Stone, Sandusky; Pitchen, Worth; D. H. Beckwith Cleveland; L. M. Kenyon, Buffalo; J. W. Dowling, New York; T. P. Wilson, Ann Arbor;



E. G. Cook, Chicago; H. Hoffman, Pittsburg; I. T. and Miss Talbot, Boston; G. F. Foot, Stamford, Connecticut; E. M. Kellogg, New York; C. R. Morgan, Philadelphia; J. P. Dake Nashville; Mrs. E. Canfield, Titusville; L. E. Ober, La Crosse; T. Halsey Chicago; C. Wesselhoeft, Boston; E. W. Berridge, London, Eng.; G. T. Baer, Richmond; J. E. Smith, Ohio; J. C. Burgher, Pittsburg; M. J. Chapman, Pittsburg; Miss McClellan, Pittsburg; C. F. Smith, New York; Henry M. Smith, New York; Clifford Mitchell, Chicago; Miss Nellie J. Chapman, Pittsburg; Hugh Pitcairn Altoona Pa.; T. M. Bishop, Norwich, Conn.; S. J. Donaldson, Portsmouth, N. H.; Pemberton Dudley, E. C. Smith Chicago; T. L. Brown, Binghamton, N. Y.; T. S. Verdi, Washington, D. C.; F. R. McMannus, Baltimore; A. Lippe, Philadelphia; H. D. Paine, Albany; Horace M. Paine, New York; D. S. Smith, Chicago; H. C. Allen, Detroit; C. P. Alling, Bradford, Pa.; B. F. Dake, Pittsburg; Willis Danforth, Milwaukee; T. C. Duncan, Chicago; Edwin Kellogg, S. Lillenthal, New York; R. Ludlam, Chicago; J. H. McClellan, Pittsburg; E. C. Morrill, Norwalk, Ohio; Wm. Owens, Wm. Owens, Jr., Cincinnati; Porter Puerteberris, U. S. of Columbia; S. J. Pearsall, C. Pierson, Washington; S. Potter, Milwaukee; N. Schneider, Cleveland; C. P. Seip, Pittsburg; Lewis Sherman, Milwaukee; P. G. Valentine, St. Louis; H. B. Van Norman, Cleveland; W. H. Winslow, Pittsburg; A. R. Wright, Buffalo; C. C. Olmstead, Milwaukee.

#### SECOND DAY.

The meeting was opened with the reports of

#### HOMŒOPATHIC MEDICAL COLLEGES

in the United States, which were read by the General Secretary, Dr. J. C. Burgher, of Pittsburg. The reports are as follows:

Homœopathic College of Missouri—Whole number of matriculants present during present session, 51; number of didactic lectures, 440; clinical lectures, 160; clinical cases, 4562; number of graduates for the year, 25.

Boston University, School of Medicine—Whole number of matriculants present during present session, 123; number of didactic lectures 680; clinical lectures, 240; number of graduates, 35; all of whom have studied three years.

Hahneman College, of Chicago—Whole number of matriculants during the present session, 205; number of didactic lectures, 680; clinical lectures, 170; graduates for the year, 87.

New York College and Hospital for Women—Whole number of matriculants during present session, 34; number of didactic lectures 600; clinical lectures, daily at dispensary; graduates, 8.

Pulte College, of Cincinnati—Whole number of matriculants during present session, 86; number of didactic lectures, 536; clinical lectures, 446; clinical cases, 1500; graduates, 22.

Homœopathic Department State University of Iowa—Whole num-

ber of matriculants during present session, 47; number of didactic lectures, 416; clinical lectures, 72; clinical cases, 435; graduates, 9.

Dr. Lillenthal, of New York, moved the reports be laid on the table temporarily, which was agreed to.

Dr. Danforth took the platform and invited the members to become the guest of himself and wife in the evening, and suggested that the night session be held in the afternoon.

Dr. Taylor, of Indiana, moved that a session be held from 4 to 6 o'clock in the afternoon.

Considerable discussion ensued, a number of members contending that the programme should be adhered to. They had come to Milwaukee to work, and not for pleasure.

The motion of Dr. Taylor was amended so that the evening session would be taken up at 7 and close at 9 o'clock, and adopted, and the invitation of Dr. Danforth was accepted.

The Chairman of the Board of Censors reported on the following applications for membership:

Paul G. Derminger, Minnesota, Hahnmann Medical College of Chicago, 1879; C. B. Kenyon, Rock Island, Chicago Homœopathic College 1878; Oscar B. Moss, Cleveland Homœopathic College, of Cleveland, 1870; H. L. Poulson, Iowa, Missouri Homœopathic College 1878; Caroline E. Manning, Chicago, New York College and Hospital for Women, 1876; J. S. Bassett, New York city, Berkshire Medical College, 1850; B. F. French, Indianapolis, Hahnemann College of Philadelphia, 1880; Everitt Mayhew Swift, New York city, New York College, 1879; Mrs. S. C. Cook, Chicago, Cleveland College, 1862; L. S. Ordway, Hot Springs, Ark. New York College, 1864; W. H. Cane, Stillwater, Minn., Hahnemann College, of Chicago, 1867; T. M. Strong, Allegheny City, New York College, 1874; W. P. Armstrong, Indiana, Hospital College, Cleveland, 1866; Miss A. S. Hutchinson, Minnesota, Boston University, 1877; Miss Mary L. Swain, Minnesota, Boston University, 1877; Charles Allen, Washington, Georgetown University, 1861; R. N. Foster, Chicago, Hahnemann College Chicago, 1869; Edwin Smith, Indiana, Pulte College, 1873; D. R. Williams, Wisconsin, Western Homœopathic College, 1862; H. B. Dale, Wisconsin, Cleveland College, 1860; Adam Gavin, Louisville, Chicago College, 1864; C. H. Hoffmann, Pittsburg, Pulte College, 1879; S. J. Donaldson, Portsmouth, N. H., Jefferson College, 1869; E. W. Clark, Wisconsin, Hahnemann College, Chicago, 1865.

The report of the Board of Censors, was accepted and the persons therein recommended, were elected members of the Institute.

The rules were suspended and

#### THE COMMITTEE ON PUBLICATION,

through its chairman, Dr. Allen, of Ann Arbor, Michigan, submitted its report, which is as follows:

Upon investigation of the cause which have led to the extraordinary delay in the publication of the transactions of the World's Con-

vention of 1876, and the failure of the late secretary to issue the transactions of 1879, we have come to the following conclusions :

First, that the delay in the first instance was occasioned by the death of Dr. Dunham, who had all the papers in charge.

Second, that the delay in both cases, during the past year has been occasioned by a singular mental and physical condition of the late secretary, very difficult to explain.

Although unable to perform the labor of the publication, Dr. McClatchey has shown a most singular and unaccountable persistence in keeping the manuscripts from the present secretary, until June 11 inst. to late for issuance before this meeting.

Your committee can account for the cause of Dr. McClatchey upon no theory except that of ill health, occasioned by overwork ; and in view of the eminent services which he has rendered both the Institute and the profession in years past ; we would advise no censure upon Dr. McClatchey, notwithstanding the aggravated trespass upon our patience. In regard to the course to be pursued now to bring out the back-lying volumes, your committee would recommend,

First, that the transactions of the World's Convention and of the session of 1879, be committed to the hands of the late provisional Secretary, J. C. Guernsey, M. D., of Philadelphia. with instructions to bring them out with as little delay as possible.

Second, that the treasurer be empowered to pay Dr. Guernsey for such clerical service not to exceed the sum of \$700 upon the completion of the volumes of the World's conventions and the preceding of 1879.

H. C. Allen, J. P. Dake and J. C. Burgher, committee.

The general secretary, J. C. Burgher, rose to a personal explanation. The report in the *Sentinel* reflected on the secretary as the cause of the delay in getting out the report of the World's proceedings where as the blame rested on the former secretary, R. J. McClatchey, of Philadelphia.

A motion that the rules be suspended to allow Dr. Berridge, of England, to read a paper, was decided on a division of the house, in the affirmative, and Dr. Berridge, amid a round of applause, arose and read a paper on

#### HOW TO ADVANCE HOMEOPATHY.

MR. PRESIDENT, LADIES AND GENTLEMEN: Through the courtesy of our president I have been invited to address you on some subject connected with our beloved science and art. In responding to his flattering appeal, I cannot help feeling how imperfectly I can acquit myself of this pleasing task. In your ever-progressing and enlightened country, free from the fetters of the King-craft and Priest-craft of the Old World, our art of healing has advanced so rapidly that it is to the veterans of America to whom the rest of the world should look for aid rather than to us who seem to be but of yesterday. Nevertheless, I will attempt however imperfectly to

present, for your kind indulgence and consideration, a few thoughts on that subject, which we all profess to have at heart, namely: "How Can We Best Advance Homœopathy?"

It cannot be denied that Homœopathy has not advanced, and is not advancing, as rapidly as we could desire, nor as rapidly, as we once had just and reasonable grounds for expecting it to advance. In the United States, there it has taken the firmest root, and where its spreading branches the most widely, over shadow the land with healing in their leaves, the Old School is yet triumphant in point of numbers; and to this day the rules of medical trades-unionism, euphemistically called

"PROFESSIONAL ETIQUETTE,"

are brought to bear upon us by our opponents. In Great Britain we have but 275 avowed Homœopathic physicians, and this number includes not a few who have not the slightest claims to this honorable title; and while there are many colleges and universities empowered by the state to grant degrees in medicine, we have not one legally recognized school of Homœopathy. On the continent matters are in the same unsatisfactory condition. Except in the United States, and for the last few years in Great Britain, there seems to be everywhere stagnation, if not retrogression. It ought to be far otherwise. More than forty years have elapsed since Hahnemann penned the fifth edition of his *Organon*; more than eighty since he first announced the law of similia, and yet how little fruit has his life work borne in comparison with what should have been. Why is this? To what causes are we to contribute the fact that the profession and the public have not more universally accepted Homœopathy?

There are those nominally amongst us, who have a stereotyped answer to this question. Hahnemann, they say, was too dogmatic, to uncompromising, too visionary; and as a panacea for all the unbelief which now pervades the Allopathic mind, they recommend that we should give up what they call our "sectarian attitude," that we should drop and disown the name of Homœopathy; that we should repudiate as untenable that which they term the extravagances of Hahnemann, such as his doctrine of chronic disease, etc., and finally that we should claim *or similia similibus curentur*, not

THE POSITION OF AN UNIVERSAL LAW

but only that of a very good and useful rule of practice to which there may be many exceptions. "Do this," they say and the Old School will advance to meet us half way; the medical millennium will arrive, and the lamb will lie down with the lion. Yes, truly; but the lamb will be inside the lion! The experiment has been tried both in the United States and in Great Britain and with what result? Fortunately for our school, not by the acceptance of the proffered amalgamation. On the contrary, the Old School repulsed these well meaning but erring colleagues with scorn and contempt! And so it

will ever be. Do not let us be mistaken in this matter. Our Allopathic brethren are not all fools, they can discern the difference between true gold and its counterfeit; they are honest though in error, and they will always reject the overtures of men who are not true in practice, to the principles which they profess, or who show signs of wavering in the presence of the enemy. If we wish the Old School to amalgamate with our own, it will never be effected by compromise. Truth and error cannot co-exist. No man can serve two masters, no man can halt between two opinions without suffering the natural consequences of his indecision. If Homœopathy be false, let us at once relinquish our distinctive name and avow ourselves Eclectics; if it be true let us stand firm nor yield a single inch of our vantage ground. *Magna est veritas, et prævalebis*: Truth has no occasion to descend from her lofty eminence and ask *permission* to be heard.

I speak unhesitatingly on this subject because I speak from experience. My friend and co-editor of our Anglo-American quarterly "The *Organon*" was a leading Allopathic physician, well versed in all the science of which the Old School boasts. He was one of the bitterest opponents of Homœopathy, and the originator of that law of the Liverpool Medical Institution, which enacts that no Homœopathist should be eligible for membership, and that should any member adopt that system he should thereby forfeit his membership. I cannot wonder at it. He had seen the so-called "Homœopathy" practiced in that city; he knew how utterly false were the pretensions of many of its nominal adherents. Is it to be wondered that he made no distinctions, knowing none, and classed all under the same category. But when we became acquainted with each other, and when I explained to him what the true Homœopathy of Hahnemann was, he listened attentively, put the matter to the practical test, became convinced of its truth, sent in his resignation to the Liverpool Medical Institution, as he was compelled to do under his own law, and is now, as we all know, one of the most enthusiastic and uncompromising of Hahnemann's followers. Long afterward he said to me, "If you had not been a Hahnemannian, you would have never converted me."

Such has been the effect of our wavering upon the minds of our Allopathic brethren; what effects has it had on ourselves? Ever since that fatal error was committed by one whose memory we nevertheless hold in honor, of proclaiming absolute "freedom of medical opinion [and] action," a change for the worse has taken place in our own ranks. Ever since that time the name of Carroll Dunham has been held to sanction every kind of empiricism; forgetting that he himself in his teaching and practice was a true Hahnemannian, men have eagerly caught at his well intentioned, though mistaken, perhaps misunderstood words, and even banded themselves together to overthrow those that remained true to the teaching of the master. I need not recount the various phases of the struggle; they are all well known to you; suffice it to say that the crisis is past, and convales-

cence has commenced. There are indications both here and in my own country of a desire to return to a purer faith and a truer practice. How can we best accomplish that great work? How are we to advance Homœopathy, and render it the sole and universally received science and art of therapeutics?"

The answer is simply this: We must go to the fountain head, and there drink of the water of life freely. We have neglected this; we have thought we were wiser than our teacher; we have attempted to run before we were able to walk, and the usual consequences have ensued. We must undo all this; we must be willing to begin again, like little children, and learn the A B C, and when we have mastered the alphabet, we may try our hand at reading, and perhaps in time even writing an original work! The great error of the present race of Homœopathists is their neglect to study the *Organon* of Hahnemann, and it is to this great work, the very bible of Homœopathy, that I especially desire to call your attention. I do this with the more earnestness, because I find there are so many who have never even read it, much less studied it. "The *Organon*," they say "is full of Hahnemann's theories." Leave out the theories then; Hahnemann merely gave them for what they were worth, as the best explanation he could give of certain facts. His theories were based upon his facts, not his facts upon theories. To know the true meaning of a fact is of scientific interest, but it is not essential to the fact itself. Destroy all Hahnemann's theories if you choose, you will not thereby shake one single stone of the temple of Homœopathy. Yet even to the present day we find men wasting their time in writing against Hahnemann's theories. Perhaps they do so because

#### HIS FACTS ARE TOO STRONG FOR THEM.

"But," says another "we have the law; what more is needed?" Aye the law; but of what use is a law unless you know how to apply it? You meet with a chronic case which is benefitted by your remedy, the symptoms cease, then return in a milder-form. What are you going to do now? Will a mere knowledge of the law help you? If you have not the rules of Hahnemann to guide you, you will probably repeat the medicine, and so do harm; whereas, if you have studied his writings, you will know that such perodical exhibitions are of frequent occurrence, and that the remedy must be allowed to act without interference. Will the law alone tell you how long to wait before deciding that the medicine will not act, and is therefore incorrectly selected? Will the law alone tell you that in all perodical diseases the best time to give the dose, is just after the paroxysm? You talk of the law of similia, but do you know what is the "like?" To judge from the prescriptions frequently made, the sole idea of like in the minds of many, appears to be a vague pathological resemblance instead of the minute semiological correspondence taught by Hahnemann. Pathology is not without its use, but that use is not in the problem of selecting the most appropriate remedy. Pathology does

indeed often tell us whether a new symptom is of favorable or unfavorable import, and hence whether it requires to be treated or not but in the actual selection it is not of the slightest value, not only because it is theoretical, and hence more or less uncertain, but because even at its best, it can only generalize, and not individualize.

Were there only one utterance that I could make during this visit to your mighty continent, it would be to "study the Organon of Hahnemann."

Read it again and again. Those who study it the most, testify that it never wearies them, that it seems ever fresh, that something new or something the full force of which they never grasped before, at each fresh perusal meets their mental eye. Do not be led astray by the utterances of those who would have you first study fallacious manuals on pharmacodynamics and therapeutics or essays written by men whose object is to glorify themselves at the expense of a system which they have never comprehended, though they are indebted to it for the very reputation they possess. Do not be led astray by the fallacious dictum that the Organon should be placed "for frequent perusal and is a trusted guide in the hands, not perhaps of the student but of the educated, earnest practitioner." On the contrary, I maintain that the Organon of Hahnemann is the very first book which the student should read, without which he can really learn nothing of Homœopathy. The Organon is like the mariner's compass, without which the finest ship is in danger of being wrecked, You may know your materia medica by heart but, without a knowledge of the rules by which to apply it, your success will be imperfect; but with this knowledge, and with a faithful adherence in actual practice to the teachings of Hahnemann, your success will be certain.

It is not as a blind bigot, or a fanatical enthusiast, or a mere hero-worshiper, that I urge these matters upon your attention. I am as ready as any man to worship a hero, but his right to the title must be first demonstrated to me. Since I first discovered how I was misled in early days by teachers, and taught to believe implicitly much that reason and maturer judgement have compelled me to reject as fallacious. I have become skeptical in all things, and require absolute proof, before I accept a statement as absolutely true. And my absolute and unwavering acceptance of the

#### TRUTH OF THE PRACTICAL TEACHINGS OF HAHNEMANN

is based upon experience. It is now eighteen years since I first commenced the study of Homœopathy. I have compared it with Allopathy and with Eclecticism. I have tested it in the most severe acute diseases threatening life, in the most chronic and inveterate diseases which had baffled all other treatment. And in incurable cases, when only euthenasia was possible, and I have never once found Hahnemann's teaching to be wrong. Nay more, though Hahnemann's faithful followers have made many discoveries in the same field, in which he labored, so vast was his insight, and so profound his genius, that there

is scarcely a single therapeutic discovery of modern times, of which you will not find, at least the germ, in his writings.

Hahnemann's system is the true, the only science of therapeutics and if my words will persuade any of you, who may have departed from his standard to adopt a purer practice and a truer faith, I shall feel that my visit to you has not been in vain.

(To be continued).

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### CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

The fifteenth annual meeting of the Central New York Homœopathic Medical Society was held in Syracuse, N. Y., June 17th, the President, C. W. Boyce, M. D., in the chair. Twenty-three members were present. After some routine business The Organon was discussed, beginning with paragraph 146.

Dr. Boyce—The Organon brings before us to-day the application of drugs for the healing of the sick.

Dr. Hawley—Of all theories that is the best which best accounts for all the facts. The medicine whose pathogenesis most nearly resembles the existing diseased condition will be most likely to cure. But, as to the how of it, the theory set forth in this paragraph lies open to the just criticism of the Old School. They cannot accept it, it is but a theory, and is questionable.

Dr. Boyce—Does not this paragraph lead to a general discussion of Homœopathy? A drug affects the diseased part, not the healthy part of the patient. Does this paragraph imply that, in proving a drug, the drug will not affect the healthy parts of the system, the drug being potentized?

Dr. Hawley—I might take any quantity of high potencies without effect. Some men, if they have a pain any where six weeks after taking a high potency, will ascribe the pain to the drug. Hahnemann speaks of this theory of his as if it were a law. It stands well enough as a theory. No one would quarrel with the paragraph if Hahnemann had set it forth as an explanation only.

Dr. Boyce—In paragraph 28 Hahnemann says he attaches no importance to any theory he lays down.

Dr. Nash—We have the fact that similars cure similars. Some



persons are extremely susceptible to high potencies. It is not so with all persons. As to the how, we do not know anything.

Dr. Jennings— We should not confound Homœopathy with Isopathy. Hahnemann does not say like cures like; but, “*similia similibus curentur.*” E. g., a person is poisoned with *Arsenicum*. It does not follow that dynamized *Arsenicum* will cure him. His condition may indicate another remedy. Like is understood to mean identical, or, at least, exact. It differs from the term similar.

Dr. Nash— Hahnemann thinks the potentized medicine excites the organism into a stronger action, and yet the organism is not strong enough to throw off the disease. How does he know this?

Dr. Boyce— Hahnemann says we may have a case “too like,” and therefore we fail.

Dr. Jennings— Sometimes Isopathy seems to succeed.

Dr. Hawley— In paragraph 148, there is a point many fail to appreciate. It is the wanton waste of the strength of the patient in the wholesale use of drugs. Every few days I am astonished that men who call themselves Homœopathist, give crude drugs in sensible doses, and fail to regard the waste of a patient's strength by the action of the drug. To ease pain and induce sleep they give *Morphia*. Such a medicine cannot leave the patient in as good a condition of strength as when it was given him, nor can the sleep induced by it be a healthful sleep.

Dr. Boyce— Hahnemann obtained many of the symptoms of the *materia medica* from the effects of medicines in disease.

Dr. Nash— That would be a dangerous mode of procuring symptoms.

Dr. Hawley— It has not entered my thoughts that Hahnemann incorporated into his *Materia Medica* any symptoms which were not pure. How can any symptoms be pure which occur in a sick man after giving him a drug? If the drug cured any symptom which had not before appeared in the pathogenesis of that drug, Hahnemann set it down as a curative symptom of that drug.

Dr. Boyce— Hahnemann incorporated into his *Materia Medica* new symptoms after giving a medicine to a patient. This is my general impression. But, he deprecates the practice.

Dr. Hawley— Hahnemann simply implies that this may be done. He would do this, and then call his work, ‘*The Materia Medica Pura*.’ New symptoms appearing in the course of a disease cannot, with any certainty, be attributed to a drug.

Dr. Bigelow — What does the asterisk mean in Hahnemann's work? Does it not mean that symptoms so marked were obtained from other sources?

Dr. Nash — You cannot distinguish between drug symptoms and disease symptoms until you have obtained them several times. Even then I doubt the propriety of incorporating such symptoms into the materia medica until you have obtained them; from provings upon the healthy.

Dr. Wells — I think Dr. Hawley is correct. To enumerate symptoms obtained from the sick would leave us in uncertainty. It contradicts Hahnemann's fundamental principle of selecting the remedy which corresponds in its effects upon the healthy.

Dr. Nash — Hahnemann says it is attended with great uncertainty.

Dr. Brewster — In paragraphs 180-183, Hahnemann settles this question. When but few medicines had been proven great difficulty was found in selecting a suitable remedy. Hahnemann says, new symptoms ought not to be attributed to the last medicine given.

Dr. Boyce — It would be well to ascertain by wide correspondence what the fact is in this regard.

Dr. Brewster — Sometimes you are compelled to prescribe nearly in the dark; as, for example, in typhoid fever. In a few days symptoms declare themselves which enable you to select the remedy. Are such symptoms these of the disease; or, do they belong to the medicine you have given? If puzzled, the practitioner may be at fault sometimes, but not always. The progress of the disease develops characteristic symptoms guiding you in selecting the remedy.

Dr. Nash — In all cases where there is not curative response to the medicine given, it is because the right remedy has not been exhibited. You cannot recognize the disease till it is developed sufficiently to be recognized. As soon as you select the right remedy, its curative effects will shew themselves within a reasonable time.

Dr. Hawley — Can the paragraph be pointed out wherein Hahnemann says he has taken drug-symptoms from the sick? If he has said this, it shakes the foundation. I could not depend upon the book as I have done. We have a great deal of untrustworthy stuff in our later provings. I have supposed Hahnemann did not include symptoms produced in disease without marking them as clinical symptoms.

On motion of Dr. Wells, seconded by Dr. Nash, Drs. Hawley, Stow, and Boyce were appointed a committee to ascertain from all

available sources whether Hahnemann did incorporate into his *Materia Medica Pura* symptoms obtained from the sick, as new symptoms of a drug showing themselves after the exhibition of the medicine to the sick.

Dr. Stow — In selecting ten male and ten female provers of a drug you may have chosen persons in reasonably good condition as to health, so that they are good subjects for testing drugs. And yet, some of them may be under the influence of some miasm which has not cropped out in symptoms. Now, the proving of the drug may set up an action of the latent miasm. How are we to distinguish the symptoms of the miasm from those of the drug? How are we to know where safety lies? The path is clear. Hahnemann says, we must be guided by those symptoms which are striking, peculiar characteristic.

Dr. Brewster — The question is as to symptoms arising in the sick after a medicine has been given; not in provings upon the healthy.

Dr. Boyce—Paragraph 151 is very important.

Dr. Stow—Had in my own case an illustration of paragraphs 149 and 152. Was traveling. Had a severe, disabling headache, with the peculiar characteristic of aggravation from motion, every time. *Bryonia* 200, one dose relieved me fully in one hour. Minor symptoms are apt to be found in the pathogenesis of such a medicine, though we may disregard them, or not notice them.

Dr. Brewster—Remember a case in point. A man sick with cholera. He was in Chicago. He returned to his home near Port Byron, in this state. By that time it had become a case of cholera. Treatment Allopathic. He grew worse. I was called to him. Found him having rice-water dejections, copious; prostration; cramping of the calves, and of the soles of the feet; and shrivelling of the skin. He looked like a dead man. Gave *Veratrum album*. No improvement. Noticed that, while the prostration was extreme, the pulse was full, and strong though slow. Gave *Phosphorus*. It cured him promptly.

Dr. Hawley—This makes me think of the 'last case of cholera I saw. It was in Albany. I was of the Old School, but had lost faith in Old School treatment. Was using the water-cure. Was called to a vigorous Scotchman. He had all the symptoms of cholera. I did not dare to trust Hydropathy. Gave him Old School medicines. He grew worse. Finally gave him *Calomel*. He threw it up. Collapse set in. He became pulseless, and cold, and his breath was icy. Yet he complained of heat. He desired cold applications. Put upon

compresses wet in the coldest well-water to be had ; and, gave him cold water to drink, though he threw it up as soon as he drank it. After a while there began to be a little pulse ; vomiting and purging ceased ; he began to be warm. This was about 5 P. M. The next morning he went to his work. What cured him ?

Dr. Nash—The cold applications obeyed the law of similars.

Dr. Wells—Did he have any *Camphor* ?

Dr. Hawley—Probably he had received *Camphor* among the Old School medicines. Recess until 2 P. M.

#### AFTERNOON SESSION.

The secretary read a letter from P. P. Wells, M. D., addressed to Dr. Boyce, the President. Also, a paper contributed by the said Dr. Wells, the subject being paragraphs 18 and 153 of *The Organon*.

#### ORGANON, SECTIONS 18 AND 153.

In section 18 of this much neglected book, we read " The totality of the symptoms is the sole indication for the selection of remedies." This is true if we understand that in this totality are contained the symptoms which control the choice. It is not true, if by this he meant that all the symptoms in this totality are of equal authority in their control of this choice. That that is not what the author intended to teach is made quite plain by section 153, which may be taken as a commentary on section 18. In this he says : " In searching after the specific remedy \* \* \* we ought to be particularly and almost exclusively attentive to the symptoms that are *striking, singular, extraordinarg and peculiar*, (characteristic) for it is to these latter that similar symptoms, from among those created by the medicine, ought to correspond, in order to constitute it the remedy most suitable to the cure. On the other hand the more vague and general symptoms \* \* \* merit little attention, because almost all diseases and medicines produce something as general."

Now in seeking for the specific remedy for a given case of sickness, according to the Homœopathic method, a right understanding of these two sections is indispensable, if mistake and failure are to be avoided. To find *all* the symptoms of the case to be treated in the record of any one remedy is often impossible, for the reason they are not in the record of any one. So to seek for them will often be only labor lost. Natural diseases are not gotten up in patterns exactly adapted to those recorded as the action of ingested drugs. The "like"

which comes does not necessarily consist in this resemblance in its *entirety*. When this does obtain, and can be found, the cure is for this reason the more certainly opened. But if cures were limited to such cases, the practical value of the Homœopathic law would be reduced far below its true standard.

How are we to reconcile these two symptoms when we accept them as our practical guides? The one requires the *totality* of the symptoms, the other only those which are most "*striking*," etc. The one seems to demand the *whole*, the other but a part. We answer, section 18 teaches simply this, that we have no other guides to the selection of curatives than the symptoms of the case to be cured. Its chief intent is to exclude from this selection all abstract notions and hypotheses of whatever name. This was the more needed at the time this paragraph was written, for the reason that these then constituted almost the entire furnishing of the then current school of medical practice. It is still needed, for the reason that the old time poverty in practical resources is still prevalent as is the old endeavor to conceal this fact by pretense to knowledge of that which only exists in imagination, which pretense is not more respectable because presented in terms which time and teaching have incorporated into current medical thought and practice. The symptoms *alone* are the guide? says the objector. That is just what this paragraph is intended to teach; not that every symptom of a case is to be found in the record of its curative before it can be accepted as such. Then continues the objector, (*Old School*) you treat only *symptoms*, and not *diseases* at all? This has been cast at the Homœopathic school as a reproach, with persistency from the beginning, and with as much of boldness and arrogance as if its opponents had really something else to treat. "We treat diseases." Indeed! What are these but names, often arbitrary, and without significance, of which nothing can be known, except through manifestations to the patient or physician which we call symptoms? Aside from these, diseases are, as to all knowledge of them, but abstract ideas of things unknown, and except through these manifestations, unknowable, as objects of curative endeavor. The Old School pretense that it treats diseases, as something distinct from these, resolves itself into the very empty obstructions and hypotheses which this 18th section was intended to antagonize.

But if the symptoms are the only guides to the selection of the curative, what becomes of the vaunted pathology of which we here

so much, and so often from those who are but slightly informed as to its nature, place and importance in practical duties? To guard against *wrong use* of this valuable science was another occasion for pending this 18th section. To put it as a teacher in the selection of curatives, to the extension of the symptoms from that function, is to put it where it has no place in a rational system of healing, certainly none in that under the control of a natural law which discloses the curative relationship as existing in the similarity between the symptoms of the drug and the disease. Where then is the practical use of this so highly prized science of pathology? In the duty of prescribing for the sick its use is limited to aiding a right understanding of the nature of the symptoms revealed in the case in hand. Beyond this it has no function in the process of prescribing. Pathology, to illustrate, teaches a difference between inflammations and neuralgias. Both are attended by pains of the severest kind — but this science teaches that these have a different significance and often a different importance as the case in hand belongs to the one or the other, and there its function ceases. It cannot go beyond this, and having decided the case a neuralgia, say the remedy is *Aconite*, or *Bell.*, or *Bry.*, or *Calc.*, or *Hyos.*, or *Lach.*, or *Merc.*, or *Nux v.*, or *Puls.*, or *Rhus*, or *Spig.*, or either of the other many remedies which a given case may require for its cure under the law. To attempt to give to this science this decision is to impose on it a function wholly without the sphere of its legitimate use. This is guarded against by the wise direction of this 18th section.

The 153d section of the Organon, if taken as a commentary on the 18th, plainly indicates the above as the true intent of the author of that section. The direction to have in our search for the specific curative chief reference to those symptoms which are *striking*, *extraordinary* and *peculiar*, paying but slight regard, comparatively, to those more common and general, confirms this perfectly. But how shall we understand the terms of the commentary? What, by "*striking* and *extraordinary*?" Our first remark in our endeavor to get at the true meaning of these is, that by the "*most striking*" the author cannot mean that symptom which first and most forcibly seizes the attention of the physician, the patient and his friends. To make this apparent, take a case of dysentery. That which first arrests and holds the attention of all is the pain and tenesmus. These are so general that they belong to all cases of this disease, and therefore, by this fact are relegated to that category of symptoms which the author

assures us "merit little attention ; without these no case is dysentery. It is evident then the author does not use the word in this sense. Its selection seems less felicitous than is common with him, and has led often to a wrong conclusion as the importance of these generic and defining symptoms in the search for specific remedies, according to the requirements of the system of practical medicine he taught. That that is the most "striking" which is most painful and intensive on the attention, has been the understanding of this direction, and this has led to giving to these generic symptoms just the consideration which the author tells us they do not merit. His real meaning is better expressed by the last term employed to indicate the class of symptoms to be chiefly regarded in our search. "*Peculiar.*" This is it. But what does he mean by the word here? Evidently that we are to give chief attention to symptoms which are "peculiar" to the case in hand. Not, necessarily to those which cause the patient most suffering. That which is peculiar to the case characterizes it as a member of a family. The general or defining symptoms declare the family to which this member belongs. Then it is the peculiar or specific symptoms of the case which are chief guides in our discovery of the specific cure of the case. But, it may be asked, is not that peculiar to a disease which is found in each example of it? In a certain sense it is, but not in that in which it is used here. If this were so, then in our case of dysentery, for example, we should have under this direction, only to note the pain, tenesmus, and the other defining symptoms which belong to this and all other cases of the class, and find in the simile of these the curative under the law. We have all tried this and have been disappointed in our expectations of the cure we supposed the law promised as the result of this proceeding. The disappointment came from our misunderstanding of the requirements of the law. It will come in every case so treated, except in those where the remedy chosen happened to have in its record with these defining symptoms, those other and less obtrusive ones which individualize the case, and in which curative relationship between drugs and diseases alone resides. If, in cases so treated, the cure follows in the prompt and pleasant manner a right compliance with the demands of the law assures, it is because the prescriber has been guilty of a fortunate blunder. This will be sufficiently plain if we remember that *Homœopathic* prescribing is *specific* prescribing. That is, finding and giving to the sick the *one* specific medicine the cure of his case requires under the law. Homœopathy presumes the

existence of such a remedy in every case of sickness. It imposes on the physician the duty of finding it. If, in any cases, as may well happen, either from poverty of our resources or from lack of knowledge, the one remedy cannot be found, i. e., a remedy which in its known effects on the organism are found the symptoms which constitute it the specific in the case, by virtue of the required similarity, then that must be selected which has greater similarity to these elements of the disease manifestation than any other. This resort to that which is less than perfect, because of the above necessity, is no argument against the right of the presumption of the existence of that which is perfect in some drug in which is the power to produce symptoms with the required resemblance to constitute it the required specific. This drug may not yet have been proved, or, if proved, not known to the physician, and hence the necessity of this resort to that which is less than perfect. Neither does the fact that this resort is sometimes followed by a cure, which though less prompt and complete than that from a specific remedy, is nevertheless ultimately a cure, excuse the prescriber from the utmost endeavor to find that which is perfect. This is ever to be the one object of his life work, to find the *one* specific. Failing in this endeavor is failing in the first and most important of his duties. Success in this is that which gives brightest joy to the life of the physician. The fruits of this success are the bright glories which crown the immortal discoverer of specific prescribing, which, when he had found, he named *Homœopathy*.

That the above view of the 153d section which refers defining symptoms to a subordinate importance in the search for the specific remedy, is the true one, may be seen still more clearly, if we attempt a prescription based on these as a chief guide. The impracticability of this will appear if, when we accept these as our guides, we remember that *one* remedy is the only specific for our case, and this. That it may be such it must be in its effects on the organism that which is most like these defining symptoms of our case. The case is dysentery, the defining symptoms of which are *frequent discharges from the rectum of blood, or mucus, or both these, with tenesmus and fever*. Now there are as to the first of these, the discharges, a multitude of cases met in practice, the discharges of which are so much alike, and so like those recorded as having resulted from the action of a multitude of remedies on the organism, that no man can tell from these; in a given case, which of this multitude, in this particular, is more like the case in hand than the others, and therefore is for this case its specific



cure. The discharges are of mucus mixed with blood, and here is all they have to tell in very many cases, and the records of the effects of many drugs tells the same story so exactly that no man can tell which of them has most resemblance to the case in hand. The same is true of the pains. From these alone no man can tell whether they are more like those which have resulted from one or other of the many drugs from which we have to choose in treating our case, and therefore he cannot tell whether one or the other is most like the pain in the case for which he is seeking a remedy. He may feel sure of this, that that which he seeks is one of this many, but which of these? To answer this question on a better foundation than a guess will necessitate a reference to other elements of the case, and these belong evidently to that other class of symptoms which the 153d section commends to our chief attention those which are the specifics of the case. These remarks are equally applicable to the other defining symptoms—the tenesmus and fever.

We have said Homœopathy is specific prescribing. Its practice is ever and only a successive finding of the *one* specific remedy for each succeeding case, as it becomes a subject for treatment. This being found, it needs no second to aid in the cure. If otherwise then it fails to fulfill the office of a specific, and this is proof sufficient that in this case at least, the prescriber has failed in his duty as a Homœopathic physician. He has not found the true specific for his case, which, as a representative of the school he was bound to do, and failing in which, so far as this case is concerned, he *quo ad hoc* ceases to represent that school. If it be true that there are such specifics for the cure of the sick, and that the finding of them is possible under the guidance of the two sections of the Organon we have been discussing, then the superfluity, to say the least, of all so-called adjuvants is demonstrated, whether these be of external or internal application. But we may go farther, and as no man can tell beforehand how this so-called adjuvant is or is not to modify the action of the specific remedy, that while it is needless in all cases, in many it must by such modifications become positively injurious. This view, it will be seen, effectually disposes of the *liberty* which has of late been so often and so earnestly claimed to do as one pleases in the discharge of his practical duties in this matter of adjuvants and in all others, at variance with the teachings of the two sections we have been considering. If he claims this liberty and acts upon it in his clinical duties, to the prejudice of the action of the specific remedy selected,

then there is another liberty of which by so doing he deprives himself of the liberty to call himself afterwards a *Homœopathic* physician.

The view of practical law and duty which we have been presenting if admitted as authoritative, will also dispose of another fashion of practice (we cannot regard it as aught but a fashion), that of prescribing at the same time two or more remedies to be given in alternation at definite intervals of time, in the absence of all knowledge as to what will be the condition of the patient at the lapse of either of these intervals, and therefore not knowing whether either of the given remedies will or will not be a specific for his case at the time it is directed to be given. If either of the prescribed remedies be the specific for the case in hand, the other cannot be. The idea of a specific for a given case, made such by the law of similars, excludes the possibility of a second in the same case, as it is impossible that each of the two can be "*most like*." One or neither of the two may be, but both cannot, and therefore that which is not is at least useless often mischievous, and never *Homœopathic*. To be this, it is indispensable that each prescribed medicine shall be that which in its ascertained action on the living organism presents the most perfect likeness to the phenomena of the disease to be cured.

On motion of Dr. Hawley, the thanks of this society were given to Dr. Wells for his paper; and, the secretary was instructed to publish the paper with our minutes, and to convey to Dr. Wells the assurance of our warm appreciation and admiration of his services to this society and to the cause of *Homœopathy*.

Dr. L. B. Wells — The paper is a perfect vindication of Hahnemann's law.

Dr. Stow—Some features of the paper are of special importance. The three words, "striking extraordinary and peculiar," are liable to be confounded under one head. The distinction Dr. Wells draws is clear and full. Suppose a case of dysentery indicating *Cantharides*. There will be symptoms in common with all other cases of dysentery; but, there will be certain peculiarities. The stools will contain epithelial debris, and blood. There will be smarting and burning in the rectum. Strangury will be present. These symptoms will be peculiar to the case; and, they will call for *Cantharides* as the specific remedy. A case of intermittent fever had been treated with *Quinine*, without checking the fever. Then, *Homœopathic* medicines were used, but all in vain. The paroxysm coming on at 9 A. M., the intense head-ache in the fever, and relief in perspiration were thought

to indicate *Natrum muriaticum*. It failed. Closer inquiry ascertained other symptoms: With the coming on of the chill the patient fell asleep; stertor; mouth wide open and dry; perspiration sticky; labored breathing. A dose of *Opium* set up immediate improvement.

Dr. Nash—In fever producing sleep three remedies are to be thought of, *Tartar emetic*, *Opium*, and *Nux moschata*. *Opium* has the dark face. *Tartar emetic* was given to a patient having a pale face in the sleep, and no stertor. Cured promptly.

Dr. Boyce—Some years ago a young man complained of a giving out of the knees. After a while his mind showed derangement. Prescriptions failed. He became exceedingly nervous, and feared it would be necessary to send him to an Asylum. Said he felt as he did ten years ago when he had intermittent fever. I had seen an item in the *New York Times*, in which a distinguished physician was quoted as suggesting some relation between malaria and insanity, in a patient having a suicidal propensity. My patient said he dare not go to a window in the upper story of the house lest he should be impelled to throw himself out of it; nor did he dare to go upon the water in a boat lest a sudden impulse should drive him to jump into the water and drown himself. He had been treated in his intermittent fever with *Quinine*. *Natrum muriaticum* 200 restored him to health and soundness. It is worth while to inquire whether there is any relation between *Quinine* and insanity. Dr. Jennings tells me he thinks there is such relation.

Dr. Hawley—Referring to the question whether Hahnemann noted in his provings symptoms appearing in the sick after the administration of medicine, I give it up. I find that he did. See the Preface to his *Materia Medica Pura*, page 6., Edition of 1846 published by Wm. Radde. I give it up, and ask that the committee be discharged. Consent was given.

(To be Continued).

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*The Obstetrical Journal*, of Great Britain, describes a method of treating prolapsus of the rectum, in a child fifteen weeks old. The gut protruded four inches and recurred whenever reduced. The intestine was replaced and a finger introduced within the stricture was kept there for four hours continuously, the child being placed under the influence of *Morphine*. In the next twenty-four hours it slipped out five times but was immediately replaced by the mother. A cure was effected. [Next time give *Pod*].

## Children's Department.

### *DIFFERENTIAL DIAGNOSIS OF CROUP AND DIPH- THERIA.*

BY J. B. BRAUN, M. D., MUNICH GERMANY.

*Croupous* and *diphtheritic* inflammations, those fell and sneaking destroyers of childhood, being prevalent in your city again, I am induced to write this comparatively brief discussion, in order to elucidate somewhat the scientific term of *croup* and its close correlative, *diphtheria*, as there is often an erroneous impression not only among laymen, but also among members of the medical profession, on that subject. It is not within my scope, therefore, to compose an exhaustive treatise on the etiology, pathology and therapeutics of these malignant feuds that have carried desolation and sadness to innumerable homes already. My object is merely to describe in a precise and distinctive manner both forms of disease from the standpoint of modern symptomatology and pathological anatomy, and thus to correct as much as possible, the host of confused and false views dominating thereupon, preventing simultaneously mischievous consequences during the treatment, as a result of such mistaken conceptions.

For reference I have used principally the well known text-book of Niemeyer, which has been looked upon as a standard work on special pathology and therapy until recently, not only in Germany, but also to a great extent in the United States. Although Niemeyer is an Allopathic writer, his book is nevertheless of tantamount value to our Homœopathic profession, in so far as we Homœopaths do not deviate, in general, from the Old School in regard to pathology and morbid anatomy.

According to that author *four* different kinds of inflammation of the fauces and pharynx (throat) may be established.

1. *Catarrhal inflammation* of the mucous membrane of the throat, *angina catarrhalis*, presenting a more or less red appearance of the palatal arches, uvula, tonsils and pharynx, with more or less mucus, or at times even muco-purulent secretion.

2. *Croupous inflammation* of the mucous membrane of the throat, *angina crouposa*, occurring either as an independent (idiopathic)

affectjon like the catarrhal inflammation, and constituting only a more intense degree of the same, or as a concomitant (symptomatic) affection of a croupous inflammation of the mucous membrane of the palate, pharynx, larynx and trachea. In this latter form the croup seems to be extending sometimes from the larynx to the pharynx (ascending croup)—sometimes again from the pharynx to the larynx (descending croup). The secondary croup, *i. e.*, the croupous laryngitis, which must be considered as a symptom of a general constitutional disorder of an acute dyscrasia, and which accompanies at times measles, small-pox, typhus or typhoid fever, septicæmia, and especially malignant scarlatina, besides croupous and diphtheritic affections of other organs, shows exclusively changes from the croupous to the diphtheritic form of inflammation.

The frequent complication of the laryngitis crouposa or common croup of the children with angina crouposa, or croup of the throat (soft palate and pharynx), is very important for the diagnosis of the croup of the respiratory organs in children as well as for the physiological explanation of its symptoms. In France that croup is called exclusively a genuine one in which such a complication exists, and all other cases are pronounced spurious. In Germany, too, the frequency of the simultaneous occurrence of both forms of disease has been found confirmed, since the attention has been directed to that subject. Moreover, the croupous pseudo-membranes of the throat are in the laryngeal croup of children, as to their appearance and nature, entirely identical with the croupous membranes in the angina crouposa, or second kind of inflammation of the throat, as enumerated above. In fact, there is not the slightest anatomical difference of the products of either affection to be proven. What illogical inconsistency should it be then, to term angina crouposa, or croupous inflammation of the throat, diphtheria, whenever it appears alone for itself or idiopathic, while it would not be called by that name, but rather croup, as often as it occurs in combination with the laryngitis crouposa, or the common croup of childhood, in spite of the altogether identical nature of their anatomical structure!

The croupous angina which occurs most of the time epidemically in company with the croupous laryngitis, is readily overlooked, because it produces comparatively little uneasiness and it is not properly accounted for, the disorder befalling children almost exclusively. If we examine the throat of children affected with laryngeal croup, the fauces are oftentimes found covered with croupous membranes, with-

out the parents having noticed that the children were suffering from pains in swallowing. Thus it is quite important to examine the throat of every child that is afflicted with croupous laryngitis, in regard to diagnosis and prognosis.

Croupous inflammation exhibits that inflammatory disturbance of nutrition in which some fibrinous exudation, rapidly coagulating, is excreted upon the free surface of the mucous membranes, including merely the epithelium. If the croupous or false membrane is discharged, the epithelium is fast regenerated; a loss of substance of the mucous membrane is not produced, the croupous process leaving no scar or cicatrice behind.

Diphtheritic inflammation or diphtheria, which is but rarely observed on the mucous membrane of respiration, takes its course alike with exudation of a fibrinous product, rapidly coagulating, but it is distinguished essentially from croupous inflammation by the fact that the exudation is not placed upon, but within the mucous membrane, the tissue of which is infiltrated itself and the blood-vessels compressed, so that the affected mucous membrane is mortified and transformed into a scab. That falling off, a loss of substance remains, and later a cicatrix.

3. *Parenchymatous or phlegmonous* inflammation of the sub-mucous tissue of the throat (*angina tonsillaris, amygdalitis.*) The tonsils are most frequently affected hereby, sometimes both, sometimes but one of them, and they are often covered with a viscid exudation or croupous deposits. Suppuration and production of abscess may occur, exceptionally also diffuse necrosis and ichorous decay of the parts inflamed. A fetid odor accompanies generally the bursting of an abscess, even in cases where no mortification of the tissue exists. Why the pus, formerly protected from the access of the air, assumes such an offensive scent, is not yet explained.

In this very kind of inflammation of the throat, an ignorant physician may be readily induced to diagnose some high graded and most dangerous diphtheria, partly on account of the croupous deposits on some spots, and partly for the very putrid odor!

4. *Diphtheritic* inflammation of the mucous membrane of the throat or diphtheria (*angina maligna or gangranosa.*)

The mucous membrane of the throat (*fauces and pharynx*) undergoes a necrosis or mortification. The affected mucous membrane is covered with deposits of a gray or yellowish, sometimes also of a brownish hue from blood admixed. In the genuine diphtheritic form

those deposits have their seat within the tissue of the mucous membrane, and give rise to its decay into loose and villous shreds. The gangrenous process may even expose and cause the submucous tissue and muscles to be decomposed in quite the same manner. The submaxillary and cervical glands are very much swollen up, whilst a most penetrant and putrid odor arises from the mouth of the patient. In affections of a slight degree, where the mucous membrane itself is not destroyed, the offensive smell may be explained by the putrid decay of the pseudo-membranes. In fact there are cases to be found that do not always show all the properties of fully developed malignant diphtheria. Many cases constitute a mixed or intermediate form, partly bearing the croupous and partly the diphtheritic character. Not unfrequently the diphtheritic process is spreading out to the larynx and induces croup of that organ, thus aggravating the previous danger.

From the foregoing it appears that the color and anatomical form of the false membranes alone would not furnish any diagnostic distinction between croupous and diphtheritic products of inflammation; the essential mark between the two is the invariable presence of the characteristic highly offensive putrid stench, which may never be mistaken by persons of normal olfactory nerves. An unpleasant smell, as it occurs in most patients with a coated tongue and a catarrhal affection of the cavity of the nose, mouth and throat, rotten teeth, etc., without a decidedly putrid odor, can never be confounded by an intelligent physician with a more or less diphtheritic exhalation. The only exception from this rule may be found in cases of a suppurative inflammation of the throat, where after the bursting of an abscess in the tonsils, the pus would also present a similar putrid odor from causes as yet unexplained. But the totality of the symptoms will not admit of any diagnostical error. Besides the putrid stench in instances of diphtheria, there is always a considerable swelling of the cervical and submaxillary glands on both sides, while in pure croupous inflammations there is not the slightest trace of a fetid odor perceivable, and very little or no swelling of the glands in question. Furthermore, the croupous process is not infectious at all, while the diphtheritic one is infectious to a high degree.

To give every case of gray-yellowish deposits in the throat indiscriminately the name of diphtheria, and to scare the members of a family in quite an unwarrantable manner, as it happens to frequently in medical practice, is a mischief that cannot be censured

enough, betraying either ignorance or charlatanism, so that the doctor may claim so much more credit in case of success, and also have a good excuse in case of failure.

I will cite here a few sentences from the first-rate book of Wagner, on General Pathology, Leipsig, 1876, bearing on that subject :

“The word *Diphtheritis* or *Diphtheria*, first introduced by Bretenneau, is used in very different senses; sometimes etymologically (membranous), histologically, (fibrino-purulo-hæmorrhagic infiltration); sometimes symptomatically (grey-yellowish deposits upon or within the mucous membrane). Most general is the bad habit of calling every inflammation of the throat with hyperæmia and yellowish spots *diphtheritis*, as well as applying the term *diphtheritis* to affections altogether different histologically. It is also hardly an advantage to call, with Bretenneau the known specific throat affection *diphtheria*, and then again apply to the yellowish deposits upon or within the mucous membranes the word *diphtheritis*.

“Wagner assumes three sorts of inflammatory exudation of the mucous membranes: (1) *croupous*, (2) *croupous-diphtheritic*, (3) pure *diphtheritic* exudation of authors. In the *second* case, the tissue of the mucous membrane itself, frequently also the sub-mucous and even still deeper tissue (muscles-fibres) are from the beginning much more intensely hyperæmic and intensely swollen. *Croupous* exudation, on account of its similarity with *fibrinous* exudation, is in many ways confounded with it, but from its nature and origin is entirely distinct from the same. Whether the fungus is accidentally present in *diphtheritic* exudations, or whether it is the essential cause of the local and general affection connected with it, there are differences of opinion. The lymphatic glands belonging to the affected mucous membranes are only little swollen in pure *croupous* exudation, but in *diphtheritic* exudations the lymphatic glands concerned swell in a short time and usually to a *high degree*.”

It is quite a singular coincidence that two such respectable authors as Niemeyer and Wagner would entertain different views regarding the nature of the croupous products of inflammation. While the former pronounces croupous deposits a fibrinous exudation, the latter denies this character in a determined manner, and declares that such products only bear an external similarity to fibrinous exudation, and are essentially distinguished from it. Which opinion of either is correct, I cannot determine, but must leave it to the pathological anatomists and chemists to a final decision.

In the famous Encyclopædia of Medicine of Ziemssen, the article on diphtheria, written by Oertel, four different kinds of that malady are assumed: first, the catarrhal or slight form of diphtheria with but very little croupous deposits; second, the croupous form with



more or less extensive croupous products in the fauces and pharynx; third, the septic; and, fourth, the gangrenous sort of diphtheritic affection.

That classification in *four* different kinds of *diphtheria* can surely not claim a strictly *logical* and scientific conception, because it would put up in the first place a *catarrhal* and a *croupous* form of *diphtheria*, which merely differ in quantity and not in quality as to the nature of *croupous* exudation. Likewise a *gangrenous* and *septic* form of *diphtheria* does not represent a characteristic distinction, inasmuch as the terms *gangrenous* and *septic* are about identical. Furthermore, it is very improper to style a pure croupous deposit when found in the throat diphtheria, whilst it should not lay any claim to that name at all when existing in the larynx, trachea, bronchial tubes, and other mucous membranes. However great the scientific value of the Encyclopædia in question, yet this very topic is not treated therein in the best scientific manner.

Although it is entirely without my present scope to specify the therapeutics of inflammatory diseases of the throat, I cannot avoid making some brief remarks about a couple of remedies and the arrangement of a rational diet. In former times I have found the *Phytolacca decandra* a real specific in almost all cases] of genuine diphtheria or putrid sore throat. The tincture as well as the dilutions run up to the 30th have always proved the most efficient antidote to the local and general putrid infection in my practice. In fact, I have witnessed a marvelous effect in arresting the putrid fermentation oftentimes within twenty-four hours after the first application of this precious vegetable agent. Whether it is of equal curative power in our present epidemics, I cannot determine, my experience having been too limited recently in that respect.

Tincture of *Phytolacca*, mixed with equal parts or more of *Glycerine* to be applied externally in like manner, is to be highly recommended, while it may be internally administered in any dilution which does not reach the very high—high or nihilistic degree of attenuation.

*Salicylic acid*, this most valuable modern remedy, bids fair alike to prove quite an excellent antidote in all septic disorders by its local as well as general application. Ten grains dissolved in about an ounce of *Glycerine*, or in a stronger proportion, may be a very available combination for gently gargling or touching the sore spots of the throat by means of a little sponge or probang.

Paramount to the use of appropriate drugs in all ailments of the

human organism, and especially in inflammatory affections of the throat, may be considered the arrangement of a suitable diet. In pure croupous exudation, whereby the pure inflammatory character is displayed, a very rich or nourishing diet, including any stimulants, is to be strictly avoided. Beef tea, meat, eggs, etc., with coffee, tea, beer, wine and liquor of any sort, would have the tendency to aggravate the existing degree of inflammatory action, and thus to occasion the much dreaded termination of the affected parts in gangrene or putrid decay and real diphtheria.

To prescribe beef tea for a drink or nourishment in disorders of a pure inflammatory kind, or even coffee, tea and stronger stimulants, as we may observe too often in daily practice, is absolutely unscientific and injurious, and apt to produce frequently serious and at times even fatal consequences. That sort of quackery is freely practiced by the self-styled Regulars in this country, exceptionally also by some followers of Hahnemann. Beef tea is contra-indicated altogether in any gastric affection, attended with a more or less coated tongue and lack of appetite, as it usually shows a nauseating effect under such circumstances, and acute inflammatory diseases are always complicated with a disturbance of digestion.

On the other hand it is indispensably necessary to advise the use of beef tea, eggs, etc., and occasionally also of stimulants, especially wine, in moderate doses, in cases of a genuine putrid or diphtheritic character, provided that the gastric organs are in such a condition as to abide such a dietetic regimen.

Cold water may be often very useful as a beverage in the pure putrid or diphtheritic form of angina as an antiseptic remedy by its local and general action; but in cases where the croupous character prevails, water ought to be used rather tepid. The same rule is also applicable to toast water, weak lemonade and similar cooling beverages.

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Few cases of cholera infantum are met with this cold changeable season. Most of the cases are entero-colitis with its deceptive course. *Arsenicum* is a valuable remedy. *Bryonia*, *Belladonna*, *Colocynthis*, *Merc. sol.*, or *China* are sometimes needed, and great caution in feeding. *Vide* Vol. II. Diseases of Infants and Children, page 421, *et seq.*

T. C. D.

## Therapeutical Department.

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### CLINICAL OBSERVATIONS.

#### REPORTS FROM THE FIELD OF PRACTICE.

HUDSON, Wis., July 24.—We have had a general time of health. Of late some trouble with infants mostly diarrhœa. *Creosotum* has cured.  
D. SILLIMAN.

ALEDO, Ill., July 27.—Prevailing diseases are: Colic, cholera morbus, diarrhœa, and entero-colitis. Remedies used: *Cuprum* is the epidemic remedy but others are frequently indicated and used.  
W. H. HALL.

NEWTON, Mass., July 27.—We are having a number of cases of enteritis, and colitis tends to result in entero-colitis and also cholera morbus and cholera infantum in enteritis; and the vegetables of the season are unusually precarious unless fresh. As for remedies, *Podoph.*, *Merc.*, *Arsen.*, and *Bell.* are frequently indicated.  
E. P. SCALES.

CHAMPAIGN, Ill., July 7.—The past three months have been healthful ones, but now we are having some cases of diarrhœa of different forms, for which I prescribe *Verat.*, *Coloc.*, *Mag. carb.*, *Ars.*, *Merc.*, *Dros.* and others, according to indications. A few cases of intermittents have already occurred, in the treatment of which disease I have learned to prize individualizing and potentizing.  
T. J. MERRYMAN.

NEW ALBANY, Ind., July 23.—There are a few intermittents, considerable diarrhœa, some dysentery, and two or three weeks ago some cholera infantum. This was usually painless, with thirst, but drinking was followed by vomiting, faintness on being held erect and vomiting on motion. All the other diseases were attended by headache, pain in chest, back or limbs, aggravated by motion, *Bryonia* is the remedy.  
A. MCNEIL.

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### PRACTICAL NOTES.

*Eczema.*—A case of terrible eczema of the penis and scrotum with tendency to nose bleed; worse in hot, sultry weather. Cured with *Bryonia*.

*Agalactia* cured with *Fragaria vesca* 3 (made from the ripe strawberry).  
MOHR.

## CLINICAL NOTES.

BY HERBERT H. READ, M. D., HALIFAX, NOVA SCOTIA.

## A LILIUM TIGRINUM CASE.

On the 7th of November 1878 I was called to see Mrs. F. W. C., of K., who had come to town for medical advice. Her residence is sixty miles distant, and I have never seen her since, but her progress has been so satisfactory, and her case so interesting, that I subjoin a few notes. She was thirty-five years of age, had four children, had been an invalid for many years, and exhibited that languor which always appears in long-continued uterine disease.

Five years before, after a confinement, she had a pelvic abscess on the right side, which discharged per rectum. Three years later, after her last confinement, the left ovarian region became tender and painful, with dragging pains, and has continued so, with regular monthly exacerbations ever since.

The menses are profuse, dark, and thin, and occur regularly every four weeks. A week after the cessation of the flow, the left groin becomes more intensely painful, with aching, bearing down pains, followed by sharp pains across the hypogastrium to the right, and also down the left leg. These paroxysms last about a week, and are accompanied and followed by a profuse discharge of transparent, glairy, acrid mucus.

The bowels are constipated, with no inclination to stool, and apparently loss of power over the rectum.

The urine during the attacks is at first scanty and then profuse and pale. The back is so weak and painful that she cannot walk any distance.

On making a physical examination, I found the left vaginal wall tender and hard throughout its entire extent. The induration was continuous with the uterus, and presented the characteristics of long-lasting pelvic cellulitis. By the double touch I found the uterus enlarged and tender, and in fact, the whole of the internal genital organs were so extremely sensitive that I did not venture to use the sound; and, she had to keep her bed for several days after her return home, from the combined effects of the examination and the railway journey.

She was suffering from all the nervous irritability so often found in these affections, and for a long time had slept only when under *Chloral*, and her dislike to that drug, and dread of its effects, had induced

her to abandon Allopathic treatment, and put herself under my care.

It is to be noted that the induration was confined wholly to the left side, although the right, had been the seat of an abscess five years before.

Three remedies suggested themselves, *Platinum*, *Zincum*, and *Lilium tig.* It would not be difficult to point out the similarity of either, to the case in hand, but as I had somehow imbibed the notion that the metals are more to be relied on when organic changes have occurred, I gave *Platina* 15, a dose twice daily for a month.

December 7, 1878, a month later, my patient writes that her bearing down pains are somewhat relieved, otherwise, except that she is now under the inspiring influence of hope, she is no better. I therefore send *Plat.* 200, a dose once daily for another month.

January 1, 1879, as no material change was perceptible during the last monthly attack, I sent *Plat.* 50m, a dose every second day for another month.

February 6, 1879, there was still no change in the case, and as *Plat.* was evidently not the remedy, I sent *Zincum* 7, a dose twice daily for a month, except during the paroxysm, when she was to take *Cim.* 4, in frequently repeated doses.

February 24th, no improvement, but as my patient has suffered from a severe cold in the meantime, she thought the remedy had not had a fair trial. Accordingly, I sent *Zincum* 200, a dose daily.

April 4, 1879, there was still no change in the state of affairs, and I was misled into sending *Sepia* 200.

May 7, 1879. Another month passed away, and still the attacks recurred with unflinching regularity, and with almost unabated intensity. I was shut up to *Lilium*, which I sent off in the 30 potency, a dose every second day.

June 2d. The simillimum has now evidently been reached, and a change appears in the condition of my patient. The motions of disease are controlled by a higher power, and gradually give place to the calm and equable vibrations of health. After this my patient reports on July 2d, August 18th, October 11th, and November 18th, and always in the same terms; expressing her grateful thanks for the relief from the sufferings of years.

Feb. 10, 1880, my patient wrote that she was suffering from constipation, and that such slight attacks of pain as she was now experiencing occurred directly after the menses, instead of a week later. I therefore sent *Con.* 9, a dose once daily.

March 2, 1880, improvement decided, but constipation still present to a slight extent. *Con.* 200, every second day.

Having never seen the patient since, I cannot say to what extent the induration has disappeared; but the improvement has been sufficient to "enable her to enjoy life," to use her own words, and to demonstrate the efficacy of *Lilium* in the 30th potency.

#### ANAL ABSCESS.

A few weeks ago while reading the pathogenesis of *Berberis vulg.* the similarity of its symptoms to those of anal abscess impressed me. Two days later a client brought in his little boy, who had been kept awake two nights with pain about the anus, and painful defecation. I found the tissues at one side of the anus red, hard, and tender—evidently an incipient anal abscess. Accordingly I gave *Berberis* 30, in water every hour, and directed him to be kept in bed, and on milk diet. That night he slept a little, and the next morning his bowels were moved without pain. The remedy was continued every two hours, and in two or three days he was well.

A similar case in an adult, since that time, ended as satisfactorily. *Berberis* is an admirable remedy, and will not fail to respond when strictly indicated. In congestion of the kidneys, nephritis, colic, and in gall-stone colic, it has served me well; and always in the 30th.

#### OCCCLUSION OF THE INTESTINES.

On the evening of June 29th I was called to see Miss S., a maiden lady of fifty or thereabouts, in whom a long course of inattention to the bowels had developed as a chronic constipation. That day she had taken a full dose of *Castor oil*, which had caused only pain, rumbling and distention of the bowels, with constant urging to stool without evacuation. I gave *Nux vomica*; and was called early the next morning, as no relief had been obtained. I gave her *Plumbum*, and administered several injections in the ordinary way, and by Hegar's method, but could not succeed in introducing more than a quart of water at a time, which immediately returned scarcely colored. In the evening I made use of Danforth's method of setting up pressure in the rear by making a soda fountain of the rectum, but without success.

The next day brought no improvement while the pain and distension were gaining ground. I gave *Lycop.* and repeated the soda-fountain plan twice ineffectually, and in the evening having passed a large gum-elastic catheter up the bowel nearly its whole length, I

threw up a half-gallon of soapy water, adding at the close two ounces of *Castor oil*, mixed with two drachms of turpentine, hoping thus to soften the hardened mass of fecal matter. The whole was retained and did not increase the pain and discomfort, but the next morning still found matters in *statu quo*, while the frequent and painful efforts at defecation brought away only a little bloody mucus.

What now was to be done? While searching our drug stores for a rectal tube, I found a piece of old gum-elastic tubing about two feet long and with a lumen of about one-fourth of an inch. This I succeeded in passing beyond the obstruction, and found that the liquid contents of the colon would come away till stopped by a lump too large for the tube. By now alternately throwing up warm suds, and allowing as much to escape as would come away, the difficulty was solved. After about four hours of tedious and most disagreeable work, the returning water came but slightly discolored, and I threw in a fresh basinful of suds and left her. In half an hour a potful of liquid fecal matter came away, and later on as much more with perfect relief to her distress. The expedient was successful and may help some brother who may at some time be in a similar strait.

#### DIPHTHERIA.

I have learned a few facts about this disease which I subjoin. In the cases calling for *Kali bich.*, the 3x trit. is much more efficacious than the higher potencies. The symptoms calling for this remedy are too familiar to repeat. Of *Apis* the reverse is true. *Lac caninum* has done me good service. It is called for by the pearly white color of the exudations, and a white and perhaps glistening tongue. The presence of scabby eruptions about the mouth is an additional indication. I use the 200 and cm. *Arum triph.* when the child picks constantly at its lips, nose, etc. It once rescued for me a very grave case. I have seen three cases of diphtheritic croup recover, two under *Bromine* 2x and the other under *Ars. jod.* 3x, but cannot tell the indications for either.

#### CARBOLIC ACID.

Four weeks ago two young gentlemen who went out fishing used *Carbolized oil* very freely about their faces, and ever since their return have been suffering from the following symptoms: Loss of memory; inability to concentrate their mental powers; mental and bodily laziness; disinclination to mental exertion; feel as if in a dream or reverie all the time. These symptoms are included in those numbered 13 to 23 in Allen's Encyclopædia.

## Consultation Department.

### FOR W. W. FRENCH'S CASE

in July 15th INVESTIGATOR, page 108, I would recommend *Aloes* 6x.  
M. R. WAGGONER.

### QUERY.

F. F. Casseday, M. D., gives a statement of his cure of indolent varicose ulcer treatment in THE INVESTIGATOR, a. c., part I., pp. 414 and 415. *Query?* How often must the application be renewed or is it left to itself after one application, strapping and bandaging. W.

### THANKS FOR COUNSEL.

For my case, pp. 164-5, No. 256, Dr. Knight's suggestion, pp. 208, No. 257, was tried but on account of a peculiar anomaly of patients nervous system was not practiced to the extent he intended, or, as should otherwise have done. The treatment benefited, but produced such nervous erethism as to render it partially impracticable in this particular case. I think if it could have been persisted in, it would have done a great deal in the way of a cure. From her father who had times of mental aberration, she inherited a susceptible nervous system, and since asking for counsel, I have learned that her mother had chronic diarrhoea until "turn of life," when bowels assumed their normal function. Thanks to Dr. Knight for his kindness, also to J. D. W. H. W. H. HALL.

### CAUSE OF CHOLERA INFANTUM.

In the published report of the remarks before the pædological society at Milwaukee, you make me appear almost if not quite idiotic in the following (reported) statement: "We can trace the chief cause (of cholera infantum) to acid saliva containing *Cyanide of Potassium*, causing denudation of epithelium, followed by nervous exudation, blood-stasis, etc." It should read, *acid saliva containing Cyanide of Potassium, causing denudation of epithelium, followed by serous exudation, blood-stasis, etc.* Will you please correct.

WM. OWENS.

## Medical News.

*Prof. H. F. Biggar*, of Cleveland, is off to Europe for a few weeks' vacation. *Bon voyage.*

*Dr. H. N. Guernsey* has returned after a year's absence in Europe. He got some good fees while abroad, but never made a charge. He saw a Homœopathic physician get a six months bill that amounted to \$28.750 How is that for high?



*C. H. Von Tugen, M. D.*, of Chicago, died July 29th. Dr. V. had been blind for nearly a year, and suffered with stricture of the rectum. An operation for this annoying condition was followed by peritonitis which resulted fatally. Dr. V. was well known to our readers as a surgeon of daring and skill.

*The Sixteenth Annual Session of the Homœopathic Medical Society of Pennsylvania*, will be held at Easton Pa., September 8, 1880. Arrangements have been made with the proprietor of the United States Hotel Mr. Sam'l Hayden, to entertain the members and their friends. The meeting of the society will be held in one of the parlors of the hotel. The members are earnestly requested to be present. Physicians who are not members are cordially invited to meet with us. A pleasant and profitable meeting may be expected. For further particulars address Dr. H. Detwiller, Easton; or the corresponding secretary, Dr. R. E. Caruthers, Alleghany City, Pa.

*The American Pædological Society* is the outgrowth of a deepening interest in this department of medicine. Those who attended the sessions held in Chicago and Milwaukee declare that they were the most important meetings they ever attended. It was deemed proper that we who have so many children to treat should take the initiatory in this matter. The fact that physicians of all schools took part in the organization, is plea enough for the broad character of the name chosen. The next meeting, to be held in New York, will be largely attended by those interested in diseases of children. Pædology will henceforth be prominent in all of our societies.

*The American Institute of Homœopathy*, has, to some, seemed an awkward name. But as it becomes more an aggregation of societies, the wisdom of the choice will be more and more apparent. The eye men led off, and the wisdom of the organization of the American Homœopathic Ophthalmological and Otological Society is apparent to all who have attended their meetings, or read their proceedings. Those interested in diseases of children followed next, organizing the American Pædological Society, which gives a special impetus to the study of this important branch. The gynæcologists and surgeons will doubtless follow, and it will not be many years until every science will have its special society represented in the Institute. Three or four hundred physicians, blended into half a dozen societies, will develop an interest and awaken an enthusiasm that will be tremendous in its results. Sectional meetings are really temporary organizations that should be permanent to secure the best results.

*Homœopathic Medical Society of the State of New York.*—The semi-annual meeting of our State Society will be held in the City Hall, Brooklyn, September 7th and 8th. Through the liberality of the King's County Society, the social success of the meeting, is guaranteed. The State Society will be entertained at Hotel Brighton, Coney Island, on the afternoon of the second day. Transportation from Brooklyn to the hotel and return, together with dinner tickets,

will be furnished by the King's County Society. It seems, therefore to devolve upon the visiting members to furnish as rare an intellectual feast as they are able. The society will convene on Tuesday, at 10 o'clock, and the entire day, and the morning of the second day will be devoted to the reading of papers and the discussion of such topics as may be presented. From present indications, there will be a large attendance and a most enjoyable time may be anticipated. All Homœopathic physicians are invited to attend and contribute such papers as their judgement may dictate. Please inform the undersigned as early as convenient of the title of proposed papers.

HOWARD L. WALDO, Rec. Sec.

*Dr. C. Hering* died suddenly last evening, July 23d, at 10:30 P. M. He was as well as could be wished, previously, to all appearance; had retired; rang his bell; Mrs. H. found him yawning and prostrated on his couch; sent for aid; but he expired before any one arrived. The funeral will occur Wednesday, July 28th, at 11 A. M. J. C. M.

Thus passed away the veteran of our ranks. The departure of Father Hering is a great loss to our school. He was a worker, and it seemed that his work was but in its infancy. For half a century he has been collecting and adding to the pathogeneses of our vast armamentarium. We get some idea of this work when we collect *Materia Medica Vol. I., Condensed Materia Medica and Guiding Symptoms*, a collection of ten volumes, now running through the press. The immensity of this work can only be comprehended by visiting his study—a large upper room lined with shelves round and round filled with volumes in MS., each volume a remedy in the *materia medica*. The labor and expense of collecting this museum of *materia medica* is beyond conception. The city of Philadelphia, or the United States, should purchase this vast collection, for it has no parallel.

But the genius of Hering is more apparent in that sample volume of *Analytical Therapeutics*, really the only model therapeutic work in our literature. This work should certainly be completed as a tribute to the memory of Farther Hering. He gathered about him a coterie of workers, Drs. Raue, Knerr, Farrington, Koerndorfer, Mohr and others, who can carry on this work. Dr. Knerr and Hering's sons will we believe, let nothing interfere with carrying out the projected plans of the greatest worker in our ranks except Hahnemann.

Dr. Hering, born with the century, a bitter opponent of Homœopathy, was appointed to write a book against the heresy in Germany. To write intelligently he must read Hahnemann's writings and experiments, expecting to find weapons to overthrow Homœopathy. Strange his trials confirmed Hahnemann's doctrine, and, scientist, as he was he was compelled to believe in Homœopathy. He removed to the West Indies, and finally settled in Philadelphia; where his ripe scholarship, scientific attainments, and practical experience, placed him at the head of the new system in America. His contributions to science, *e. g.*, *Charcoal* as a preventive of yellow fever, brought him and the cause he represented to the favorable notice of the best people. Space would fail to recount what he has done in his active life time. Dr. Hering, by his rare qualities, endeared himself to thousands of Homœopaths. Well may the nation mourn, and the whole profession uncover around the tomb of Constantine Hering.

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Society Proceedings.

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*CENTRAL NEW YORK HOMŒOPATHIC MEDICAL  
SOCIETY.*

(Report continued from page 139).

The Secretary read a letter received by the President from Adolph Lippe, M. D. Also, a paper contributed by the said Dr. Lippe on paragraph 154 of The Organon. On motion of Dr. Bigelow, the paper was accepted, and ordered to be published with our minutes; and, the Secretary was instructed to convey to Dr. Lippe the warmest thanks of this Society for his paper, and our high appreciation and admiration of the frequent and valuable services which he has rendered to this Society, and to the cause of Homœopathy.

PARAGRAPH 154 OF HAHNEMANN'S ORGANON, WITH NOTES BY DR.  
AD. LIPPE (PHILADELPHIA).

Paragraph 154 of Hahnemann's Organon carefully translated reads :  
"The more this counter representation, formed from that medicine which appears to deserve a preference, shall contain other symptoms resembling those which are especially extraordinary, peculiar, predominant (characteristic) in the largest number and in the greatest resemblance to the diseased condition to be cured, the more Homœo-

pathic, suitable and specific will this remedy be in the present case. A disease which is of no very long standing ordinarily yields, without any degree of suffering, to a first dose of this medicine."

This paragraph complementary to the preceding one, contains one of the great revelations which the master-spirit, as founder of our healing art, made for the benefit of such physicians as were capable of understanding his teachings and willing to accept these revelations. In Hahnemann's days, and even in our days, the predominating materialism to which medical men in general were prone to adhere, prevented, and does now prevent, many from accepting the teachings of Hahnemann. There were men then, and there are men now, who still hold fast to the materialism of the pathology as we find it handed down to us from past ages. Their sole aim is to find in disease and on the sick a pathological condition, a sick physiology and look, to find the counter representation in our *materia medica*; their grand aim is to cover just such a disease or such a sick physiology as their scientific researches have convinced them does affect the sick whom they find themselves called upon to cure. Such a similar condition appears to them to exist among one or the other of the proved remedies, and when such a course of reasoning and such a fallacious application of the law of similars failed to produce the desired result—a cure—then we have to listen to the great lamentations of the disappointed healer; he loses faith in the universal applicability of the law of similars; auxiliary [and supplementary laws discovered or discoverable are recommended; he further demands a reconstruction of the *materia medica*. Had such a disappointed healer carefully read Hahnemann's *Organon*, and especially paragraphs 153 and 154, he would become convinced that his experiment and his application of the law of the similar were not in harmony with Hahnemann's teachings of Homœopathic therapeutics. Should he become persuaded to make his experiments in harmony with, and guided by, the teachings of the master, he would no longer meet with disappointments, but he would find that the law of the similars is universally applicable, and our own reliable *materia medica* not in need of a "reconstruction" which would be paramount to converting it into modern pharmacodynamics. The foot-note to paragraph 81 of Hahnemann's *Organon* disposes of the classification of diseases under given delusive names, and shows the absurdity of treating a disease by its name and with a similar remedy.

Paragraph 154 teaches us to individualize and how to individualize.

Our attention is called to two very important points to be ascertained before the law of the similars can be applied correctly, and successfully. We are taught to find in a given case the especially, extraordinary, peculiar predominant (characteristic) symptoms, first on the sick, and then in our materia medica. That we may not commit an error in our discrimination and clearly discern what the characteristic symptoms are, both in a case of sickness on the sick individual and therefore also to be looked for in our materia medica while seeking to find the similar remedy, our attention is especially called to the extraordinary, peculiar, predominating symptoms. Hahnemann repeatedly alludes to these extraordinary, peculiar (*eigenheitlichen*) symptoms, as for instance in paragraphs 153 and 165. The extraordinary symptoms include all such individual symptoms as are not *generally* present in similar diseased conditions, are not *necessarily* present in the form of disease before us. Under peculiar (*eigenheitlichen*) symptoms we must more especially class symptoms as are especially peculiar to the sick individual. It is therefore obvious that we are reminded to notice less, and pay not as much attention to, ordinarily appearing symptoms, to such symptoms as are always, necessarily, present in the form of disease we have to treat.

Hahnemann nowhere condemns a knowledge of the little that is known [of pathology, and this very paragraph impliedly admits the necessity of knowing all that is known in pathology. How else could we classify the symptoms of the sick as he wishes us to do? If we are asked to mark some symptoms as peculiar, as singular, sure to belong to the individual, we are supposed impliedly, to be in the possession of the knowledge of such symptoms as are not peculiar but more general; generally present in similar cases of sickness. Among these peculiar symptoms we must certainly include the mental symptoms, so peculiar to the individual and entirely independent of the disease. Hahnemann teaches us here how to individualize, and he lays great stress on the fact that the more numerous and the more resembling the symptoms observed on the sick can be found under a remedy, the more certain will we be of a cure.

He further tells us to administer in a recent acute disease but one dose of the properly chosen remedy, and that this single, solitary dose will cause the disease to yield ordinarily; showing how unnecessary, and if unnecessary, how obviously hurtful it must be if in a recent case of an acute sickness the properly selected remedy is repeated and thereby likely made hurtful.

There are even now among us professing Homœopaths who in contravention of the 154th paragraph demand a "reconstruction" of our *materia medica* on a scientific basis, and so scientifically reconstructed that the application of the rules laid down in this paragraph become an impossibility. Our journals are full of such demands, and as I open the first one in my reach, *The Homœopathic Times* of April 1880, there I find on page 13, a paper on "A Regenerated *Materia Medica*." Alluding to a paper by Dr. J. P. Dake, published in the *British Journal*, in which he ventilates his own peculiar ideas about a proposed entire change in the construction of our *materia medica*. The learned editors of the *Homœopathic Times* fully endorse Dr. J. P. Dake when they claim to have said before, that our *materia medica* is radically defective, that they have insisted upon an absolute reconstruction if it is to occupy a place in the ranks of science. They further say :

*"Not only must the mountains of chaff be cleared away but the provings themselves be subjected to such close scrutiny by competent authority that they will give us real symptoms, the pictures of positive disease, instead of, as is now often the case, presenting us with imaginary conditions, the imagination and the reality being so mixed up as to make it difficult to discriminate between them."* And further on they say. "A college of provers composed of scientists who would take nothing for granted, but subject every point to the closest scrutiny \* and the most careful scientific tests, † would soon sweep away the great mass of trash which disgraces our text-books, and give us in an intelligible form positive pictures of disease, those real facts so essential in diagnosis and treatment."

Would such a regenerated and reconstructed *materia medica* admit, or aid us to apply, the rules laid down in paragraph 154? Not at all! No longer would such a professedly scientific work deserve the name of "*materia medica*." It would simply be a work to deserve no other name than "pharmacodynamics." It is proposed by professing Homœopaths, editors of a professedly Homœopathic journal, to pervert our *materia medica*, the great master-work of the greatest medical regenerator and philosopher, into, what? Why, a hypothetical picture-book of hypothetical diseases, all arranged on a scientific basis, and we are told that this new work gives (will give) us in an intelligible form, positive forms of disease, facts so essential in diagnosis and treatment.

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\* So did Hahnemann.

† The experiment, as did Hahnemann.

The learned editors of the *Homœopathic Times* must either be utterly ignorant of Homœopathy, or they must take it for granted that their readers are ignorant of what most essentially appertains to the Homœopathic healing art, else they would not so boldly make free to rise in full deliberate opposition to Hahnemann's teachings.

Where, pray, shall we find the especially extraordinary, peculiar, predominant (characteristic) symptoms of the sick we seek to cover, the counter representation of these characteristic symptoms we seek to find in our *materia medica*? We will surely not be able to find them in that scientific picture-book of real diseases. If, as the learned editors of the *Homœopathic Times* tell us, imagination and reality are so terribly mixed up in the old, to be regenerated, *materia medica*, then they impliedly assert that the same mixing up of reality and imagination committed by the provers of our medicines and put on record, will and must like-wise be indulged in by the sick. Here we have a new dispensation: The healer listens to the various complaints of the sick, who, as well as he can, states his ailments to the professedly Homœopathic healer. This scientist perceives that the sick individual is mixing up reality, *i. e.* symptoms of a real disease with imagination, symptoms peculiar to him, but as the healer has no use for them outside of the picture of the real disease *he* ignores them as "imagnations."

After clearing away the mountain of chaff, retaining a hypothetic scientific picture of the real disease, the law of similars is pressed into service, the picture book is opened and the similar remedy is applied. The formula "*Similia Similibus Curentur*," is all these men subscribe to, holding out that there are auxiliary and supplementary means besides this formula, and under the plea of freedom of medical opinion and action, they claim now, as scientific men, the right to apply this formula scientifically: The sick present to us the picture of a real, positive disease and the scientifically regenerated *materia medica*, presents a positive corresponding counter-representation of a real disease, scientifically diagnosed and now the formula is applied and all this is called "Homœopathy."

The caricature thus offered to the profession by the learned editors of the *Homœopathic Times*, is so superlatively ridiculous that we would feel inclined to treat that editorial as a first of April joke, had not that same journal, been guilty of offering and publishing equally ridiculous propositions. The testimony of all the early pioneers, of the many men now living and who successfully apply all and every fundamental

principles and rules left us by the master, and all the testimony on record in all our early and present literature, is ignored, all the victories gained by those who relied on our *materia medica* as it is and will further be developed in the estimation of men, who demand a regeneration of this reliable *materia medica* amount to nothing at all. And with that scientific picture book before them, they cannot possibly find any further use of Hahnemann's Organon, and if these regenerators are consistent we may expect them to make a further proposition; viz: that a committee of scientists be appointed to investigate and regenerate Hahnemann's Organon, subject it to close scrutiny, clear away mountains of chaff, give us "Real," positive diseases and apply the law of the similars, as they comprehend it, for the cure of the sick. The only admissable reason for this attempted regeneration can only be a better success, these proponents have in curing the sick, than was obtained by Hahnemann and his followers. Has that attempt been made? Have these scientists offered any real positive illustrations of this new plan? Illustrations have not been attempted for the simple reason that they would fail to prove the correctness of their propositions; or, do these scientists claim that Hahnemann's teachings are not reliable, that the promised results have not been obtained, when they themselves failed to find them reliable while many others did obtain all the results promised? Where then can be the fault? But in consideration of the stubborn fact that these men scientists and regenerators, never condescend "to illustrate," we shall now endeavor to demonstrate the correctness of the 154th paragraph, and what Hahnemann really did understand by admonishing and teaching us to consider the "characteristic," symptoms of the sick as essential to our therapeutics.

We will first relate two cases of sickness in the same individual, and then close with our comments.

Mr. J. W., aged seventeen, was suffering from typhus abdominalis. He was not very ill till the 14th day, when I found that a very violent diarrhoea had set in, stools involuntary, watery, very offensive. Pulse over 120 per minute, small and feeble, abdomen not very sensitive to the touch. He was all the time whining without being able to say why he did so; he was not restless, but had not slept during the night when this change of symptoms had set in. One single dose of *Apis mel.* (high) very soon changed this rather alarming condition and he recovered fully in due time.



Mr. J. W. was taken down seven years later, with small-pox during an epidemic prevailing in this city. Had had small-pox when nine years of age, and I had then treated him. On my evening visit on the third day of his illness, I found him in the same mental condition he was on the 14th day of typhus, *whining*; the eruption had ceased to develop itself, pulse extremely feeble and rapid, he had not passed any urine for more than eighteen hours, no thirst, great apathy, could not say what caused him to whine. One dose of *Apis mel.* (high) was given him that evening. On the next morning he was found out of danger, no more whining, the eruption was developed to an extent never before observed, the pustules were as large as Malaga grapes, he had passed an enormous quantity of urine during the night. He fully recovered without being pitted.

*Comments.*—The same individual developed in two entirely different forms of disease extraordinary, peculiar, predominant, (characteristic) symptoms. In the first form of disease the mental symptoms did not necessarily belong to it; the diarrhoea was peculiar not often present in the way it here appeared, the watery, very offensive evacuations were extraordinary, and called strongly for *Apis*. Especially was the mental symptom peculiar, both to the patient and to the remedy; or, should I have indulged in a pathological hypothesis? Should I have treated the evident affection of Peyer's bodies? Then *Apis mel.* would not have been indicated, as the stools most calling for that remedy in that form of disease consist partly of flakes of pus with bloody tinges; but, as *Apis* also causes watery, very offensive stools, the pathological hypothesis had to be abandoned.

Or did the great weakness, the fact, that he suffered from typhus, and that the stools were very offensive, indicate *Arsenicum*? Not at all; the characteristic restlessness and desire to be warmly covered, of *Arsenic*, were *not* present. The symptoms not necessarily belonging to the disease indicated the remedy. In the second form of disease symptoms were still more grave than in the first form. Patients suffering similarly, suffering from inactivity of the kidneys, while the eruption did not develop itself, and treated by Allopathic physicians, had all died. The pathological condition, and the danger thereof, were well defined, but the most prominent mental symptom was characteristic of the individual. It had led me many years before to give him *Apis mel.*, with decided benefit. It did not necessarily belong to the disease, or its pathological condition. This very peculiar mental symptom, and also the suppression of the kidney function

found its counter representation in *Apis mel.*, and the patient recovered; it was, as far as I could learn, the first time that *Apis mel.* was administered in small-pox, *Apis* never caused an eruption even resembling small-pox, therefore the regenerated materia medica would not admit into its picture-book of real diseases, a picture of small-pox under *Apis mel.* The whining mood was peculiar, extraordinary, predominant, in this individual, who, when well, from his childhood up, was of a very lively cheerful temperament.

To just such symptoms as here described does Hahnemann call our attention; to symptoms peculiar to the individual, not necessarily belonging to the form of disease we find, to cure. Such symptoms we find in our materia medica always,—but *never* in the picture-book of real diseases, should such a caricature ever see the light of day, which is very doubtful. As long as we claim to be Homœopaths we will, we must accept Hahnemann's teachings as we find them in his *Organon of the Healing-Art*.

On motion of Dr. Hawley, seconded by Dr. Schenck, Drs. Adolph Lippe and P. P. Wells were elected honorary members of this society.

Dr. Gwynn—If the non-Homœopathic symptoms of a remedy do not affect the patient, but only the Homœopathic symptoms, then how can you get provings from attenuated medicines, as claimed by the Milwaukee provings to be impossible; and, may not this explain the fact that attenuation does no harm if it does no good?

Dr. Stow—We may, with an attenuated remedy, set up new symptoms in a patient, symptoms perhaps known in the pathogenesis. Must not the quantity of the drug to be proved be graduated by the susceptibility of the prover? Instruments such as the sphygmograph and thermometer will reveal the degree of susceptibility in the prover, and enable us to attain greater precision in provings.

Dr. Hawley—Is the persistence of symptoms for some days after exhibiting a remedy an aggravation? Some days ago *Nitric acid 85m* (Fincke) was given, in seven powders, to a syphilitic patient. He reports himself much worse, and vows he will take no more of those powders because every powder he takes makes him worse. Is it a medicinal aggravation?

Dr. Wells—Time will determine.

Dr. Nash—Dr. Lippe gave, in a similar case, *Kali hydriodicum*, Boils appeared on the forehead, such as are characteristic of this medicine. He took this to be a proof of aggravation. If he gives

*Causticum* in a chronic case, he does not expect any effect under a week.

Officers were chosen for the ensuing year, viz : E. B. Nash, M. D., President, Stephen Seward, M. D., Vice-President, C. P. Jennings, S. T. D., Secretary and Treasurer.

Dr. Nash, on taking the chair delivered his inaugural address.

Dr. J. T. Wallace—We ought not to spend all our time upon *The Organon*. More interest would be produced if we appoint committees to report papers upon special subjects.

Dr. Nash—We ought to have a better understanding of *The Organon*, but we need also to study the application of its principles to cases in hand.

(To be continued.)

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### AMERICAN INSTITUTE OF HOMŒOPATHY.

(Continued from page 128.)

Dr. Smith, of Chicago, moved that Dr. Berridge be requested to give his article to the Secretary for publication, which was carried.

A motion to reconsider was made on account of objections being made to its being incorporated in the proceedings. The motion to reconsider was finally laid on the table.

#### REPORT ON MATERIA MEDICA.

J. P. Dake, Chairman of the Bureau of *Materia Medica*, then submitted his report, in which he complained of the neglect of the members of the bureau in sending in the results of their research and discoveries. The special subject to be treated and discussed in the bureau, was the limits of drug attenuation and medicinal power in Homœopathic posology. This was divided under two headings, the first being "The proofs of Drug presence and Power in attenuations above the sixth decimal." The papers were of an eminently scientific and practical character, the inspiration thereof being due to Prof. J. P. Dake, of Nashville Tenn., who has for two years past been Chairman of the Bureau. Papers on the subjects of the bureau were presented by Drs. Wm. L. Breyfogle, of Louisville, Ky. Edward Smith, of Cleveland, O., and Lewis Sherman, of Milwaukee.

The general subject treated has the limit of drug power and attenuation, from the stand-point (1) of the scientist; (2) of the therapeu-

tist. The report of Dr. Lewis Sherman, was particularly interesting from the subject matter—the celebrated Milwaukee test, which has for a year past engrossed the attention of the profession. Briefly considered, it was an attempt to test the medicinal power of the 30th attenuation by a crucial test, surrounded by strictly scientific safeguards. It was announced and carried on for a whole year under the auspices of the Milwaukee Academy of Medicine. Dr. Sherman's paper also contained an abstract of the experiments conducted in that city on test preparations of the attenuations from the 3d to the 10th each being mixed with nine blanks, and the experimenter having to pick out the one drug from ten vials. The experiments were fully successful up to the tenth, and were made by Drs. L. Sherman and Samuel Potter, of Milwaukee. The tests were as follows:

#### TESTS OF THE THIRD DECIMAL DILUTION.

Samuel Potter, *Aconitum* 9 blanks, correct selection. Lewis Sherman, *Aconitum*, 9 blanks, correct selection. Lewis Sherman, *Belladonna* No. 1, 9 blanks, incorrect selection. {Samuel Potter, *Belladonna* No. 2, 9 blanks, correct selection. Lewis Sherman, *Belladonna* No. 2, 9 blanks, correct selection.

#### TESTS OF THE FIFTH DECIMAL DILUTION.

Lewis Sherman, *Arsenicum*, 9 blanks, correct selection. Samuel Potter, *Phosphorus*, 9 blanks, correct selection. Lewis Sherman, *Phosphorus*, 9 blanks, correct selection.

#### TESTS OF THE SIXTH DECIMAL DILUTION.

Samuel Potter, *Aconitum*, 9 blanks, correct selection. Lewis Sherman, *Aconitum*, 9 blanks, correct selection. Lewis Sherman, *Arsenicum*, 9 blanks, correct selection. Samuel Potter, *Phosphorus*, 9 blanks correct selection. Lewis Sherman *Phosphorus* 9 blanks, correct selection. Samuel Potter, *Belladonna* No. 2, 9 blanks, correct selection. Lewis Sherman, *Belladonna* No. 9 blanks, incorrect selection. G. C. McDermott, *Arsenicum*, 9 blanks, lost the package.

#### TESTS OF THE SEVENTH DECIMAL DILUTION.

Samuel Potter, *Arsenicum*, 9 blanks, correct selection. Lewis Sherman, *Belladonna* No 1, 9 blanks, incorrect selection.

#### TESTS OF THE EIGHTH DECIMAL DILUTION.

Samuel Potter, *Phosphorus*, 9 blanks, incorrect selection. Lewis Sherman, *Phosphorus*, 9 blanks, correct selection.

## TESTS OF THE NINTH DECIMAL DILUTION.

Samuel Potter, *Phosphorus*, 9 blanks, correct selection. Lewis Sherman, *Phosphorus*, 9 blanks, incorrect selection.

## TESTS OF THE TENTH DECIMAL DILUTION.

Samuel Potter. *Phosphorus* 9 blanks, incorrect selection. Lewis Sherman, *Phosphorus* 9 blanks, incorrect selection.

## TESTS OF THE THIRTIETH CENTESIMAL DILUTION.

W. H. Blakely, Bowling Green, Ky., *Aconitum*, 9, incorrect selection. G. R. Mitchell, Richland Center, Wis., *Aconitum*, 9, incorrect selection. C. R. Muzzy, Watertown, Wis., *Aconitum*, 9, incorrect selection. A. W. Woodward, Chicago, Ill., *Aconitum*, 9, incorrect selection. N. A. Pennoyer, Kenosha, Wis., *Aconitum*, 9, incorrect selection. M. A. Ries, Milwaukee, Wis., *Aconitum*, 9, incorrect selection. A. Uhlemeyer, St. Louis, Mo., *Aconitum*, 9, incorrect selection. A. Uhlemeyer, St. Louis, Mo., *Asenicum*, 11, correct selection.

Estimate of the probability of the existence of medicinal power in the attenuations tested, based upon the above results.

3x	dilution.....	2222	in	favor,	to	1	against.
5x	"	.999	"	"	"	1	"
6x	"	158,730	"	"	"	1	"
7x	"	.4½	"	"	"	1	"
8x	"	.4½	"	"	"	1	"
9x	"	.4½	"	"	"	1	"
10x	"	.1	"	"	"	4½	"
30c	"	.1	"	"	"	7,036,875,000,000-	

000,000,000,000,000,000,000,000,000 against.

Or leaving out of the calculation the experimenters who did not report; 1 in favor, to 1,990,999,999 against.

The whole work of this bureau presented a highly scientific character, marred only by the evident efforts of one of the reports to advertise the preparations of a particular pharmacy—which were exhibited in little vials before the audience. Thus the "shop" gets mixed with science, and the "dollar" is more potent than even the "highest potencies."

Dr. Cowperthwaite, of the Iowa State University, followed Dr. Sherman, with an able presentation of the clinical evidence for the efficacy of the 30th dilution, and was cheered by the pure Hahnemannians of the Institute.

This bureau closed the morning session and the hour of 1:30 having arrived the Institute adjourned until 7 o'clock.

## THE EVENING SESSION.

The hour set for the meeting of the evening session was not a popular one, as the President at 7 o'clock called the meeting to order and not over half the seats reserved for members were filled, while the lobby was almost entirely deserted. However, as the hands of the dial slowly moved round to the customary hour, the members came straggling in, and at 8 o'clock, found the usual number of grey heads and fair faces in attendance.

The session opened with a motion to close the Bureau of *Materia Medica*, Pharmacy and Provings, which under the rules was open for discussion. The motion was overruled and a general discussion ensued, participated in by Dr. Lillenthal, of New York, Dr. Lippe, of Philadelphia, and others.

Dr. Small, of Chicago, was not present when the papers were read. He did not know what chemistry had to do with the question. The proof must be made on living subjects, a seed might be planted no matter how infinitesimal; a little rain water and a seed would spring into a tree with trunk, limbs and branches, containing substances not found in the seed or the water.

Dr. Owen, of Cincinnati, had expected to hear a report on medicine and its effects on the human system; instead of that the papers had treated of physical sciences.

He was therefore disappointed; there was nothing said of drug action. He was unable to obtain information on the disturbing influences of drugs on the human functions. They should have discussed what part of the system, blood or nerves were effected by certain drugs. Until this was done they were failures as teachers of Homœopathy. The bureau had failed to give even a stepping stone in this direction.

Dr. McClelland was not disappointed. The bureau had selected a subject and adhered strictly to it. There had been considerable testimony of a negative character, however. It had been shown that certain attenuations did not contain medicinal qualities, but this did not prove that they did not exist. He said that patients troubled with malignant typhoid fever were, through the enthusiasm of the reporters, cured by a single dose of medicine in one day. These reports were palpably false and weakened their faith.

Dr. Wells, of Brooklyn, gave his experience in the treatment and remarkable cures which had come under his own observation.

Dr. Brown, of Binghamton, N. Y., complimented the papers presented by the bureau. He contended that medicines were matter and we were matter, and by watching the contact of the matters we could discover certain changes; that formed a data for future action. If he discovered a certain remedy cured a patient, in a certain condition, he administered the remedy to others in like condition. It was the province of the members of the Institute to build up Homœopathy and not tear each other down.

Dr. Pearson, of Washington, in referring to the papers said they were a great improvement on those presented last year. He then told a story of Abe Lincoln, who after listening to a long moral essay was asked what he thought of it, and in reply said that it was a very good thing for those that liked that sort of thing, and by those that liked that sort of thing it would be pronounced a good thing.

Dr. Dake, chairman, then took the floor and defended the papers presented by the bureau, and challenged criticism when they could be printed and examined.

The bureau was then closed.

The chair announced the following chairmen for the coming year: Dr. Brown, of Binghamton, chairman of the Bureau of Psychological Medicine; Prof. A. C. Cowperthwaite, of Iowa City, chairman of the Bureau of *Materia Medica*.

Dr. Henry M. Smith, of New York, chairman of the committee on Medical literature, submitted a verbal report and recommended that the proceedings of the Institute be issued immediately in pamphlet form, and that the bureau reports be issued in separate pamphlets in order that they may not be too bulky.

Dr. H. M. Smith, for J. J. Mitchell, chairman of the committee on a Homœopathic dispensatory, submitted a report.

This report advocated that the subject be dropped on account of the field being occupied by the excellent United States Homœopathic Pharmacopœa, published by Duncan Bros.

Dr. Talbot, of Boston, said year after year the subject of a dispensatory was presented in an incomplete state. Twelve years of incubation was sufficient, and he moved the subject be indefinitely postponed.

Dr. T. C. Duncan, of Chicago, explained that The United States Homœopathic Pharmacopœa was published to supply an emergency. A new edition of the work was in preparation, and would be made satisfactory to the profession if the Institute abandoned the field.

Dr. Ballard, of the same city, approved of the report and defended the dispensatory. The latter said it was impossible to depend on the drugs furnished by any two pharmacutists and he hoped some action would be taken to furnish a standard dispensatory for the profession.

The motion to postpone indefinitely was then adopted.

#### SCARLATINA.

The bureau of clinical medicine, having for its subject scarlatina, was then taken up, and the chairman, Dr. C. Pearson, of Washington, read a paper on "Its History, Etiology and Varieties." The following is the text :

Concerning the history of this disease we find very little in medical literature. It was known to Sydenham over 200 years ago, and he spoke of it as being "nothing more or less than a moderate effervescence of the blood (whatever this may be) arising from the heat of the preceding summer," though he had previously stated that it might occur at any season of the year, leaving us to settle this incongruity as best we may. A pestilence described by St. Cyprian over 1600 years ago was very possibly malignant scarlet fever. He says the patients suffered from "despondency, debility, involuntary evacuations, inflamed mouth, swollen stomach, and sparkling eyes." So far as we know it prevails in all countries. Though forty years ago it is said to have been unknown in Australia. And at all seasons though like all other cutaneous diseases it is more prevalent in the late autumn winter and early spring than during the heat of summer.

The cause of the disease is like that of most, if not all others of an acute character, entirely inexplicable. Long before the discovery of vaccination the animal origin of cutaneous diseases had its advocates, and since, we have had the malarial, the electrical, the gaseous, the atmospheric, the fungus, and latterly the germ theories; each of these will serve its advocates as an explanation as long as it will apply to any given case. In reference to the malarial, Caldwell says: "If asked what it is, I answer I do not know." Watson says: "It is a specific poison, producing specific effects on the human body, but of its physical or chemical qualities we really know nothing." Armstrong says: "We are utterly ignorant of the nature of this poison, the circumstances under which it is generated, or its effects on the human body." But we now hear of nothing but germs. They seem to be responsible for the origin of all zymotic diseases, and from the



confident way in which some physicians speak of them, one would infer that in some localities they are at times so plentiful that they might be gathered and measured out like clover seed, by the peck, and yet, who has ever seen one as a developing cause outside of the diseased organism, or if at all anywhere, only after the disease is sufficiently developed to lead us to believe that they are more likely to be a result than a cause. When will we cease to follow the blind lead of the Allopath in mistaking effect for cause? And yet there is a cause or a combination of causes for every effect, but in this case, can the microscope reveal it? Can the finest chemical test detect it? But from the effects we know that a cause is operating as favorably for the germination and growth of the disease, as are heat, light, moisture, and a prepared soil, to that of a plant that is indigenous to certain conditions. The cause is not alone atmospheric. The condition of the system undoubtedly has much to do with it, and in this, as in everything else in nature, whenever conditions are favorable, you witness certain results. That the disease is highly contagious there can be no doubt. In one instance I feel assured of having carried it in my clothing six miles to my own children, and yet sporadic cases must originate in some other way. And who has not met with them? I once saw three cases within twenty-four hours of each other, and at least half a mile apart, the children not having been nearer to each other, and no case of the disease had been known to exist in that vicinity for three or four years previously, but in a few weeks afterwards there were probably fifty cases in the neighborhood. What was the cause? It was in the winter, the atmosphere clear, cold and to all appearance healthy, but the proper conditions for its development existed, and the result was scarlet fever, and this combination of causes not only generates the disease, but its modifications give rise to its different types, though this is probably more dependent on the state of the system or to a certain idiosyncrasy of the patient than upon the operating cause.

The disease is usually divided into three varieties, *scarlatina simplex*, *anginosa*, and *maligna*. It is not necessary to describe these. You are all familiar with them, not being raw recruits or medical students, but veterans who have met on its native lair, this hydra, and I may say, conquered it, too, not as the fabled Hercules is said to have overcome the serpent of Lerna by cauterizing its mutilated neck with fire-brands to prevent other heads from growing, but with

the invisible, indomitable Homœopathic agent that is as potent to cure, as was the impalpable cause to produce it.

But within the past two years a disease has come under my observation, called by the physicians of our city scarlet fever, about the nosology of which I am not fully satisfied. It is extremely rapid in its course, running from one to four days, and usually terminating in death. A child seeming to be in good health, is suddenly taken with vomiting, and very soon with purging also, the pulse is quick and weak, temperature not much more than normal. In from six to twelve hours the vomiting usually ceases, the evacuations from the bowels become involuntary and at long intervals, the child becomes unconscious, and after from twelve to twenty hours, rarely if ever speaks or sleeps, the eyes are not closed, the pupils are dilated, and the balls move from side to side, though there is no evidence that the patient either sees or hears. There is great restlessness, constant tossing and desire to change position, with hurried and sighing breathing, no great thirst, though there is no trouble in swallowing, and no swelling or other evidence of sore throat, the tongue is only slightly furred, and not unusually dry, and the breath is not at all fetid; there is little or no rash; a slight redness is sometimes observed about the joints of the extremities, and the whole body turns purple, nearly black, a few hours after death; in fact, this discoloration often sets in some time before, so that it might be said the patient commences to die, as soon as it is found to be sick.

One case of a stout, heathy looking little girl eight years of age, I saw twenty hours after being attacked, and five hours before death and noted the following: Pulse 160, temperature 103, respiration 72 in a minute, with all the other symptoms I have enumerated. This case I reported as one of cerebro-spinal meningitis, though there was no contraction of the muscles in the cerebro-spinal region, or any other evidence of spinal irritation. Two other children in the same family similarly affected had just died under Allopathic treatment, and others in different parts of the city, at different times, all of which so far as I could learn were reported by the attending physicians as scarlet fever. My own impression is they were mistaken, or if not, it is a form of the disease about which little or nothing has hitherto been said or written. It more nearly resembles spotted fever, yet lacks many of the characteristics of that disease.

Dr. Lilienthal, of New York, followed with a paper on "The Diagnosis and course of its Varieties, Progress and Pathology."

Pending the consideration of this bureau, the Institute adjourned until 9 o'clock.

Before the Institute dispersed for the night an appointment was made for a lecture from Dr. McManus at 9 o'clock Friday morning.

#### THE RECEPTION.

Following this, Prof. and Mrs. Danforth gave a reception at their elegant residence, No. 420 Jefferson street, to the doctors and their ladies attending the National Institute of Homœopathy. They were assisted in the reception of the guests by Mr. and Mrs. G. Danforth. The residence was brilliantly illuminated and a band of music added to the pleasure of the occasion. Elegant refreshments were served under the superintendence of Conroy, of which the guests partook in anything but Homœopathic doses. The following were among the guests: Prof. Wilson and wife, Ann Arbor; Dr. E. W. Berridge London, England; Dr. Dowling and wife, New York; Dr. and Mrs. E. M. Hale, Chicago; Dr. and Mrs. J. S. Mitchell, Chicago; Dr. A. E. Small, Chicago; Dr. Edward Rushmore, Plainfield, N. J.; Dr. W. H. Winslow, Pittsburg; Dr. J. P. Dake, Nashville; Dr. B. Dake, J. C. McClelland and Miss McClelland, Pittsburg; Dr. F. L. Brown, Binghamton, N. Y.; Prof. Von Tagen and wife, Chicago; Dr. Tullio S. Verdi, Washington, member of the National Board of Health; Dr. Conrad Wesselhoeft, Boston University School of Medicine; Dr. T. F. Pomeroy, Detroit; Dr. H. C. Allen, Ann Arbor; Prof. G. C. McDermott, Cincinnati; Dr. E. W. Beebe, Milwaukee; Dr. W. A. Edmonds, St. Louis; Dr. Philo G. Valentine and wife, St. Louis; Dr. O. S. Runnels, Indianapolis; Dr. S. B. Parsons, St. Louis; Dr. C. C. Olmsted, Milwaukee; Dr. Samuel Potter and wife, Milwaukee; Dr. T. F. Smith, New York; Dr. A. Boothby, Boston; Dr. A. S. Everett, Denver; Dr. J. F. Beaumont, Minneapolis; Dr. W. H. Caine, Stillwater, Minn.; Dr. E. S. Donaldson, Waupaca, Wis.; Dr. W. A. Reed, Appleton; Dr. W. F. Edmonds, Pittsburg; Dr. I. T. Talbot, Boston; Dr. F. R. MacManus, Baltimore; Dr. R. B. Rush, Salem Ohio; Dr. A. C. Cowperthwaite, Iowa City, Iowa; Dr. N. Schneider, Cleveland; Dr. O. S. Wood, Omaha; Dr. R. F. Baker, Davenport; Dr. Dudley, Philadelphia; Dr. Bushrod W. James, Philadelphia; Dr. Charles H. Farnsworth and wife, Cambridge, Mass.; Dr. E. M. Kellogg, New York; Dr. M. M. Eaton and wife, Cincinnati; Dr. H. L. Chase and wife, Cambridge, Mass.; Dr. Henry M. Smith, New York; Dr. H. A. Lawton and Miss Lawton, Wilmington, Del.; Dr. W. L. Jackson, Boston; Dr. D. H. Beckwith

and wife, Cleveland ; Dr. J. P. Mills, Chicago ; Dr. Wm. H. Randall, Albany ; Dr. and Mrs. W. L. Breyfogle, Louisville ; Dr. T. C. Duncan, Chicago ; Dr. L. E. Ober, La Crosse ; Dr. C. Pearson, Washington ; Dr. and Mrs. L. M. Kenyon, Buffalo ; Dr. J. C. Burgher, Pittsburg.

Later in the evening about thirty of the doctors became the guests of Dr. Potter, at No. 232 Wisconsin street.

#### OTHER SOCIETIES.

At an adjourned meeting of friends of Hahnemann Homœopathy, the following resolutions were adopted :

**WHEREAS**, We believe the Organon of the healing art as promulgated by Samuel Hahnemann, to be the only reliable guide in therapeutics ; and

**WHEREAS**, This clearly teaches that Homœopathy consists in the law of similars, the totality of the symptoms, the single remedy, the minimum dose of the dynamized drug, and these not singly but collectively ; and

**WHEREAS**, Numbers of professed Homœopathsists not only violate these tenets, but largely repudiate them ; and

**WHEREAS**, An effort has been made on the part of such physicians to unite the Homœopathic with the Allopathic school ; therefore

*Resolved*, That the time has fully come when legitimate Hahnemannian Homœopathsists should publicly disavow all such innovations.

*Resolved*, That the mixing or alternating of two or more medicines is regarded as non-Homœopathic.

*Resolved*, That in non-surgical cases we disapprove of medicated topical applications and mechanical appliances as being also non-Homœopathic.

*Resolved*, That as the best dose of medicine is ever the smallest," we cannot recognize as being Homœopathic such treatment as suppresses symptoms by the tonic action of the drug.

*Resolved*, That we have no sympathy in common with those physicians who would engraft on to Homœopathy the crude ideas and doses of Allopathy or Eclecticism, and we do not hold ourselves responsible for their "fatal errors," and failures in theory and practice.

*Resolved*, That as some self-styled Homœopathsists have taken occasion to traduce Hahnemann as a "fanatic," "dishonest" and "visionary," and his teaching as "not being the standard of Homœopathy of to-day," that we regard all such as being recreant to the best interests of Homœopathy.

*Resolved*, That for the purpose of promoting these sentiments, and for our own mutual improvement, we organize ourselves into an international Hahnemannian association and adopt a constitution and by-laws.

A society was organized by the adoption of a constitution and by-laws and electing the following officers: P. P. Wells, of Brooklyn, president; T. F. Pomeroy, of Detroit, vice-president; H. C. Allen, Ann Arbor, secretary and treasurer; E. W. Berridge, London, England, corresponding secretary.

#### GYNÆCOLOGY.

A sectional meeting of the bureau of gynæcology was held Wednesday afternoon, at which over 120 members were present. Dr. Reuben Ludlam, of Chicago, was unanimously elected president *pro tem*. A paper on Lacerations of the Cervix Uteri was read by Dr. Biggar, of Cleveland, Ohio, and discussed by Dr. G. S. Walker, of St. Louis, Allen, of New York, Schneider, of Cleveland, Von Tagen, of Chicago, O. S. Runnels, of Indianapolis, Mrs. Dr. Cook, of Chicago, Lungren, of Toledo, McClelland, of Pittsburg, Eaton, of Cincinnati, Donnellson, of Chicago, E. M. Hale, of Chicago, and many others.

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#### INDIANA DOCTORS IN CONCLAVE.

Nothing is more beneficial to a physician than a trip outside his own state to attend a flourishing medical association. Separated from the usual tenor of his life—he can give that close attention to the proceedings that proves profitable. Especially is the advantage great when one can attend such a meeting as was held at Indianapolis May 25th and 26th.

Our physicians in Indianapolis may well be proud of their State Institute of Homœopathy. Their claim is true, that it is one of the leading associations in the west. In point of attendance, in spicy debates, in original and well-prepared papers, and in the general enthusiasm manifested, it was a marked success.

The paper read by Dr. G. W. Bowen, of Fort Wayne, in which he took the ground that Indiana had produced no great men, on account of the presence of so much malaria in her soil, excited no little feeling and evident disapprobation. If Indiana has not been prolific of great men, it is certainly fully up to the average in common intelligence. One has only to look at the beautiful city of Indianapolis—one of the finest of its size in the whole United States—to be able to

bear testimony to the general ability of her business men ; while the proceedings of her Homœopathic State Medical Association show our brethren in the Hoosier State to be purely alive to the interests of the profession, and possessed of ample ability to maintain them.

The business of the meeting, in the hands of the efficient president, Dr. Taylor, of Crawfordsville, was promptly pushed forward. If there was any lagging, some member at once helped set the wheels in proper motion. This was notably the case when after a rambling discussion upon *Rhus*. poisoning which degenerated into a debate on the treatment of snake bites, Dr. Corliss moved that the snake be referred to the publishing committee. which was unanimously carried.

■ The paper of Dr. French on the " Germ Theory " was ably written, and attracted much discussion, in which the recent investigations of Pasteur on chicken cholera etc., were noticed. As usual, the doctors differed, and the origin of disease, like the origin of evil, is still subjudice.

A paper by the indefatigable Haynes, of Indianapolis, on the value of the microscope in diagnosis, was so extremely laudatory of that instrument that the president, calling Dr. Fahnstock to the chair, discussed it in his usual vigorous style. He thought we had better sell our libraries, buy a first-class instrument, and devote ourselves to the study of its use,—if it would do all that Dr. Haynes claimed. Turning to Dr. Mitchell, he advised him to see that the students in his college were specially taught its manipulation.

Dr. Mitchell thanked him for the suggestion, but said it was already anticipated, as the Chicago Homœopathic had provided a microscopical and histological laboratory, furnished with twelve most excellent instruments, and that all its students were thoroughly taught their practical working.

The meeting elected the genial Dr. O. S. Runnels, of Indianapolis, as president. No better selection could have been made.

There were four medical colleges represented at this convention, showing the interest which it awakened in other cities. Dr. Baxter representing Cleveland ; Dr. Owen, Pulte Medical College ; Dr. Campbell the St. Louis Homœopathic, and Dr. Mitchell the Chicago Homœopathic. These gentlemen all presented their credentials as delegates from their respective colleges.

We shall not soon forget the cordial hospitality extended by the physicians and members of the State Institute of Indiana to their visiting guests.

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## Therapeutical Department.

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### CLINICAL OBSERVATIONS.

#### REPORTS FROM THE FIELD OF PRACTICE.

ERIE, Pa., August 5.—It is quite healthy here. Prevailing diseases are scarlet fever, whooping cough, and summer complaint. The mortality among children is very light, compared to other cities. I have now both volumes of your book on children, and am delighted with it.

EDWARD CRANCH.

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### THAT WONDERFUL CASE OF PNEUMONIA.

For many years I have been a reader of, and sometimes a contributor to *THE INVESTIGATOR*, and I am always pleased to find a fresh number lying upon my table, as I am sure to find something refreshing; something to store away in the memory for future use; something that assures me that for the perusal I am more capable to care for the sick. Many of its pages bear evidence of progress and are a credit to its valuable contributors. And then again, at long intervals, I am disappointed, and wonder if there has not been a scarcity of material, or if the senior is not away, and if his assistant has not mistaken his calling. These thoughts came over me as I read in a late number (June 1), an article entitled "A Case of Typho-Malarial Fever, Complicated with Acute Pneumonia." In this paper there seemed to be an entire absence of anything that could possibly benefit the reader, or aid him in any way in the sick room. Pathology and symptomatology at a discount and entire absence of similia. No grouping of symptoms, no careful comparisons, no adaptation of remedies to the disease in obedience to the great law of Homœopathy we quote from the author:

"Miss C. aged eight years, had measles the second time; rather

unusual; "imperfect eruption, slightly indisposed, playing out the third day. Was called the fourth day; eruption suppressed." Why suppressed? The eruption usually subsides in three or four days in ordinary cases of genuine measles, sometimes sooner in "slightly indisposed" cases. "Pulse 144, artery rather tense and full. Slight abdominal tympanitis, harsh cough at night, cerebral irritation with strong tendency to convulsions. *Bryonia* 3x, *Verat. vir.* 1x alternately every half hour. *Belladonna* to control brain symptoms given by the father, *ad libitum*." Next morning pulse 120, temperature 102°, more typhoid. *Baptisia* tincture, drop doses alternately with *Bry.* 3x, *Ars.* 7x in water every half hour; 5 P. M., pulse 150, temperature 105°, tympanitis and gurgling in ileo-caecal region. *Verat. vir.* tincture one-fourth drop every hour, with *Bry.* 3x, *Ars.* 7x every hour alternately between doses of *Verat. vir.* tincture. Medicine every half hour. *Verat. vir.* tincture every other dose. Pulse not quick, but not tense enough to fully indicate *Verat. vir.*, but too tense for *Bapt.* tincture, yet too large with soft tendency of artery to allow *Aconite*." Ye gods! what a medley for a pretended Homœopath; and now listen to his illustration. He says: "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 pneumonia typhus, constitutional treatment; *Baptisia* tincture as an antidote to typhoid poison; *Verat. vir.* tincture to reduce congestion, arterial and cardiac excitement as well as aid in reducing temperature and prevent ulceration, and so on *ad nauseum* to the end of the article.

Shades of darkness illuminated by the smoke of a coal pit. Such a jumbling and dosing at cross purposes. One medicine for this name of a disease, another for that. One to prevent something, another to produce something, without reference to any similitum. All as if under general orders to obey the mandate of the administering genii.

The true Homœopath prescribes for symptoms, not names. In analyzing this wonderful case given as a *rara avis* of medical experience, I fail to find anything that would add to the experience of a Homœopath, though I am free to acknowledge there is much that is original. Indeed, I think it is nearly all original, so much so that it savors of empiricism.

From the few symptoms given on the start there was evidently a case of pneumonia. Nothing more in the symptoms given, and yet



he mixed in several other complaints as if this was not enough for his battle axe. What were the indications of any other complaint? None are put upon paper. What were the signs of typhus at this early stage of the disease. None given, and why does he call it malarial. There was no periodicity of an pyrexia or of rigors given. The attack was not ushered in with a chill even. His prognostication to the parents that it would locate in the lungs or bowels within twenty-four or forty-eight hours if he did not stop it, is a bit of professional ability bordering upon the absurdity. If, as he states, it was pneumonia, where was it located, if not already in the lungs? And if a case of pneumonia, a well selected, single attenuated remedy the pathogenetic symptoms of which corresponded to those of the disease would have greatly modified its severity and shortened its duration. But the case was complicated with the poisonous effect of a multiple of medicines illy chosen, jumbled in pell mell in great disorder in accord with imaginary conceptions of several indefinable diseases to which names were given.

To sum it all up, we are informed that a child eight years old was sick some twenty days under the care of the writer. Second, that the child had a remarkable tenacity for life, albeit a sound constitution to begin with as it had a remarkable escape from the poisonous effects of this man's — drugs. And lastly, what is truly a phenomenon, the writer informs us that "the parents were decided Homœopaths and still employed him."

And now, Mr. Editor, a friendly advice to you and I have done. Don't forget that the waste basket to an editor is what the sewer pipe is to a house with all the modern conveniences. Avail yourself of the privilege even to the exclusion of my contribution if of no value, and oblige yours,

A DOCTOR.

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#### TREATMENT OF PERITYPHLITIS.

There is only one treatment which promises success; *absolute rest of the body and tranquility of the intestine through large doses of Opium.*

Therefore everything must be avoided, whereby (1.) the body is moved or the abdomen pressed; making the bed, taking a bath, leeching, inunctions, heavy poultices, hot or bags of ice, any percussion or palpation of the abdomen. (2.) The intestines may become

expanded or instigated to peristaltic or anti-peristaltic motion. The patient's food must therefore be fluid and in small quantities, a table-spoonful at a time; ice against the thirst instead of water. A Neptune's girdle, light and warm, is far preferable to the ice-bag.

*Under no conditions whatever can a purgative be indicated*, but even injections per anum must never be thought of, and stubbornly we must resist such requests made by the patient himself or his friend. Should you yield, you would witness instead of an alvine discharge only aggravation of the pain. A stool will naturally follow, as soon as every pain has disappeared, and it will do no harm, even where the patient remains constipated for one or two weeks.

*We must give Opium early and in large doses for a long time.* The slightest pain in the cæcal region is often only the first expression of a beginning peritonitis from perforation of the vermicular appendix in consequence of fecal stones. Even where the diagnosis is wrong and the patient suffers only from colic, it is better for the patient that his physician errs on the safe side. *Opium* must be given to grown people in doses of .03 to .06 ( $\frac{1}{4}$  gr. to  $\frac{1}{2}$  gr.) every hour or two, and the intervals may be lengthened and *Opium* must be taken until every vestige of pain is banished from the ileo-cæcal region. Never mind meteorismus, constipation, or even slight symptoms of narcosis, stick to *Opium* in order to save your patient.

Meteorismus in connection with collapse does not contra-indicate *Opium*, but we must combine with it stimulant treatment, champagne, brandy, *Camphor*, hypodermic injections of *Ether*, etc.

Till the peritonitis has run its course, which is only possible after absorption of the peritonitic exudation, formation of the capsule around the concretions, and obliteration of the lumen of the processes vermicularis; the danger of relapse is great. Strict orders must therefore be given not to move the trunk or the right thigh in such a manner, which might produce a rupture of the agglutinated masses, and for a long time the patient ought to abstain from all food or drink, which might cause a peristaltic or anti-peristaltic motion and vomiting. A. Voltz in *Allg. Medical Centre Zeitung*, 39, 1880.

Raue in his pathology, page 264, recommends *Belladonna*, *Ginseng*, *Hepar*, *Lachesis*, *Mercurius*, *Plumbum*, *Rhus*, *Thuja* and other remedies, and we may cure the patient with the well indicated remedy if --we follow the other golden rules, so well laid down by Voltz. Perfect rest and this for a long time (*Opium*, the only remedy he prescribes acts here foremost mechanically to keep the bowels in a kind of

torpor, a kind of splint to prevent motion as much as possible,) fluid diet in small quantities for a long time, no physical examination to insure a strict diagnosis, but rest, rest by all means, and in every manner possible.

I do not consider Voltz treatment even an infringement on Homœopathy, even where we use *Opium* according to his strict indication to give immobility, and I hope when our friend Raue publishes a second edition, that he will carefully insert those dietetic and hygienic rules which we miss too often in our standard works. The late Rud-dock gave some hints, Johnson in his family guide, ditto, but it is the general complaint of students and young practitioners that they find in our works on pathology or therapeutics, only drug treatment, and all other is blank. Let us hope to see this defect soon remedied.

S. L.

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*TEMPERAMENT AS A GUIDE IN SELECTING A  
REMEDY.*

BY C. F. BARKER, M. D., CHICAGO, ILL.

The word temperament has of late a more restricted and definite meaning than was formerly given it. Various divisions have been made, by authors, at different periods. A review of these would be useless for our present purpose, since, while we use the term in its restricted sense, we wish also to regard certain stages, states and idiosyncrasies, both of health and disease, as closely allied to it.

The word itself no longer includes pathological conditions, but expresses the grouping, in one person, certain healthy, physiological conditions which make up his character, disposition and physical structure. Many so-called temperaments are mere departures from health.

The actual conditions which make temperaments are quite numerous, but the grouping of these conditions has been found to be quite limited. We believe that more than four groups are seldom found, and therefore four divisions of temperament are sufficient to include all healthy persons. Let no one conclude from this, that diseased individuals have not temperaments as well; but simply remember that disease takes no part in forming them.

Upon very good and recent authority, the four divisions above mentioned are as follows: The *sanguine*, the *nervous*, the *nervo-sanguine* and the *lymphatic* (often called phlegmatic.) The so-called and well known "bilious temperament" is now conceded to be due to pathological conditions.

Let us briefly point out the features of our four divisions. The sanguine temperament is characterized by consistency of flesh, plumpness of the parts, great activity of the arterial system with a strong, full and frequent pulse, light eyes, light or chestnut hair, countenance animated and the skin apt to be florid. Persons of this class are generally energetic and full of life.

The signs of the nervous temperament are fine, thin hair, rather small bones and muscles, oval face and head relatively large, the forehead high, features delicate and the eyes bright and expressive. The disposition is more or less sensitive, and the tastes refined. The latter is the case, especially among women, among whom this temperament is frequently found.

The *nervo-sanguine* combines the prevailing qualities of the two already described. The *lymphatic* includes a large class of persons with light hair, light eyes, soft flesh and a moist, somewhat flabby cool skin. The intellect of these persons is rather slow, the disposition somewhat stolid, the pulse moderate and the cellular abundant.

Whole races are known to have prevailing temperaments, and this fact may easily assist in studying the subject. The English are sanguineous, the Scotch and German phlegmatic, the French and Italians nervous, and Americans are *nervo-sanguineous*. If we take the above as a rule, we must remember that it is subject to frequent variations.

It has long since become an established fact in Homœopathic practice, that temperaments and idiosyncrasies of patients, are important factors in selecting remedies. Notwithstanding their importance, however, the subject seems scarcely to have been mentioned in our standard works. We find stated in writings upon *materia medica* that certain drugs are especially adapted to certain temperaments, or to the diseases most common to certain temperaments. Why this should be so, we are left to infer ourselves, or possibly to discover elsewhere. At any rate most physicians accept the statements and govern their prescriptions accordingly. Such is often the case when there is a real or seeming lack of other characteristic symptoms. So

far as our observations go, the best prescribers admit that they are often puzzled in a choice between several remedies in some particular case; for a certain patient may present symptoms, some of which are covered by one drug, and some by another, or all the symptoms may be found under the provings of several different drugs. It would be easy to cite examples.

Suppose a doubt exists as to selecting *Bell.* or *Phos.* or *Calc. carb.* in a certain case, the symptoms of which appear to be about equally in favor of either of the three remedies. A glance at the patient's temperament might easily turn the balance. A nervo-sanguine person, or one "inclined to fevers and violent congestions," might require *Belladonna*. *Calcarea* would perhaps be indicated for "a fleshy person of leuco-phlegmatic temperament," and if the patient were pre-eminently nervous, and of the type known as "tall and slender, with fair skin and sensitive disposition," we should at once grant a place to *Phosphorus*.

Granting then that temperament is an important objective symptom, or supposed to be important, we now ask *why* should *Calc. carb.* *Bell.* or *Phos.* be better adapted to one temperament than to another, other things being equal? Would not *Bell.*, if administered to different individuals affect each through the same nervous centres and with like results? Are not the essential parts of each human organism constructed on the same general plan, and by the same process of growth and reproduction? The study of anatomy and physiology assuredly teaches us that we can rely upon finding all the organs in one individual which can be found in another of the same sex, and that these organs are endowed with similar functions.

In § 116 and § 117 of Hahnemann's *Organon* are the following statements, "Some symptoms are frequently produced by drugs in many healthy persons who try them; others are produced in but a few; others again are extremely rare. The so-called idiosyncrasies may be said to belong to the latter class. This term is applied to peculiar constitutions, which, though otherwise healthy, are inclined to be more or less morbidly affected by certain things which *appear* to make no change in many other individuals. But this want of susceptibility is *only apparent and not real*. In this, as well as in the production of all other morbid effects, two conditions necessarily exist: First, there is the active power residing in the drug, and secondly, the vital force of the organism possesses the faculty of being affected by the active principle of the drug. Consequently the remarkable

diseases arising from so-called idiosyncrasies, cannot be attributed alone to this particular kind of bodily constitution; but they should be considered as due also to the effect of drugs which possess the power of influencing every living organism, but with the exception, that some healthy constitutions are inclined to be more seriously and perceptibly affected than others. The fact that drugs prove to be Homœopathic, curative remedies in all cases of disease, (although only seemingly in all idiosyncrasies,) presenting symptoms similar to those which the drugs are capable of producing, tends to prove that they actually have the power of affecting all persons."

In the preceding quotation we get an answer to our second question which would lead one to suppose that in choosing a remedy, Hahnemann considered what we are pleased to call temperament, as of very little importance.

Is there no good foundation then for the faith in its importance which now prevails among physicians of our school? We think there is; but the foundation may not be what many would suppose.

Modern research and observation aid us in going a step further into the reasons than was possible in Hahnemann's time. A better knowledge of a remedy's range of action within the human system has been given us by men, among whom Richard Hughes stands prominent. By the knowledge of drug pathology which we now possess, we can often tell *why* certain symptoms should be prominent in individuals of one temperament, and obscure in those of another.

*Knowing why* then, gives a key to the answer of our first question. In a plethoric person of a sanguine temperament, the vascular temperament, the vascular system predominates; consequently such a person has a striking tendency to violent congestions, inflammations, etc. He would therefore most often need some remedy meeting such conditions, and would find that remedy in *Aconite*.

*Aconite* acts upon the ganglionic nervous system, and through it powerfully affects the arterial and capillary circulation, causing violent congestion in every tissue of the body containing capillaries. From these facts it is easy to infer why a "plethoric person with a very red face" should be an especial subject for *Aconite*.

*Belladonna* has for its centre of action the cerebro-spinal nervous system, especially affecting the cerebrum and producing active congestion in its whole mass. Hence we have "delirium, flushed face, throbbing carotids," and other familiar symptoms. By its action upon the medulla and spinal cord it may also produce active conges-

tion in any part of the body. This drug would therefore be also adapted to persons of the sanguine, and to those of the nervo-sanguine temperament.

We find that *Bryonia* acts through the cerebro-spinal system upon the pleuræ, lungs, synovial membranes, the brain, muscular fiber and liver. Its relation with the secretion of bile is well marked. For these reasons *Bryonia* is often found useful in affections of persons of the so-called bilious temperament, or for "persons of firm muscular fiber, dark hair and complexion."

*Pulsatilla* is known to chiefly affect the mucous linings of the sexual organs, eyes, ears, etc., and we wisely conclude why it should be useful in treating diseases of "affectionate, tearful females."

*Calcarea* acts upon the lymphatics, the osseous system, the mucous, serous and fibrous membranes. It is therefore "beneficial to persons of the phlegmatic," or, more commonly called, the "lymphatic temperament," in whom rachitis, imperfect ossification, obstruction of the lymphatics affecting the generative organs of women and analogous affections are so often found.

But it is needless to multiply examples, for it is easy to find them if we study our symptomatology of drugs, in connection with their pathogenetic effects. However, with our present knowledge, it would be useless to try to explain many things pertaining to our subject. We may perhaps see why *Silicea* is adapted to "chronic, scrofulous, suppurative diseases," which occur so frequently in lymphatic temperaments; but as yet it does not occur to us why *Lycopodium* should be associated with "observing dispositions," or *China* with "swarthy complexions," or *Conium* with "women of tight, rigid fibre, and easily excited, as well as to those of the opposite condition." Why some persons should faint from the odor of roses, and others have convulsions from tasting honey.

These and many other things of like importance, we think, with the present resources of medical knowledge, cannot be explained upon any satisfactory basis; yet if we remember how rapid have been the strides from the unknown to the known, in the near past, may we not hope the future will bear quite as rich fruits in this direction?

**KALI CHLOR. IN RHUS TOX POISONING.**

CASE I. June 12th, was consulted by Mr. B. for Rheumatism, patient complained of pain in lumbar region, extending down to the toes, pain in shoulders extending to the fingers. Joints swollen and painful, piercing, frontal headache, pains all better from motion and worse when quiet. No vesication. As the patient had been in the woods to a picnic I diagnosed *Rhus tox.* poison and gave *Kali chlor.* in ten grain doses every four hours, after taking the first dose an eruption appeared and pain subsided, six powders entirely relieved the patient, and as he expressed it he could feel the pain leaving him.

CASE II. Miss S. aged seventeen dark hair and eyes, had been poisoned several times by *Rhus tox.* And so susceptible is she that she cannot go into the woods where it grows. She had been suffering for several days when I saw her. She complained of pain in back shoulders, arms and legs. The face and arms were covered with vesicles and presented a shining appearance. Eyes swollen shut and injected. Temperature 103°, pulse 120, full and bounding, severe frontal headache. Patient very restless. Prescribed *Kali chlor.* in five grain doses. A powder to be taken every three hours. In forty-eight hours, patient was entirely relieved.

I have used *Kali chlor.* in quite a number of cases with good results in every case.

F. P. GREEN.

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**WARM WATER VS. COLD.**

BY R. W. NELSON, M. D., LANSING, MICH.

There are two perfectly opposite views entertained in the treatment with water, of diseases or injury. Some using very warm water and some using ice, so before proceeding further let us examine the special action of hot water on the blood vessels. Ice constricts the blood vessels, diminishing their caliber, and consequently the flow of blood, causing congestion, and if continued it cuts off the flow entirely, finally producing death of the part; if there is a suspension of the supply of the ice, reaction takes place, and if this application and suspension are continued, inflammation is the result, the intensity of which only depends on the inattention to keep up a steady temperature. Warm water, on the contrary, enlarges the calibre of



the blood vessels, increasing the flow of blood, equalizing the circulation, and relieving the congestion; this is very apparent in every day life in the simple action of washing the teeth in the morning; if you use fresh, cold water, the first application of the brush produces sharp pain along the teeth and gums until the water on the brush becomes warm, and when you gurgle to wash out the throat, it produces a sensation of a lump and you cannot get up sufficient action to remove the tough mucus that has accumulated through the night; whereas if you use warm water, it stimulates the secretion of mucus, and all accumulations about the throat are easily and perfectly removed; again, take a drink of ice water, it passes, as it were, over the spot without quenching the thirst, giving you a sharp pain in the temples, so you stop before being satisfied, and in a few minutes have to drink again; let this drinking of cold water be kept up through the evening, and when you retire you have a sensation of nausea in the stomach, and of fullness about the head, with pain passing through the vertex, and you are much hotter than before, which does not pass off till relieved by a copious perspiration.

In diseases of the throat, with me it is a *sin qua non* that cold drinks should not be used; I have seen patients keep up a simple inflammatory sore throat beyond endurance by constantly sipping cold water, "it felt so good;" if gargles are used, they should be tepid, of the same temperature as the atmosphere of the room, your medicines will then tell, whereas if you use cold gargles or cold drinks, you positively keep reproducing the disease; and how much more so, the more violent the throat affection; there is then a much greater necessity to use all warm applications externally and internally.

In injuries of the head producing shock, the use of warm water is much more desirable than cold, restoring consciousness more quickly also relieving pain, and producing quietness to the system; this is particularly apparent in young children, who, from tumbling about receive sometimes very severe blows or bumps about the head, in such cases I have seen immediate and permanent relief given by merely the application of warm water.

In mastitis I have seen cases treated with applications of ice, till the breast became honey-combed with sinuses, and the accompanying fever ran very high, and yet the whole case was reduced in a few days by changing the temperature of the water.

Likewise in enteritis, cases are reported where cold applications were used over the bowels, the consequence of which was a continu-

ance of the fever terminating in ulceration of Peyer's glands, with metastasis to the brain or lungs.

In fever, when nausea sets in, patients are constantly asking for cold water, the coldest they get, it feels good while swallowing, but in a few minutes, as soon as it has become warm, vomiting sets in, after which they again call for cold water, going through the same trials *ad infinitum*; if instead of cold water you should give a cup of as hot water as your patient can drink, you will find that not only is the nausea and vomiting subdued, but also the thirst, and if the nausea should recur, another drink of the hot water will entirely relieve your case. The greatest difficulty to be overcome in the use of hot water is the old established custom of cold water. "Doctor so and so always used cold water, and he was a good doctor," will be the constant cry. Even in some forms of dyspepsia, when the appetite is almost gone, and nausea frequently follows the meal, no matter how small, a cup of as hot water as can be swallowed, fifteen or twenty minutes before eating will not only stimulate the appetite but promote digestion.

In typhoid fever when the head becomes engaged, it has been the custom of applying ice to the head, if instead of ice you keep hot water diligently applied to the head, the result will soon become apparent, the temperature will be lowered, consciousness will be restored, restless raving will be subdued, and the patient fall into a quiet slumber; but in all these cases the greatest difficulty you will have to overcome is the outside interference of busy body neighbors, who will recommend that the advice of the physician as to the hot water be not followed, "it is only some new vagary," but the old use of ice water be substituted.

How often we hear of men in the harvest field being struck down with heat, and from the free use of ice water brought home suffering from congestion of the head or bowels, frequently terminating in death; if warm drinks had been substituted for the cold water the men would have positively felt cooler, circulation would have taken place more freely, and instead of being "bushed," they would have been able to accomplish their work. The best drink on the field during such times is raw oatmeal mixed in water of the temperature of the atmosphere; the meal supplies the want of food, and covers the insipidity of the water, and also prevents any injurious effects.

We are a great ice consuming nation; ice water, ice cream, iced sherry cobbler, some will consume the afternoon of a very hot day

sucking iced lemonade through a straw; is it any wonder then that catarrh should be such a prevalent disease in this country. In perfect health the free use of ice water at meals is apt to be injurious; it lowers the temperature of the stomach, which has to be again raised in order to secrete the gastric juice to promote digestion, warm drinks will not lower the temperature. You will also not want to drink so much, thus diluting the acids, and impeding digestion; and the warm drink that will be the most suitable will be the juice of any fruit dissolved in water.

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#### *THUJA IN DEAFNESS AND ADIPOSE TUMOR.*

Something concerning *Thuja* that I have seen leads me to write what has been accomplished with this remedy in my hands. Mr. S., consulted me concerning deafness. I diagnosed it as due to dryness of the tympanum. Gave him *Thuja* 1x, a drop every three hours, twenty-four hours afforded entire relief.

Mrs. J. B., consulted me concerning an adipose growth on the right side of the neck; it was about an inch and a quarter in length and half an inch wide. She had, according to her statement, been treated by some twelve different physicians for the difficulty. I prescribed *Thuja* 1x trit.; of this I gave a powder every three hours, and at the end of a month it had entirely disappeared. Not hearing from the patient I take it for granted there has been no return of the difficulty.

S. B. TOMPKINS.

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#### *TEUCRIUM AND HAY FEVER.*

BY A. L. FISHER, M. D., ELKHART, IND.

As the hay fever season is upon us, let us call the attention of the profession to a remedy which has had but little if any attention given to it in connection with this disease. Among the symptoms of *teucrium* the following are noticeable, being such as are often found in cases of this disease:

“The eyes look as if one had been weeping, with smarting in the canthi and redness of the conjunctiva.” “Redness and puffiness of the upper eyelids.” “Profuse smarting tears in the open air.” “Fine ringing in right ear when blowing the nose, squeaking as if air was

forced through mucus." "Tingling (itching) in the nose." "Stinging, lancinating pain in the upper part of the nasal cavity." "Frequent sneezing, with tingling in the nose without corza (or followed by coryza)." "Sensation in one nostril as if it were half stopped."

That *Arum mac.* 30 I got of you shut off one case of hay fever in three or four days, and the patient *keeps well.*

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## Children's Department.

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### *ERRORS IN THE MANAGEMENT OF CHILDREN.*

BY ANNIE E. BAILEY, M. D., CHICAGO.

Read before the Illinois Homoeopathic Medical Association, Chicago, May 20, 1880.

MR. PRESIDENT, LADIES AND GENTLEMEN: I venture this much in the name of all loving mothers, our babies are the connecting link between heaven and earth. Though we often find it out too late after they have grown beyond their innocent prattle or are called home by a higher power.

Many little ones die every year for want of proper care, though the nurse or mother may do all in her power to save, it is not all that might be done to arrest disease, if she only had learned what was necessary. There is perhaps one nurse in a thousand who understands dressing a new-born infant. To begin with, a child should be wrapped in a warm flannel blanket or shawl and placed in a warm place until the mother is out of danger, then take infant and wash with a soft cloth, warm water, and a little toilet soap, beginning at the eyes, as they are so sensitive and easily poisoned. Do not use soap on the face, but it is absolutely necessary on all other parts of the child to use soap carefully; the washing must be done quickly as circulation is hardly established in so short a time; wipe dry, then use sweet almond oil or lard over the entire body and head, the oil keeps the child from taking cold, keeps the skin moist and is nourishing; have the clothes ready, also a linen compress slightly scorched; cut a small, round hole in the centre and draw the navel cord through the linen compress; have the compress large enough to

keep the cord from lying next the abdomen. Use a flannel band, pin so as to admit your hand or just tight enough to hold the compress in place, as a band drawn tight (as thousands persist in) *always insures a squawling baby*. They don't like to be squeezed, and after they have filled their lungs with air and taken a small amount of nourishment they are apt to expand three or four inches. After the band comes the flannel shirt, diaper, pinning blanket, one skirt (flannel) and a slip without starch. A new-born infant should never wear starched clothes around the neck, and should always be made of soft material. It has been my habit to put the child to the mother's breast as soon as it is dressed. As yet I never have failed to have a good flow of milk in four or five days. There is always a sufficient amount of nourishment from the first to satisfy the child. I never feed my babies, and have been practicing eight years; it is unnecessary, as nature provides in such cases- Some old grandma may say, the child will starve; but you need not worry over the matter, the child will live; they are too often overfed at first. If the child is well it will sleep three or four hours at a time; they seldom need medicine. Place the child in a crib or on the bed where it will be warm and comfortable, lightly covered. Never rock a child or allow it to sleep in the same bed with the mother; drill the mother or nurse into obedience. When a child cries let it nurse, and put it in a quiet place to sleep undisturbed. Let the mother rest by following out the above rule; you will insure a better quality and greater quantity of nourishment for the child.

Wash the face and hands every morning and night, bathing the head; give a general bath twice a week; use great care to have the room warm. Never forget ventilation; have a window open day and night from the top in winter, two or three inches; in summer, a foot or more. Do not be afraid of fresh air, without it we are heavy and miserable. If your patient or her friends wish to put baby on a bottle, saying she is nervous and weak, and everything else as an excuse, tell her you will be obliged to treat her until there is plenty for baby. "Remedies," nourishing food such as cracked wheat with cream, moderate exercise in the fresh air and plenty to drink will with the use of *Calc. carb.* 30, night and morning, cover the whole trouble.

Never put a child on the bottle; give it to a nurse if the mother should die. The bottle is entirely too common. I wish the physicians would assist me in breaking every bottle found in Chicago or any

other city. If mothers *must* feed their babies it is better to use a teaspoon. God, the creator of all things, never made the mistake to create a child for the mother to look at without nourishment, but with the child came also the development of the mammary glands. It is criminal negligence on the part of a mother not to use her utmost care in nourishing her child.

In listening to a discourse on the comparison of the milk of different animals during this meeting, I was forced to believe our American women are destitute of common sense or judgment of an animal. Dr. Duncan in his comparison of the human milk with that of animals, says the milk of the Jenny is as near as he can get. Correct! Now why not use the common sense of that *long-eared* animal and nurse the babies. Write out a certificate of insanity for every mother who mentions a bottle for her baby.

One more plea for the little ones. Are we to vaccinate before they get their milk teeth? For my part I cannot see the necessity of tormenting these little ones, while there is so little danger of their being exposed to the disease. I refuse to torture unless there is immediate danger.

Another mistake which is more fatal, is the use of a lamp in the room where they sleep; there is a gas from a lamp or gas-jet which is very destructive to the air passages, causing small, round ulcers, which are deep and very troublesome. The patient or all who sleep in inhaling distance are restless all night, and tired when they get up, and after a time become so debilitated they are obliged to call a physician. Many times are treated for weeks without the physician's knowledge of the cause.

I have watched these cases closely and hope others will stand by me in putting out the light while folks sleep. There is another simple reason why a light should not burn in a room where there are children, viz., they waken in the night when everybody is *so sleepy* and want to be amused. Still another, it keeps the throat dry, making the little one nurse all the time.

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Dr. Currier, of Sycamore, Ill., reports some bad cases of cholera infantum dying in twelve hours after being taken.

## Materia Medica Department.

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### *CARICA PAPAYA.*

EDITOR INVESTIGATOR: I have just received from the Rev. E. E. Reinke, of Fairfield, Island of Jamaica, a quantity of the leaves, roots, bark, and juice of the unripe fruit of the *Papaya*, some account of which was given in your journal of a few months ago. It will be remembered that it possessed some very singular properties. (1.) That of changing in a wonderful manner, animal substances, and making tough meat tender in a few minutes. (2.) It destroys virility in man and animals. (3.) It dissolves worms into pulp, (digests them?) (4.) Is said to dissolve the false membrane in diphtheria. (5.) Said to remove warts. Whether we shall get any of these effects from the preparations of the dried drug remains to be seen. I will place with Duncan Bros. and Gross & Delbridge, tincture specimens of the preparation, which will be supplied in small quantities to those physicians who wish to experiment or make provings of the drug. Both pharmaceutical houses will soon have sufficient quantity to supply the demand for medical purposes. We hope soon to see some provings made on men and women, and also the results of some experiments on animal substances, dead and living. I clip the following from the *New Remedies. Papaya-Pepsin.*—It was not to be expected that the digestive properties of the juice of the papaw-tree (*Carica papaya*); comp. our last number, p. 209); would long escape the enterprise of manufacturing pharmacists. Messrs. Trouette & Perret (Depot: E. Trouette, 68 Rue del Rivoli, Paris) have placed on the market a syrup, an elixir, a wine, cachets, and troches of "papaine or vegetable pepsin."

E. M. HALE.

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### *MELILOTUS CHARACTERISTICUS.*

Head, fullness of; heaviness of head; dizziness on moving; throbbing in head; oppressive headache; head so full fear of epistaxis, feeling as if all the blood was there.

Fullness of the throat; hacking cough from tickling; oppression of the chest; smothering in the chest; constant coughing from fullness

in the chest ; soreness just under the ribs as if in the pleura ; congestion of the stomach ; cramp in the stomach ; fullness in the abdomen ; congestion of the ovaries, with a sense of heaviness and oppressive pain ; enlargement of left ovary ; internal piles with an oppressive sense of fullness.

Epistaxis, profuse for three days, (in eight cases.)

The above symptoms were obtained in proving the remedy. In my own case I did not bleed from the nose, but there was horrid congestion to the head which has left the meningeal capillaries enlarged, which has made me extremely nervous, and left me so. Have cured all cases of spasms, epistaxis, cramp in the stomach, menstrual colics, congestive headaches, (sick or) periodical headaches, congestion to the ovaries, congestion of the pleura, and congestion to the lungs and spine, that has come under my observation or care for the last eight years.

Dr. Dan Jose I. Navarro of Cuba, has several pages in a Homœopathic journal of last October, published in Havana, in which he reports excellent results, in most of the above named cases, and especially in the severer forms of headaches so common there. Its action is almost always seen in one moment, especially in epistaxis, and spasms. In five minutes it relieves, a congestive headache. Have never used anything but the first centesimal medicated pills, No. 20, from 5 to 10 for a dose, and repeat in thirty or sixty minutes, if it should be needed.

FT. WAYNE. Ind.

G. W. BOWEN.

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## Consultation Department.

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### ANSWERS TO CASES FOR COUNSEL.

For Dr. French's case, Huli's Repertory, page 248, names, *Graph. Lyc.*, *Phos. acid.*, *Sulph. acid.* Lilienthal on page 13 recommends the same. For his case I should first try *Phos. acid* 3d and 200th alternate four times a day. Please report result in this journal.

W. S. GEE.

### CASE FOR COUNSEL.

Man, aged forty, strictly temperate, has had no serious illness since childhood. Some four or five years ago began to be troubled with an



almost intolerable itching of anterior surface of thighs, legs, and arms *after bathing*: At first this trouble lasted but a few minutes after the bath, but now it continues for nearly a half hour, during which time he is almost frantic. Scratching aggravates the trouble, causing an intense *burning* sensation without redness or the slightest signs of an eruption. During the attacks he says, "the whole surface involved feels as if there were millions of needles pricking him," and and he dreads the attacks so much that he cannot muster courage enough to bathe oftener than once in two or three weeks; has tried fresh and salt water, both warm and cold, the result being the same in either case. He has had *Rhus tox.*, *Rhus rad.*, *Cham.*, *Sulph.*, *Nux juglans*, *Dolichos*, *Juglans cinerea*, and many other remedies, but none of them seems to reach the *cause* of the trouble. *Rhus tox.* or *Cham.* seems to relieve if taken during the attack, but do not prevent its recurrence even when taken for some hours previous to using the bath. Can any one suggest the proper remedy? C. G. S.

## ANSWER TO DR. W.

My method of applying the straps is about as follows, though it must be varied at times to suit individual cases; apply the poultice of charcoal at night, cleanse, apply pins and straps in the morning, and repeat this process for three or four consecutive days. From this time the pain will gradually cease, and the pus become lessened in quantity and of a more laudable character. The straps should now be allowed to remain in place from three days to a week or ten days. In applying the straps be careful to overlap the edge of the ulcers well on the healthy tissue, also overlap each strip of bandage so as to get a uniform, firm pressure. Since writing the article to which Dr. W. refers, I have cured another case of chronic indolent ulcer of four years standing by the above simple method. At present I am treating a very obstinate case of indolent ulcer, located on the dorsum of the right foot. It has successfully resisted the treatment of six regular physicians. When treatment was begun July 1st, the ulcer was in an extremely unpromising condition, covered with unhealthy granulations, very painful, and discharging thick offensive pus. It measured in its three longest diameters four and one-half, three and one-half and two and one-half inches respectively. At present it will not measure two inches in any direction, is healing beautifully, gives no pain, discharges very little pus, and as a consequence the patient is delighted. I have yet to see the case which will not yield to the treatment. Would be pleased to hear from Dr. W. by letter or from any physician who cares to try the treatment recommended.

F. F. CASSEDAY

## Medical News.

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*Dr. F. W. Aszaman, Chester, Ill.*, was thrown from his buggy about August 6th, from which accident he died.

*Dr. S. A. Jones* has resigned from the Michigan University. This makes the sixth professor that has resigned in four years. Next.

"*Porous woman*" in *Dr. Comstock's* article should read *parous* woman. A slight mistake. There are porous women enough, but a few more of the other sort would benefit the nation.

*The Nebraska State Homœopathic Medical Association* meets in Omaha September 22, 1880, at 9 o'clock A. M., at *Drs. Wood & Hart's* office, corner 15th and Cass ave. C. L. HART, Pres.

H. A. WORLEY, Sec'y.

*The New York Ophthalmic Hospital.*—Report for the month ending July 31, 1880: Number of prescriptions, 2,661; number of new patients, 354; number of patients resident in the hospital, 8; Average daily attendance, 99; largest daily attendance, 150.

CHAS. DEADY, M. D., Resident Surgeon.

*Central Ohio Alumni.*—All Homœopathic physicians in Central Ohio are requested to meet in Columbus, September 2d, for the purpose of organizing a Central Ohio Homœopathic Medical Society. A large attendance of representative men is already promised. Further particulars will be furnished on request by *Jno. C. King*, of Circleville.

*A Weekly United States Medical Investigator.*—"I would pay \$5.00 for a weekly edition of the INVESTIGATOR. I take both of our quarterlies and three of our monthlies and they are all below par. In many respects I like yours better than any." K.

What do our readers say? Do you want us to make this journal visit you weekly?

*Dr. H. C. Allen, of Ann Arbor*, has received the appointment of Professor of *Materia Medica* in the Homœopathic Department of the University of Michigan. This selection by the honorable Regents is a good one. *Dr. Allen* is a well known student of *materia medica* and a gentleman of acknowledged abilities as a teacher. We hope now that peace and continued success may be given this school.

*Remember Claude Bernard.*—Having been selected by the Paris committee (Messrs. Ranvier and Dumontpallier) having charge of the subscription for a monument or memorial to the late Prof. Claude Bernard, to represent them in the United States, I beg leave to be allowed to use your columns for the purpose of appealing to the members of the medical profession and all others interested, to subscribe to this worthy project. I need hardly remind your readers of the great debt which every practicing physician owes to the labors of the illustrious physiologist whose memory we are asked to honor in this way. All inquiries and subscriptions in the shape of bank checks or postal money orders should be addressed to me. Trusting that I shall have the advantage of your active personal support in this matter. I remain,

Yours very respectfully,  
41 West 20th street, New York. E. C. SEGUIN.

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Student's Department.

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*THE MEDICAL DEMAND.*

Sarcely a week passes that we do not receive a letter asking for a Homœopathic physician for some point. It is true that there are now few places in the north of several thousand inhabitants that have not one or more Homœopathic physicians; but there are hundreds of places of a few hundred inhabitants each that need such a Homœopathic practitioner. In these places there are about half a dozen Allopaths, and the people would give a Homœopath a royal welcome.

It will be many a long year until we outrank the other schools in numbers. But just now it is quality and not quantity that is in greatest demand. "Send us a *good* Homœopathic physician," is the universal demand. There are already plenty of the second rate class. Men of the book and case stamp, with more presumption than knowledge, more assurance than judgement. There is a prevalent idea that any one can practice Homœopathy, when the fact is that it is the hardest of all the systems. The regular practice of *Morphine*, *Quinine*, and *Mercury*, is child's play beside it. The same

is true of any routine practice. But independent remedy selection according to similia requires brains, knowledge of remedial action and judgment in selection. The domestic books, with two or three to a dozen remedies for all diseases, create a false impression about our system. Give the people a knowledge of the law and a hundred or more remedies to select from, and their appreciation of Homœopathy grows in proportion.

The day was when one course of lectures was deemed sufficient for graduation or for practice. But these men, unless they have made it up by hard study, reveal their meagre knowledge whenever they open their mouths. Good physicians mean well informed ones of high moral character. Good Homœopaths, mean enthusiastic adherents of similia.

The day has gone by when it is necessary to go to an Old School college to get a medical education. Our colleges rival them on their own ground and teach the art of cure besides. The current is towards our colleges. Every year the number of students from other colleges to our standard Homœopathic colleges increase. Only in the number of surgical operations do they outrank us, but in success we are in advance even here. One who expects to practice Homœopathy should never mix the methods of treatment. Said a Homœopathic student who attended and graduated from an Allopathic college because cheaper and more convenient. "Never let any of your friends again do as I did, I am all mixed up, neither one thing nor another." A student for many years is trammelled or helped by instruction received. Experience must help to set aside defective information. Because many old physicians had thus eliminated all therapeutic ideas, adopted the law and after a careful test of our remedies became apt students of materia medica and enthusiastic admirers of Homœopathy, because of this and the fact that they were Old School graduates, therefore many make the mistake by supposing that students should be put through the same rugged experience. Because expectant treatment of the more advanced Old School men, seems so much like Homœopathy, many such students, are still in the fog, and some are so weak minded as to remain there. It is a sheer waste of time, as well as a damage, to learn what must be forgotten. Many a student makes the mistake that all that is needed is a diploma. So often does he hear the expression, "He is not a regularly educated physician, he is not a graduate," that the impression is current that a diploma is equivalent to a medical education. Bless me, we can buy diplomas by the cart-load

for fifty dollars each, or less by the wholesale. The people have heard of diploma selling and are looking about for other evidences of educated physicians. The best one to them is time. "He was only gone one winter or two and returned a full fledged M. D." is not a good passport to confidence. "He has been studying several years and ought to be well posted by this time" is as good as a diploma in any community. Combined with ability, any such M. D. will be certain of success. A large library also creates a favorable impression. Medical knowledge and wisdom are the physicians stock in trade. The evidences of these attract attention.

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### *HINTS TO STUDENTS ON MEDICAL STUDY.*

The profession take a deep and active interest in the student reinforcements to our medical army. For years THE MEDICAL INVESTIGATOR has devoted one number each year to students, while it has ever been ready to help them by advice and instruction.

#### PRELIMINARY QUALIFICATIONS.

The practice of medicine demands picked men, and women too, physically, mentally and morally. From a careful survey of the medical field for years, we have observed that those who are above the medium height, stand best the great tax on the physical energies that the active practice of medicine demands. The constant mental tension that is demanded by every case, day after day and night after night, tells heavily, and the feeble-minded soon drop out or are dropped out. Trained methodical minds hold the front rank. Carelessness and indifference, evidences of mental weakness or incapacity, soon drop the physician into a routinest of moderate practice. Hence, if there is not a strong moral purpose, deception and trickery are resorted to, to hold business and position that should be maintained by knowledge, judgment and available experience. Chicanery like murder will be discovered sooner or later, and public respect will be forfeited. Moral heroes are confided in by the people and thus maintain their own self-respect, and can devote their energies to business rather than to "study how to escape detection."

There is a certain business qualification that every student should possess—a business training enough to keep books in a presentable shape and to manage a business above the principles of a mendicant.

The preliminary education of a physician should include something more than the three "R's." Of course he should be able to read—even this journal without skipping the meaning of the big words. Writing in a neat business hand, so as to keep a set of accounts carefully and properly is a necessary qualification. Students whose chirography is miserable, better spend three months in a business college. They will never regret it. A student should possess a good knowledge of the English language, the origin of words and the use of grammar and composition. Many a physician dreads to report a case or write an article on account of his meagre and often inaccurate use of language. Other excuses are given, but the above is the real reason in nine cases out of ten. The principles of logic should be known, that thought and expression may be methodical, consecutive, and convincing. Many an article, speech or address lacks point on account of its illogical arrangement and argument. If the reader knows nothing of logic, get a work on this subject and master the elements at once. To this should be added mental philosophy. The drill in arithmetic, algebra and geometry are especially valuable to one who must put this and that together to find the unknown quantity—disease or remedy. Time spent on Latin or Greek will greatly facilitate the acquisition of medical terms, chiefly anatomical, physiological and pathological, while the knowledge of German and French may be used every day in medical research. The physical sciences are especially valuable to the physician as they train the powers of observation, as well as shed a flood of light on many medical problems. Agassiz complained that so few students were close observers. It is the powers of analysis that needs cultivating as well as synthesis. This is apparent in the fact that so few delight in botany or chemistry, while the constructive sciences of geology, biology and natural philosophy have many attractions. The descriptive sciences of geography, astronomy and meteorology languish on account of the defective powers of observation. How few can read the weather, although it is an everyday subject of observation. The bearing these sciences have on location, climate, water, etc., and diseases incident thereto, is apparent to the physician. Many ignore questions that involve these sciences just because they do not like to expose their ignorance. The centre study of all schools—the etiology of disease—will call up the physical sciences more in the next decade than in the last. Every student should, therefore, master a text book on these sciences before he thinks of medicine. This foundation and a strong

bias towards their practical application—*i. e.*, investigation and comparison with benevolent ends—should be the measure of the qualifications of every student who would enter the temple of healing.

#### FIRST YEAR STUDIES.

There is a logical order to medical study. If the studies now commence with Comparative Anatomy (Huxley \$2.50), Chemistry of Common Life (Johnson, \$3.00), and Physiology of Common Life (Lewes, \$3.00), the transition is easy and natural. Now could be read to advantage Physiology and Hygiene (Huxley & Yeomans, \$1.75), The Ten Laws of Health (Black, \$1.75). These will give a zest to study and an enthusiasm for all of the medical sciences. Then the systematic treatises of physiology and visceral anatomy may be taken up. If possible the works of Marshall, Dalton, Carpenter and Flint should be studied. Marshall and Carpenter give an anatomical basis to physiological study while Dalton takes up the chemical side. If only one work can be studied, Carpenter as the most comprehensive stands at the head. The student cannot read too much physiology. No science is developing so fast as this one, and a new work on this important department should be purchased every five or ten years at least.

Chemistry is the analytical science, and every student should be posted in the elements, their combinations, arrangements, equivalents, and detection. Barker's (\$1.75), Nichols-Storer's, or Norton's are good elementary chemistries, but the chemistry for students is Fowne's or Attfield. Wheeler's Organic Chemistry, Taylor on Poisons, Brande & Taylor or Muspratt may be had as references. Hoffmann's Chemical Analysis (\$3.00) will prove a practical guide for further laboratory work.

In the acquisition of anatomical lore, Gray is a valuable descriptive work. Holden, Heath or Ellis as a dissection guide, and Thomas on Post-mortems will give a clinical zest for the newest science—Histology. To master this we commend Frey's Compendium, Frey's Histo-Chemistry of Man, and Stricker's Manual of Histology. To aid this study, Smith's How to See with the Microscope will be valuable. Now the student will have a fair knowledge of the normal structure, function and chemical interchanges that go to make up a human body, dead and alive, and this is study enough for one year at least. If this is not enough embryology and normal labor may be added as strictly physiological studies. For the former, in addition to

what is found in the books already studied, Vol. I. Diseases of Children will prove helpful, and Richardson or Guernsey's *Obstetrics* will aid the understanding of normal labor.

#### SECOND YEAR STUDIES.

The first study for the second year should be General Pathology. Here Wagner is the best book yet issued, and beside it should be placed Rindfleisch (\$6.00), or Cornil & Ranvier (\$5.50) on *Pathological Histology*.

Semiology or diagnosis should next be mastered. Here Da Costa still holds the front rank although Loomis is also good.

On Etiology there is no separate work in the English language. Richardson's *Preventative Medicine* may fill this most important field. Still much may be found in Grauvogl's *Text-Book, Feeding and Management of Infants and Children*, and the systematic works on practice.

Here comes in the study of drug effects, and the most elementary is Cowperthwaite's *Text-Book of Materia Medica*. Hering's *Condensed*, Gross' *Comparative*, Hempel's and Burt's new editions and Hale's *New Remedies* could be studied to advantage. Wormley on *Poisons* could be added to shed light on drug action. *Pharmacy or drug preparation* should be added here; *The United States Pharmacopœia* will suffice.

Surgery properly comes next. Minor surgery, (Gilchrist's forthcoming work,) and *Fractures and Dislocations* should be studied first.

Hygiene should now come. *Public Hygiene* by Buck, Pavy on *Food and Dietetics*, and *Feeding and Management of Children* cover this field. If the larger books cannot be had, then Wilson's *Hand-book of Hygiene and Sanitary Science*, and Ruddock on *Essentials of Diet* may take their places. A book on *Nursing* could be read to advantage.

#### THIRD YEAR STUDIES.

The first year was elementary or rather fundamental, while the second was analytical, now the third year should be synthetical—the study of the diseased body with a view to relieve. Now the war begins. There is grouping of diseases and grouping of remedies and the victory is won, according to similia. Hahnemann's *Organon* and Grauvogl's *Text-Book of Homœopathy* should be thoroughly mastered so that the principles of therapeutics be thoroughly understood.

Gallantry demands that woman receive the first attention. Dis-



orders of pregnancy may now be studied as well as diseases of women in general. Here Ludlam's new edition will be most comprehensive and valuable. Guernsey's may also be consulted.

Children should receive attentive study, not only because "one-third of all diseases belong to the age of infancy" but because so large a proportion of the sick are children. Here *Diseases of Infants and Children* will be meagre enough even in the two volumes.

Operative surgery will now come up for attention. Whether it is possible to cure with remedies will lead to a careful study of *Surgical Therapeutics* (Gilchrist), or mechanical appliances as in *Orthopædic Surgery* (Sayre). For instruction in operative surgery read Helmuth or Franklin, Vol. II., or Erichsen or Gross.

Regional diseases should now be carefully studied. Diseases of the Brain and Nervous System stand first. Maudsley, Hammond, Hamilton, or Rosenthal should be studied. Kershaw's work when complete will perhaps be sufficient. Jahr's *Mental Diseases* and Hering's *Analytical Therapeutics*, Vol. I. will prove valuable for therapeutic references.

Diseases of the eye and ear must receive careful study. "Don't understand them and never expect to" is a bad position. Angell on the Eye and Cooper on the Ear are elementary enough for the most obtuse, while Stellwag or Wells on the Eye, and Burnett or Roosa on the Ear will be exhaustive enough and give a comprehensive idea of this speciality.

Dental pathology and surgery find a good exponent in Salter's work. Hering's therapeutic analysis of dental disorders found in Raue's *Pathology* will prove a great help to those who must attack "all the ills flesh is heir to."

A good work on diphtheria should be studied.

Laryngology may be studied well in Cohen or Mackenzie or Brown.

Diseases of the chest demands careful study. Here the best works are Fuller (\$3.50), Loomis (\$5.00), or Flint (\$4.50).

Gregg's *Illustrated Repertory* of chest pains will be a valuable help in therapeutic selection.

Diseases of the heart should be mastered. The most comprehensive and practical one on this important branch is Armstrong's forthcoming work. Lade, Hale, or Flint on the Heart can be studied to advantage.

Diseases of the stomach so frequent in America should be closely studied. Brinton's is doubtless the best separate work.

Diseases of the liver should be studied with the help of Morgan (\$1.40), or Murchison (\$5.50).

Diseases of the spleen in this ageish section should be mastered. Morgan's forthcoming work will supply the students needs here. Allen on Intermittent Fever should be studied in this connection, now or subsequently.

Diseases of the kidneys and urinary organs should be carefully studied. Here Roberts (\$4.50) is the best work extant. Adams' forthcoming one on the medical and surgical diseases of the urinary organs will be best for the Homœopathic student. If the genito-urinary organs are studied together, Van Buren & Keyes's work will fill the bill. Acton on the Reproductive Organs may be read to advantage.

Veneral diseases will demand attention, and here Berjeau or Jahr will be found to cover the field.

In skin diseases, Kippax's Hand-Book will prove valuable.

Following the logical sequence of disease, as Hahnemann pointed out, the student will have worked from the centre to the surface.

#### SUBSEQUENT STUDIES.

During the past year the study has been devoted to separate typical diseases, but such are seldom met in practice, and now the study should be directed to complications and sequelæ, the signs and times of their appearance and the best means of averting them. Clinics have doubtless illuminated the whole course, but the student should only devote attention to the points illustrating his study in hand. The complications and relations of diseases form a separate field that no text-book can do justice to. The geography of disease, the order of epidemics, the course of chronic diseases, as well as the complications and derangements that arise from acute affections compose a vast tangled mass of practical observations that make up what is known as experience that can only be imparted by old clinical teachers of close observation. It is such nuggets of gold found in medical journals and unearthed at medical gatherings that are so eagerly sought for. (Every student should take a good medical journal). It is on these points that such reference works as Baehr (\$9.00), Aitken (\$12.00), Reynold's (\$15.00), or Ziemssen's (\$80.00) are so valuable on the disease side, and some exhaustive work like Allen's Encyclopædia (\$50.00), or Hering's Guiding Symptoms on the remedy side. Now Repertories like Lippe's, Bœninghausen, or Jahr are valuable to help

select a remedy for the unusual cases. A book cannot be a text-book and a "ready reference for the busy practitioner" at the same time. Such works are impositions on the profession. It cannot be comprehensive and complicated enough. What the busy practitioner needs are exhaustive treatises on the various diseases and all their possible complications. Now the student should secure as many of these special treatises as possible, *e. g.*, Panelli on Typhoid Fever, Bœninghausen on Hooping Cough, King on Headache, etc. (See our catalogue of medical books).

By this time the student will be an M. D., for he will know enough to pass any board of medical examiners. More, one who pursues such a course persistently and effectually in spite of all allurements and counter advice will, if he has any brains and snap, rapidly take a front rank in the medical profession.

This is merely an outline of a course of medical study that we have been working out for years. Among the multitude of medical books only the best have been selected for the Homœopathic student, according to our judgment and that of many professional friends whom we have consulted.

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## Society Proceedings.

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### *CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.*

(Report concluded from page 163.)

Dr. Deuel—We all are firm in adhering to the principles taught in The Organon; but, we desire to hear from committees on specialties.

On motion, Dr. Gwynn was requested to prepare a paper for the next meeting. The subject to be Autumnal Diseases; the doctor to confer with other physicians and gather facts from them.

Ordered, That the discussion upon The Organon, at the next meeting, occupy the morning session.

Adjourned till the third Thursday in September next at same hour and place.

Attest, C. P. JENINGS, Secretary.

## THE INAUGURAL ADDRESS OF THE PRESIDENT, E. B. NASH, M. D.

Would that I could impress upon every member of our society the importance of the fact that we profess to be a Homœopathic Society. We have for the past year been engaged in studying the principles of the Homœopathic system of medicine as laid down by Hahnemann. These principles are too little understood by many of our school, and too lightly estimated by more.

There seems to be a desire on the part of some in our ranks to drop the term Homœopathic. I have no sympathy with that class of physicians, nor would I drop the name by which we distinguish ourselves from other schools. "What fellowship hath righteousness with unrighteousness? or what communion hath light with darkness?"

If one cure has ever been accomplished by a medicine administered Homœopathically, it was accomplished according to natural law. Natural law is as unchangeable as He who made it. Other cures may be performed in the same line. Nay, more. The correct application of remedies according to law must necessarily have the same result; in other words, Homœopathy is universally applicable.

Then, why do we not always cure? The failures are through no fault of the principle, but of our imperfect understanding, or unskillful application of it.

To understand, to apply, and to report results should be our work.

Hygiene, pathology, diagnosis, surgery, manual obstetrics, etc., must be understood by all. But they are the common property of all the schools. Our distinctive work is the development of our peculiar system of applying drugs. This must be the foundation upon which we build the truth of all truths, for the establishment of which we labour.

It falls to us to see to it that this work keep pace with the development of all other branches of the medical *curriculum*. If we do it not we are recreant to our trust.

It is not necessary that we engage in the development of the other branches. This will be done for us by others. Let us accept all the good results they bring, and so labour in our own department that they will be obliged to accept the fruits of our work.

As a medical society simply, we are no more conspicuous than many others. As a *Homœopathic* Medical Society, we already command the notice and respect of the Homœopathic world. Now, let

us not lose but increase if possible our influence. Let the first question in the mind of every member be: How can I best promote and everywhere establish in the mind of men the truth formulated in the words "*similia similibus curentur*?"

To appreciate the value of *Aconite*, *Belladonna*, *Nux vomica*, *Sulphur* and a number of the remedies we call polychrests as developed by years of the most earnest and unremitting labours of the Old Masters, is to catch something of the spirit which should actuate every true Homœopath of to-day. To Hahnemann and his followers the conscientious thorough proving of drugs was the sowing of the seed. The collection of symptoms and putting into form a materia medica was the gathering of the harvest. The work of verification, the last and most difficult of all, was the threshing and winnowing which enabled them to garner the grain.

We have been eating the bread. It is the fruit of their labours which has made us strong, and enabled us to accomplish results before unknown to medicine. How shall we show our appreciation of all this? Emulate them. Prosecute, carry forward the labours then began so well, but would not live to finish. The good work is only begun. A great harvest is already upon us in a copious materia medica. It is ours to verify. It seems to me our highest interests at present lie in this direction.

We have been sowing too fast, and garnering too slowly. Such a thing is possible. Any one can prove a remedy, and publish it in the journals of our school. But, it takes more time, patience, and skill to verify, to separate the wheat from the chaff. Out of the five or six hundred remedies (more or less), proven and having place in our materia medica, not one hundred are by actual application entitled to our confidence as Homœopathic therapeutical agents. What a field for labour! The new beginner in Homœopathy stands aghast as he looks at almost the interminable array of symptoms in Allen, and is told that this is Homœopathic materia medica to be applied according to the law of similars. But, we who are older know that gold does not always lie upon the surface of the earth. It must be sought and separated. Labour is necessary for that; but, when found it is *gold forever*, and it is our gold. A man might well afford to labour a lifetime to leave to the world such a legacy as is left us by Constantine Hering in the pathogenesis of *Lachesis*.

To understand the principles of Homœopathy, to possess the materia medica, is to be armed for the fight. To win the victory

these weapons must be wielded by strong arms, backed by wills which, like the Old Guard of Napoleon, "never surrender, but rather die."

We want the Hahnemanns, the Bœnninghausens, the Gross, the Jahrs of the past a thousand times multiplied in the present. They fought for truth. Their eye was single for Homœopathy. They had just escaped from the prison of Electricism and Anti-pathology. The memory of its damps and darkness was fresh and awful. They could not be deluded into believing there was any good there. And we need not. The light of truth has shined through them on us. It is our pleasure and our duty to walk in it, and, like them, faithfully to reflect it upon coming generations.

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*NORTHERN NEW YORK SOCIETY.*

The thirtieth annual meeting of the Homœopathic Medical Society of Northern New York was held at the Town Hall, Saratoga Springs, August 10, 1880. The President J. F. Nier of Cambridge, Washington Co., presiding. Secretary, J. A. Pearsall, of Troy called the roll when fourteen responded to their names. The minutes of last meeting read and adopted, and the officer for the next year elected, viz.: President G. A. Peckham of Waterford, Saratoga Co. Vice president, J. N. White, of Amsterdam, Montgomery Co. Secretary and Treasurer, H. M. Paine, Albany. Censors, Drs. J. F. Nier, H. M. Paine, H. Bullard, J. P. Mosher, F. L. Vincent and S. J. Pearsall. Drs. Cornell, Hulst, Nier, Paine and Gray discussed the affect of "High Potencies." President Nier read an able address to the society. Dr. French read an article on Gastric Fever and its treatment. Resolutions were adopted appropriately touching the death of Dr. Hering of Philadelphia. Dr. Dowdell reported a case of typho-malarial fever from Schaghticoke, which was rare and interesting. Dr. Dowling, Dean of New York College interested the society in his best mood, by describing the mode of diagnosing diseases of the heart. Four new names were voted to the society. Drs. Paine, Gorham and Slocum were appointed a committee to revise the constitution and by-laws of the society, and this ended a very profitable meeting of earnest Homœopaths.

W. W. F.

## Therapeutical Department.

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### CLINICAL OBSERVATIONS.

#### REPORTS FROM THE FIELD OF PRACTICE.

SACKET'S HARBOR, N. Y., Aug. 23.—Measles are dominant here just now, with an occasional case of scarlatina (scarlet rash), scarcely distinguishable only by pressure of the finger upon the eruption and the return of the discoloration of the skin. D. S. KIMBALL.

ATLANTIC, Iowa, August 26.—There has not been the usual amount of sickness for August. July was quite busy. Have found *Arsenicum* the remedy in most bowel troubles here. Homœopathy is fast getting this country. When we came to this place six years ago only one Homœopath, a place of 4000, now there are seven and five out of the seven are doing a good business, and the number of *Regulars* is fast decreasing. C. V. WILDER.

MONROE CITY, Mo., Aug. 20.—Still quite healthy; have some sickness among teething children, readily controlled by the indicated remedy as *Calc. 30, Cham. 3x, Bell. 3*, etc. A case of cholera infantum of a month standing and treated in the usual routine with opiates, astringents, and nitre, and was very low, came into my care and rallied rapidly under *Lycop. 30x*, (red sand in diaper, cry before urinating, some trembling of *alæ nasi*, etc.) had a few powders of *Ars. 3x* and *Chin. ars. 3x* for extreme weakness and inability to retain even cold water on the stomach, but *Lyc.* was the indicated remedy and cured the child. A few cases of fever of a nervous type in adults, using large quantities of ice water during the present extreme dry, hot weather, have the characteristic symptoms and yield readily to *Bry. 3x*. THE INVESTIGATOR is a welcomed and valued visitor. C. C. WAKEFIELD.

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### ON MEDICAL ETIQUETTE.

EDITOR INVESTIGATOR: Is there any such thing as an honest, honorable treatment of a brother physician or is the golden rule annulled for professional men. For one I believe that rule was

nicely "laid out" in — last week; I believe, too, every worthy man whether physician or not, will feel ashamed that one, *once* my teacher, should so forget or not know how to treat one of a like calling.

Let me state my case and leave the profession to judge. For a number of days I had treated a man who expressed no dissatisfaction whatever, but rather gratitude for my "extra nursing" and visits. He improved slowly from the first hour of my treatment. On Saturday he sat up comfortably for two hours, was cheerful and doing well. After I left him he had a severe paroxysm of pain. During this Dr. E., formerly of — was passing. A lady called him in. He examined the case somewhat, enough at least to express an opinion, then giving medicine and general directions, said "he would call again *after* my evening visit and then examine the case more carefully," etc.

He did not ask to see the patient with me, nor try to relieve him till I could be notified. I had no information of what my Christian and professional brother was doing. When I called in the evening my late patient with tears told me all about it and closed by saying a "brother could not have done more for him than I had done." It is due Dr. E. to say he spoke very kindly of me to my patient, so spoke Brutus of Caesar while his hand clutched the fatal dagger.

Remembering the code of medical ethics adopted by the American Institute of Homœopathy, I leave Dr. E. in the hands of the profession to be judged of by his peers. I want to know if such treatment is customary? If it is, then all right. Who will give us a good article on medical etiquette?

L. J. INGERSOLL.

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#### ON HAY FEVER IN CHILDREN.

This is supposed to be a rare disease of child life, yet I have met it as early as in the second year.

It is ushered in during the month of August like an ordinary attack of severe coryza, with profuse discharge of water from the eyes and nose. It also invades the throat and chest, and is attended with feverish symptoms. In addition to the catarrhal symptoms there is a spasmodic complication both of the nose and throat as well as of the bronchi. The ones attacked are usually the nervous and *nervo-sanguine*, and generally of a consumptive tendency.



The cause as far as I can ascertain, is a cold contracted during the first cool spell in August. and which is aggravated and protracted by the heat and dust of the days and coolness of the evenings. The predisposing cause is the peculiar sensitiveness of the individuals attacked. The depression incident to the hot days no doubt deranges the nervous energies of these sensitive subjects, and the normal character of the nasal secretion.

The symptoms are exceedingly variable. The nervous cases have the catarrhal symptoms alone, unless there is an asthmatic tendency in the family, while the nervo-sanguine persons have the fully developed disease, i. e., the catarrhal and asthmatic symptoms combined.

The disease usually has a prodroma from a week to two months, although some cases report themselves well before. The first coryzal symptoms are ushered in violently and last about a week before the throat becomes involved, and later the asthmatic phase appears. In old and fully developed cases, the asthmatic symptoms may appear very early. The disease runs a course of about six weeks, but may be prolonged for months. The sequelæ are long-lasting attacks of asthma, a persistent cough, or a derangement of the alimentary tract.

*Treatment.*—The first child that I treated had the catarrhal symptoms, and was promptly relieved with *Arum mac.* 30. The next year the attack was more severe and the lungs became invaded. *Arum 2* and *Euphorbium 2* afforded no relief, but rather seemed to aggravate. *Arsenicum* finally cut it short. Possibly had I given the first remedies high, as prompt a result might have been obtained as in the previous year. These cases are sensitive and need only a little of the medicine indicated. Another child, aged seven, with the asthmatic type of the disease was promptly relieved with *Ipecac.* A prominent symptom in the case was “a persistent nausea.”

The type of the disease, whether catarrhal (nasal) or asthmatic, and the peculiar symptoms of each case must govern in the selection of the remedy. The year seems to have a marked effect on the disease and the remedy.

I have made a large collection of cases of Hay Fever\* and believe that it is a perfectly curable disease. The selection of one of the following remedies will usually be needed for the catarrhal type *Arum m.*, *Euphorbium*, *Euphrasia*, *Arsenicum*, *Rhus*, *Natr. sulph.*, *Sulphur*.

For the asthmatic type, the selection will usually be between *Ipecac*, *Arsenicum*, *Belladonna*, *Grindelia*, *Sulphur*, *Hepar*.

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\* See forthcoming work on Hay Fever and its Homœopathic Treatment.

For the sequela, *Nux*, *Bryonia*, *Kali*, *Ars.*, *Sulphur*.

Locally for the eyes, *Fœniculum* has been valuable; and for the burning in the throat gargles with water, or a solution of *Merc cor*.

Compare remedies under *Coryza* and *Asthma*.

As a prophylaxis *Arsenicum iod.* 200 has worked nicely. The disease growing more mild each year, and finally disappearing. The child should be kept out of the air unless outdoor air relieves as it sometimes does. Cold water or warm to the nose and eyes, and gargles of hot water afford relief. In the nervous cases warm is better than cold.—*From Vol. II. Infants and Children.*

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### ENURESIS CURED WITH BENZOICUM AC.

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

Eddie R. had enuresis since baby-hood. His father, a wealthy merchant, had spent much money, time and patience in trying to get him cured. Residing at first in Brooklyn he consulted his family physician—a very clever Homœopathist—who tried every remedy and device which his ripe knowledge and judgement could suggest. Of his own free will he gave up the case as incurable. Some months after, the advice of another eminent New School physician was sought and after long attention he too gave up the case. Subsequently, having removed to this city, it was suggested that the cause might lie in some obscure nervous disorder and the same wise party advised a consultation with one W. A. Hammond, M. D., (Old School). This learned man agreed perfectly with the last opinion and advised circumcision which was accordingly preformed. The result was only such as accrued to the doctors pocket. Whippings and presents were alike unavailing. Thus six years and more were spent and Mr. R. tired and discouraged resolved to let nature take her course.

In January last Mrs. R. consulted me about some uterine trouble and when cured remarked that she wished I could do as well for one of her children. It was then that I obtained the foregoing history. At my request the boy was summoned. He was eight years old. Had a schriveled old look for one of his tender years. Was short, stunted, shuffling and slovenly; had no snap; did not care to play with the other children; was cross and surly; appetite poor, slept much and soundly. His pants, a dark cloth, had a chalky white appearance about his penis. The odor was strongly ammoniacal, very fetid and

permeated the whole room in five minutes after his entrance. The quantity of urine as described by the mother, was so great, particularly at night when he would nearly drown himself, not only once but often three times, that I examined for sugar. None was found. The flow seemed to anticipate the desire, if he had any, for very frequently the wetting of his clothes was simultaneous with his start toward the urinal. There was no hereditary taint that I could discover. The family history on both sides was excellent. No syphilis nor gonorrhœa. The other children—three older and three younger—were fine specimens. I could recall no similar case cured with well tried remedies, but remembering reports in this journal Vol. X. I believe, of remarkable cures made with *Benzoicum ac.* low, I advised the mother to let me make the attempt to cure him, to which she consented provided her husband should not learn of my failure. At once I put him on *Benz. ac.*, 10m Fincke. This was the only preparation I had in my office. It was fairly tried but failed. It being a dozen years old, and fancying age and potencies might not agree, I obtained the 200 from a neighboring pharmacy. The result was the same. I then had prepared the 1st centesimal trituration of which I gave a powder every four hours. The boy improved immediately and was well in three weeks and remains cured. He has grown more this summer than before in two; seems changed in spirits as well as in appearance. Thanks to the doctors who have reported their cures of enuresis with *Benz. ac.*, in THE UNITED STATES MEDICAL INVESTIGATOR. I have reported this case at length for I think it will be difficult to find a worse one; and it may encourage others to try a low potency of this remedy in a similar forlorn case. I have to regret that microscopic and chemical examinations of the urine were not made. They should always accompany such reports.

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### A QUESTION OF ETHICS.

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

In April 1890, a gentleman wrote me from Chicago, with reference to a possible operation upon his wife, for the relief of the consequences of a serious injury which she had sustained nearly a year previously. His attention had been directed to me by a gentleman upon whom I had operated for a similar condition, and who was then in perfect health. That the full moral of the whole occurrence may be elicited,

I will briefly describe the condition of the part injured, and the measures I had proposed for its relief.

In August 1879 the lady had very severely cut the palmer surface of the right wrist, the wound extending to the bone, by thrusting the hand through a glass window. The ulnar artery had been cut, and was ligated. The flexor tendons, it was said, were *all* divided, and all the tissues in the region more or less involved. Apart from the shock and hæmorrhage, there were no noteworthy symptoms, the wound healing readily by first intention. Soon afterwards the hand commenced to show symptoms of severe nerve-lesion, their progressive character showing that they were results of morbid change in the ulnar nerve, or some retrogressive process due to the injury, but forbidding any suspicion of primary division of the trunk. The hand became colder than the opposite, the sensibility increasingly diminished, the nails gradually becoming incurvated, the skin assuming the characteristic shining appearance, and desquamating on the ulnar side of the hand. The scar was the seat of occasional severe pain, and at all times, on being touched in the region of the median nerve, gave rise to a peculiar painful thrill extending to the ends of the fingers it supplied, and those supplied by the ulnar nerve. Finally, there were some symptoms, of a reflex character, jerking of the muscles, and threatening spasms, and the time seemed to have arrived for seeking professional aid. Those to whom application was made, including Dr. Baxter, of Chicago, advised non-interference, or waiting until amputation was demanded when the condition had reached its maximum. It was at this time that the former patient of mine was met, and that application was consequently made to me.

In May the parties arrived in this city and invited me to make a thorough examination, set a day for the operation, fix the fee, etc. I visited the lady twice, once in company with my friends, Drs. D. J. McGuire and E. P. Gaylord, and determined the condition, as regarded the nerve, solely one of chronic neuritis, with secondary atrophy of the portion on the distal side of the cicatrix, due to the inclusion of the nerve in the scar, and devitalization from contraction of the same. The day was set for the operation, assistants engaged, and the contract as to fee duly made. The operation proposed was dissecting out the scar tissue, freeing and stretching the nerve, and sliding an integumental flap over the wound.

Now for the ethical part of the story. A certain so-called "regular" (except in principles of honor and ordinary gentlemanly

instincts) unknown to me, without my consent or knowledge, and *without the request of the family*, visited the house where the people were staying, examined the hand, and dissenting from my diagnosis and prognosis, advised them to be cautious that they employ an *experienced surgeon*, volunteered the information that the operation I proposed was unknown in surgery, and that he had never heard of my doing anything surgically. All this in a smooth, candid, sympathizing way, deprecating by his manner, any appearance of prejudice, malice, or impertinence, forgetting that the fact of his presence in the house, under these circumstances, was an offense against decency and professional honor, that few would have been willing to commit. His representation so alarmed the lady, harassed as she was by pain and long suffering, that she requested the operation to be postponed. It was done. The "regular" referred to was a youthful "professor" in a small advertising "college," and taught *surgery* without any experimental or other knowledge of nerve-stretching!

Well, the case was postponed, as far as I was concerned indefinitely, and the next I heard of it, an operation had been performed by another "regular" practitioner, who while an honorable gentleman in every particular, and also a professor in a college that is in rivalry with the seat of learning honored (?) by the inclusion in its faculty of the name of the first "regular" referred to—had neither heard of nerve-stretching, in such cases at least, or any surgical method to relieve cicatricial contractions and constrictions. This last gentleman permanently maimed and ruined the hand of the woman, forever destroying any hope of a cure (that was more than probable originally), by the performance of an operation that would have been crude enough fifty years ago. Finding, as I had diagnosed, chronic neuritis, with distal atrophy, he pronounced it incurable, announced that relief from pain was *all* that could be done, and without an attempt to free the nerves, tendons, and fascia from the cicatricial bands, deliberately, and wilfully committed the surgical atrocity of *excising a portion of the ulnar nerve!* Comment is unnecessary, but certainly all claims to professional monopoly must be relinquished by these gentlemen, both professors in "regular" medical schools, teaching the *summum bonum* of science, and yet the one ignorant of all the rules of good breeding, gentlemanly behavior, and both unacquainted with the resources of modern surgical science.

ABOUT THE "HOMŒOPATHIC MUTUAL."

DEAR DR. DUNCAN: Another of your queries is,— "*How can our company make a discount of 10 per cent. to Homœopaths, when the best companies select the best risks, i. e., those largely Homœopathic?*"

To this, I answer, that all the statistics which I have been able to gather, prove that there has been, heretofore, at least a difference of 30 per cent. in favor of the patients treated by our system of practice. I say "heretofore" advisedly, for in consequence of the modifying influence which we have exerted upon our Old School brethren, their practice has of late years become largely expectant; and I am inclined to doubt if so great a difference exists at the present day. But that it is still largely enough in our favor to justify the discount of 10 per cent. to our patrons, I have no reason to doubt.

I have often been asked why we do not make a discount of 30 per cent. in favor of Homœopaths, if their chances of longevity are so much greater. The answer to this is plain: If the death losses comprised all the expenditures of a Life Company such a procedure would be mathematically correct; but inasmuch as the other necessary expenses, such as rent, printing, advertising, commissions, etc., are not dependent upon Homœopathic practice, we cannot afford to make any discount on them. That the company is managed economically, its whole history shows, and this discount of 10 per cent. to Homœopathic risks amounts to a large sum in the aggregate. If we had charged regular rates to all our insured, we would during the last dozen years, have received at least \$300,000 more in premiums than we have done.

That the old-line companies do take a great many Homœopathic risks is a matter of course, and I believe that these risks materially lessen the mortality of those companies, though they make no discrimination in their favor. The late Dr. J. H. Woodbury of Boston, (who recently died, and to whose widow we are about to pay \$2,500 for his policy here) told me some years ago, that he had satisfied himself, by inspection of the books of three large Life Companies that at least 40 per cent. of all the risks written in Boston, were upon Homœopathic lives. But no discrimination is made in their favor in and company except the Homœopathic Mutual, though all facts go to show that their longevity is greater, and that they are a source of strength, because they diminish the average mortality in those companies. The twelve years' experience of our company is now certainly

of value, and it shows that the Homœopathic deaths are much fewer in proportion, than the Allopathic; and the larger our business, the larger and more valuable, because nearer the exact truth will our experience become.

Again, you ask "Is it a fact that our physicians are refused the position of medical examiners for other companies? and why?"

This is a fact, as a rule, though there are occasional exceptions, as where a Homœopathic physician has too much influence to be thus slighted, or where his medical practice is not particularly inquired into. The reason for this is easily found in the hostility of the chief medical directors, who are, almost without exception, adherents of the Old School. It is not to be expected of them that they should appoint any examiners from among us in cases where any choice exists, and the reason they usually give is, that the Homœopaths depend so entirely upon symptoms that they are lacking in diagnostic ability! I remember, some years ago, asking an officer of one of the oldest life companies, why he had discharged a physician, who had recently been converted to Homœopathy, and who had been a satisfactory medical examiner for twelve years previously. "Was he not as sound and acute an examiner as before?" I asked. "No," he replied. Why not? "Because he will now pass risks, that he before would have rejected," was the answer. Is that, said I, because he now looks on disease with a more hopeful eye, thinking he can now cure, where formerly he could not? "That is the reason," said he. Then, I replied, you have paid the highest possible compliment to our system of practice, in discharging that physician, for certainly his belief must be based upon actual comparison and experience, and he has honestly chosen the better method of cure.

Whatever of liberality now appears in the medical departments of the old life companies is doubtless owing to the existence and labors of our company, which has always upheld the claims of our branch of the profession, never yielding an iota, and referring with pride to the test of the soundness of our Homœopathic examinations, viz., the death-rate among our insured. Thus, our company, prefers Homœopaths as examiners, and insists upon them in every possible case, depending not only upon their medical acumen, but also upon their personal honor, to protect its interests.

E. M. K. 7

## CASES FROM PRACTICE.

BY W. M. HAINES, M. D., ELLSWORTH, MAINE.

CASE I. I was called July 12 last to see a young lady, aged twenty-three, with high fever. Skin hot, pulse 120 and very weak, tongue coated white, thirsty, diarrhœa of a watery character over which, as she modestly expressed it, she did not have complete control. Fearing a commencing typhoid I gave her *Bryonia* 30 in water.

The next morning I found her in about the same state, face flushed dark, tongue coated rather more brownish cast, intense thirst for cold drinks, dizzy on lifting head from pillow, and she stated that there was a *continual oozing of watery slimy stool from the anus which seemed to remain open*. To the best of my recollection the only remedy which had this symptom characteristic is *Phos.* and I prescribed *Phos.* 30 in water. Its action was immediate, in an hour she "felt better all over" as she expressed it and the diarrhœa slackened up, stopping in a few hours, and in a few days she was about again as well as usual.

CASE II. Early one morning last winter I was hastily summoned to attend a lady suffering with severe pain in her right eyeball. She was suffering intense agony, the pain being of sharp throbbing character and had commenced very suddenly. She was almost crazed by the least light and had been suffering several hours. Managing to get a glimpse of the eye I found a serious corneitis as shown by the hazy appearance near the center.

Thinking *Belladonna* the remedy I was about to prepare a low preparation of it when I found that in my haste I had left my low potency case at home. Not wishing to leave her without anything I took a few globules of *Bell.* 4m., from a small and rarely used case in my pocket and dissolved them in water giving her a teaspoonful of the solution. I came back in twenty minutes and to my astonishment found her comparatively easy. I repeat, I was surprised, as I did not expect any effect and should not have prescribed that potency if I had had a lower. I gave her a blank powder, and in an hour or so examined the eye, she was able to bear the light without much pain and the hazy appearance did not seem to be spreading over the cornea. She received no more medicine and with a simple pressure bandage over the eye recovered her usual health, in a few days the milky appearance of the cornea gradually fading away.

CASE III. Case of ulcerated cornea, which under Old School treatment had proceeded so far that the anterior chamber had evacuated



itself through the lower part of the cornea and the iris was partially prolapsed, protruding through the opening. I applied a simple pressure bandage over the eye, with the proper cleanliness, and prescribed *Merc. cor.*, 30 which in three weeks healed the opening, drew back the iris and with the exception of a slight adhesion of the edge of the iris to one side, the eye is about as well as ever.

CASE IV. Scald head. Child about a year old, had suffered with the humor for several months and the head had now become a perfect scab or a mass of corruption scabs thick and honey-colored; child quite fat and plump. I gave *Calc. carb.* 30 in water and in three weeks not a vestige of the humor remained, the child has been in perfect health ever since—about two years.

These cases cured by the medium high potencies are but few of the many that have occurred in my practice, showing the certain and beneficent action of these preparations. When I started in practice I had a strong preference for the lower preparations and a decided prejudice against the higher, but by careful watching of each case in practice, I am convinced that I was partially in error and that each potency, if *honestly* made and rightly chosen, will work or act to our complete satisfaction.

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## Etiological Department.

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### *THE AUTOGENETIC ORIGIN OF CONTAGIUM.*

BY R. N. TOOKER, M. D., PROFESSOR OF PHYSIOLOGY IN THE CHICAGO HOMŒOPATHIC COLLEGE.

Read before the Illinois Homœopathic Medical Association.

Last year I had the honor to read a paper before this Association on the Germ Theory of Disease. In it I took the position that this theory or hypothesis was fallacious and untrue; that it was opposed to known pathological facts, to clinical experience, and especially that it was utterly inconsistent with the law of Homœopathic therapeutics. I stated then and I reaffirm the statement now that in contagious and infectious diseases, (the zymoses,) the immaterial and properly affiliated remedy, the remedy that is truly Homœopathic to

the case is far more potent for good than material doses of the so-called antiseptic or antizymotic remedies, whose exhibition is always uncertain and oftentimes dangerous.

Another year of observation, experiment and research has brought forth nothing to outweigh these considerations and nothing to confirm the germ theory. Not a single disease has yet been proven to have a material living cause; nor has there been found a remedy which given in material doses will destroy these hypothetical germs, without at the same time destroying the patient. Besides the objections then offered to the germ theory, there are others of equal or greater weight to a few of which I desire briefly to call your attention.

If living germs or spores fasten themselves upon or within the body, they are essentially parasitic in their nature and presumably behave as other known parasites do. But these imaginary germs do not. All the demonstrated parasitic diseases, such as scabies, helminthiasis, etc., are indeterminate in their career. They all tend to a protracted chronic course. All the zymotic diseases, however, run a brief course and are self-limited as to duration.

Again, if bacteria are the cause of scarlatina, why should they ever quit an infected body and leave it in *statu quo* never to return to it again.

The *tenia solium* will inhabit a body for a score of years or more. On the germ hypothesis how can we explain the infection of some bodies and not of others? In a given locality all breathe the same air, eat the same food, and drink the same water. Yet some are stricken and die while others are unaffected during life.

On this hypothesis how can we explain the occasional but generally admitted occurrence of sporadic cases of all the infectious diseases; unless, indeed, we accept with Dr. Bastian the doctrine of "spontaneous evolution?" And how again can we understand the concurrence of several contagions in the same neighborhood or household or in the same individual at the same time.

On the 16th of last February I was called to see a child which I had previously been attending for some two weeks for a severe attack of whooping cough. I found the child's throat covered with diphtheritic exudation which remained there in spite of my best efforts for over two weeks. On the 18th of February, or two days after the diphtheria started, the child broke out with scarlet fever, the disease being ushered in with intense fever, vomiting and delirium, and

followed by thorough desquamation. The whooping cough was abated somewhat, but not overcome by the other diseases, and all three zymotics ran their characteristic course. I have had two cases during the past winter of concurrent measles and diphtheria.

In the house next to this patient and at the same time, I had a case of mumps in a child two years old, and next door in the same block in the early part of the same month I had three cases of measles, one of them dying from meningeal complication. Here, on the germ hypothesis, we must have had in three adjoining houses five distinct species of *contagium vivum* without any interchange or spread of the infection peculiar to each individual household. In none of these cases was it possible to trace the infection with any positiveness. The premises throughout the entire block were carefully inspected by an officer of the Board of Health, and also by myself. Neither of us could find any source of contagion. The basements and yards were dry and clean. The houses were all well aired daily, and the sleeping rooms were in the second story. It would be difficult to find three houses in the city of Chicago adjoining, so well kept and managed as these.

If germs or their spores are capable of infecting the living body and thereby cause infectious or contagious disease, I am at a loss to understand their behavior in Chicago during the past winter, for on this theory our city ought to have been decimated if not depopulated by zymotic disease. It should be borne in mind that scarlatina has been epidemic in portions of the city and suburbs for the past three years; diphtheria has been exceedingly prevalent and malignant for a year past, and typhoid fever, erysipelas, measles, and indeed all the zymotics have been very prevalent. In the midst of this state of affairs, on the 17th and 18th of last January, the experiment was tried of cleansing the north branch of the Chicago river by pumping its contents into Lake Michigan, from which Chicago receives its only water supply.

For thirty years previously the Chicago river had been the receptacle of all manner of filth, human, animal and vegetable. It had been the depository of human and animal excreta, the debris of malt houses, slaughter houses, rendering establishments, and the like.

Within forty-eight hours after this experiment was inaugurated, bacteria, named and unnamed; septic matter; spores; shreds of animal tissue and vegetable fibre, came swooping through the hydrants and supply faucets of the houses throughout the city. A.

mere tyro with the microscope with different objectives in a reasonably short time, could find enough animalculæ and protean forms to start a respectable museum.

The water had a perceptibly bad odor and bad taste. As a consequence I had within a few days an abundance of gastric and enteric troubles to treat which were mainly, however, of an ephemeral character. But I had several cases of quasi cholera morbus and others with a decided approach to dysentery. Other physicians with whom I conversed at the time and since had a similar experience.

Now how did this inroad of poisoned water affect scarlatina, diphtheria, typhoid fever, and the other zymotics, which were as already stated at the time prevalent, and which are supposed to be disseminated if not caused by those organisms. I take these figures from the published bulletin of the Board of Health.

<i>Diphtheria.</i>	<i>Scarlet Fever.</i>	<i>Typhoid Fever.</i>
Nov., 78.	Nov., 61.	Nov., 17.
Dec., 95.	Dec., 43.	Dec., 19.
Jan., 105.	Jan., 50.	Jan., 7.
Feb., 84.	Feb., 37.	Feb., 10.
March, 72.	March, 23.	March, 8.
April, 59.	April, 24.	April, 11.

It will be observed that the mortality from these three diseases reached its acme in January, or before the drinking water became contaminated with organic matter, and a marked decrease occurred immediately thereafter, the decrease continuing during the succeeding three months.

Perhaps I ought to state here that sterilized fluids, that is to say septinus fluids from which all germs and spores have been removed, are still capable of producing septic disease, and it has therefore been concluded that if bacteria enter at all into the production of disease they act merely as carriers of the septic poison. And it may be objected that these forms of bacteria imbibed by the citizens of Chicago after the starting of the Fullerton avenue conduit; were harmless and innocuous — not having previously come into contact with a septic body.

In answer to this I quote from an address delivered last year by Dr. Roberts, of London, in which he says: "Before we can understand the pathology of septicæmia, we must have clear ideas on the relation of septic bacteria to our bodies. We see in our laboratories that dead animal tissues when exposed to ordinary air or ordinary water, invariably breed septic organisms; in other words contact of septic germs with dead tissue never fails to produce septic inocula-

tion. But this is quite otherwise with the same tissues when alive and forming part of our bodies. You cannot successfully inoculate the healthy tissues with septic bacteria. It has been proven over and over again that these organisms when separated from the decomposing medium in which they grow can be injected in quantity into the blood or tissue of a healthy animal or applied to a sore on its skin, without producing the least effect. The healthy living tissues are an unsuitable soil for them—they cannot grow in it; or to put it in another way, ordinary septic bacteria are not parasitic on the living healthy tissues.”

Evidently if we take the statement of this authority as an *ipse dixit* we must look elsewhere than to the Chicago river in determining the causes of the continuous prevalence of zymotic diseases in our midst.

#### YELLOW FEVER.

In this connection the report on the Histology of Yellow Fever presented to the National Board of Health by Dr. J. J. Woodward Surgeon U. S. A., is not without interest. Dr. Woodward was requested by the Board of Health to prepare reports on the pathology and histology of yellow fever, and to indicate the direction in which research is most needed and is most likely to prove of value. After five months of persistent labor participated in by the most prominent pathologists and microscopists, the results achieved are stated to be wholly negative. Besides fatty degeneration and granular fragmentation of the liver and kidneys, no uniform lesions were found either in these organs, in the blood or elsewhere. Bacteria were found it is true, but Dr. Saterthwaite stated concerning them, “The presence of bacteria in the specimens could be explained in various ways, and he did not believe that it in any way sustained the nature that these organisms produced the disease. Accumulations of bacteria of similar appearance he had found in persons suffering from other diseases not contagious or infectious.

Similar testimony was given by Dr. Guiteras, of the Havana Commission.

#### THE AUTO-GENETIC ORIGIN OF CONTAGIUM.

In a paper published recently in the *Dublin Obstetrical Journal*, Dr. Griffith attempts to prove the “unity of the poison in scarlatina, puerperal fever, typhoid, diphtheria, erysipelas, etc. He cites numerous instances where two or more of these diseases have

occurred synchronously in the same household or concurrently in the same individual. "How often," he says, "an outbreak of scarlet fever, typhoid, erysipelas, diphtheria, or "sore throat" will occur amongst the children of a family or among the adults — male and female — after the mother has shown symptoms of puerperal fever. The outbreak of these ailments in mother, children, and adults of a household at the same time or almost synchronously, is only to be explained by simultaneous exposure to the one poison, whereby all are affected simultaneously, the mother, perhaps, showing the symptoms earlier because of her more ready susceptibility, owing to the changes in the blood and general system peculiar to the puerperal condition.

He quotes from recent British authors, Churchill, Holland, Braxton, Hicks, Dr. Clement Dake, Thompson, Lea, and others, giving numerous clinical cases in support of this theory, and says: "I consider the original poison of these diseases to be one and the same; in children most frequently causing symptoms we are in the habit of terming scarlet fever; in adults, typhoid; and in the lying-in woman, puerperal fever. That diphtheria may be originated from the same cause is, I think, clearly demonstrated by the fact, that it will be found prevailing concurrently with the other affections and in the same immediate locality; nay, more severe in the same household, age being apparently one of the strongest determining or predisposing causes, as is shown by Dr. Morell Mackenzie's tables, wherein out of 1,000 cases 540 occurred before the age of five, and 800 before the age of ten. The same as regards origin holds good of erysipelas; also as to concurrency and attacking persons in the same neighborhood and house."

#### THE GLANDULAR ORIGIN OF DISEASE.

For these and other reasons I do not believe that bacteria or living germs or the spores of germs are the cause of contagious disease either primarily or as carriers of the disease poison. The germ theory is opposed to reason, considered *a priori*, and is also opposed to every clinical experience. That a poison is generated in certain diseases most of which are attended by exanthematous phenomena is unquestioned, and that this poison is communicable from person to person is true without doubt. But whence originates this poison? Is it living or dead? I have sufficiently answered the first part of the query. I do not believe that the living germ or

spore that is generated in sewer or gutter, cess pool or privy, or that is procreated within a diseased body is in any case the original, primal source of infection. I believe that the evolution of infectious disease is not *heterogenetic* but rather *autogenetic*; that the fountain and origin of diseases of a communicable nature are the vitiated secretions of the different glands of the body, which secretions may and do become thus vitiated by bad habits of life; bad habits in eating and drinking, personal uncleanliness, vitiated air, and perhaps added to these a strumous inheritance.

That glandular products may be so changed by atmospheric and invisible influences, and even by malign impressions acting through the nervous system, so as to produce fatal disease without any suspicion of direct infection is a fact which is of daily observation. The nasal mucus may become so irritating as to produce a quasi herpes. A mother's milk may be so vitiated by fright as to be poison to her nursing infant. Fright or fear, or intense anxiety may give rise to scalding urine or an irritating diarrhœa.

Numerous instances of fatal hydrophobia in man have been recorded, in which the dog was simply mad from teasing, but not affected with true rabies. Whether hydrophobia can be transmitted from man to man, or from man to the lower animals, has long been a disputed question. Some recent observations, however, by M. Raynaud, in the Lariboisiere Hospital, in Paris, would seem conclusive in the matter. A man was brought to the hospital suffering from rabies, having been bitten by a dog on the lip forty days before. The wound was cauterized two hours after it was made, and no serious apprehensions were felt about the result until a few days before he entered the hospital when the usual symptoms of hydrophobia appeared. The day before his death in a quiet interval, he yielded to experiments in inoculation which were made with his blood and also with his saliva. The result of inoculating a rabbit with the blood was negative. But with the saliva it was different. A rabbit inoculated on the 11th of October began to show rabies on the 15th, being much excited and damaging the walls of its cage, while it uttered loud cries and slavered at the mouth. Then it fell into collapse and died the following night. The rabbit's body was dissected thirty-six hours after death, and further experiment was made by taking fragments of the right and left submaxillary glands, and introducing them under the skin of two other rabbits respectively. These two

rabbits became ill on the third day thereafter and succumbed on the sixth.

The well authenticated cases of persons sickening and dying in cholera seasons from fright and dread of the disease, when there could be no possibility of contagium, is further proof that a person may at least be sick and even die from a diseased condition so similar to a prevailing epidemic that a differential diagnosis is scarcely possible.

The great prevalency of glandular enlargement during the prevalence of all these diseases is a matter of common observation. I have during the past winter certainly seen several cases in which the cervical glands were enlarged immediately before a prominent manifestation of scarlatina or diphtheria. Indeed, so frequent was this thing observed in my own practice, that I wrote to my friend, Dr. S. P. Hedges, of this city, asking him if he was having the same experience. I quote from his note in reply :

“ I have gone over my cases of scarlet fever, having had from eight to twenty cases on hand constantly for the last three months or more. Never before have I had such trouble with sequelæ. Glandular and renal complications, even during the early progress of cases, have been constant. It has seemed to me I had not got at the correct “genus” of the epidemic, or I would not have such unusual attendants on my cases. I have made careful study and changed my tactics, but with only little better results. I think a careful estimate would be as follows, to wit : About 33 per cent., or one case in three have had glandular enlargements (cervical). Only *one* has suppurated. Only the greatest care and attention both in prescribing and in local measures has prevented *others from going on to suppuration*. About 10 per cent., or one case in ten have had the kidneys affected ; post scarlatinal nephritis, more or less severe ; acute desquamative nephritis ; albumenuria ; post-scarlatina dropsy, down to simple irritation of kidneys, all grades of renal trouble have occurred in about the proportion named. So far none of them have proved fatal. Careful urinary examination reveals in many of the cases all degrees of tubular desquamation, casts, blood cells, epithelium, pus cells, etc.”

Another and to my mind conclusive proof that the contagious principle whatever it be is of glandular origin and does not originate elsewhere than in a diseased organism, is the fact that in every recorded epidemic of typhoid fever where causation has been atten-



tively studied, the infection has been traced to the drinking of water receiving directly or indirectly the excretions of persons sick with the same disease. I can only now refer to the local epidemic of typhoid, recurring in Syracuse, New York, in 1876, reported by Dr. Ely Vande Walker, in which every person who drank water from a well near a privy into which the excreta of a patient was emptied, who contracted the disease while attending the Centennial Exposition in Philadelphia, took the disease, while none of the neighbors took it, who depended on other sources for their supply.

Indeed, as Dr. B. W. Richardson has observed, we can see a distinct relation between the number of communicable diseases and the number of secretions. The poison of hydrophobia is from the salivary secretion; of diphtheria from the mucous glands of the throat; of scarlet fever from the various lymphatic glands, and of typhoid from the mucous glands of the intestinal surface.

To summarise the matter then, I recognize every epidemic of contagious and infectious disease as having an individual starting point. The individual first affected having his inherent possibilities of disease developed by a depraved state of his body; a vitiated condition of the secretions. The spread of the infection to others till it forms an epidemic, I would attribute to a peculiar condition of the atmosphere which at present we do not understand. You may call it an "allotropic" condition of the air, or adopt the expression of Hahnemann and call it the *genius epidemicus*. Call it what you please we have but the two elements to contend with, vitiated glandular secretions on the one hand and a bad state of atmosphere on the other.

In conclusion let me say that I have missed the point and pith and purpose of this paper, if I have failed to suggest in estimating the causes of any prevailing epidemic, the influences of heredity, temperament, predisposition and the peculiar individual causes that would tend to make a given individual sick independent of the prevailing disease. These considerations suggest also to my own mind the necessity of a closer study of our constitutional remedies and the possibilities in the face of a threatened epidemic of "putting one's house in order," so that an individual invasion of sickness may be averted.

## Pharmacy Department.

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### *A REPORT ON A HOMŒOPATHIC PHARMACOPŒIA.*

Dr. Talbot of Boston, said "year after year we have a report on the subject of a dispensatory in an incomplete state. Twelve years of incubation was sufficient, and he moved the subject be indefinitely postponed. After some discussion the motion was adopted."—*Hahnemannian Monthly*.

This, the above, was a portion of the business done by the American Institute of Homœopathy at their late session in Milwaukee. As a pharmacist, having had many years experience in both schools of medicine, I make the following observations:

I believe that Dr. Talbot was honest in his purpose, but, that the adoption of his motion, by the Institute was a dishonorable act, or else that the act was the result of an unprecedented display of pharmaceutical ignorance and professional egotism. To adopt such a motion plainly indicates either one of two things; namely, that The American Institute of Homœopathy do not want a standard pharmaceutical law, or else wanting one, that they as a representative body feel that they are wholly incapable of arranging the matter in order to secure one. With the many (?) manifestations of their twelve years' progress before me, I am of the opinion that their case is one of dereliction rather than one of incompetency.

In other words I opine that The American Institute of Homœopathy as a body do not desire a standard pharmacopœia, but prefer, because of some, perhaps readily explained reason, that the remedial agents of the school shall continue to be, as they now are, products of pharmaceutical strife rather than the results of scientific inquiry, teaching the one fact, as we are doing by not having a standard pharmacopœia, that a universal formula is wholly unnecessary, and we most desire to declare the fallibility of the science of Homœopathy and proclaim to the world the fact that we as a profession do deceive, and that we are willing to license, the practice of incredulity. Twelve years of incubation may secure for us a century of empiricism. For any system of medicine that will allow Mr. A, B or C, to infuse, decoct, macerate, percolate or otherwise manipulate a medicinal substance in quantities, and by methods peculiarly his own, is one that is purely

chimerical, as to principle, and hence predicts for itself an early degeneracy. If it is a fact, as it certainly is, that at present no two specimens of a Homœopathic preparation can be obtained which present the same characteristic quantities, and, that the blank globules of cane sugar and starch treated with the crude tinctures from the shop bottle in the hands of the Allopathic druggist are as readily recognized by the physician and his patron as being as pure a Homœopathic medication as if treated with a potency prepared by the most conscientious pharmacist of our own school, it is about time for the profession to take recognition of these facts, and to secure some degree of uniformity in the strength of our preparations either by adopting standard formulas of our own, or else by authenticating the use of those of the Allopathic school. The fact is, to decimally notate the Allopathic tinctures is to secure a more uniform preparation than can now be obtained in many of the so-called Homœopathic pharmacies, the only draw-back thereto, being a misunderstanding among the druggists in reference to our system of notation. Teach the druggist this one act and they can furnish a more reliable preparation than does the modern Homœopathic pharmacist who manipulates his drugs wholly in accordanee with his own ideas. I wish it to be understood that I am not making any attacks upon the pharmacist, but, upon the doctor; and that if the latter gentleman is satisfied with this kind of business, that in my opinion, the former one most assuredly has no occasion to find fault. The Allopathic school recognize the fact that a standard pharmacopœia is necessary; and they have one; while at the same time the American and the National pharmacopœia furnish many formulas which are recognized as yielding desirable preparations. Uniformity of strength in the preparation of Homœopathic medicines is unquestionably essential; as much so as it is that the preparation should be pure; and in order to secure uniformity of strength and purity in drug preparation, it is necessary that we too, should have a standard pharmacopœia. This fact was at one time favorably considered by The American Institute of Homœopathy, and by them the attempt was made to thoroughly digest the subject, but after a duration of time, twelve years, as we have witnessed, their digestive organs prove imperfect. I have stated that their treatment of the subject was in my opinion disgraceful; and, I repeat it; and I sincerely believe that they will yet have occasion to regret their dereliction. As a representative body of the Homœopathic school of medicine, the mercenary motives of an individual pharmacist ought

not to have entered into the question, or in any manner influenced the duties of the afore-mentioned committee.

While I do not positively know that such interests entered therein or that they did influence the committee, I do know, during the period named, while this subject was under discussion, that the business interests of at least one of the committee did not suffer through the gentleman's activity as a member of that committee, and I believe, had we a standard pharmacopœia; and furthermore, that we would then have been deprived of reading, at all events they would have done so; as commonly as we do now, the words "Homœopathic remedies for sale here," "West End Pharmacy," "General Pharmacy," "Homœopathic Pharmacy," etc., conspicuously playcarded everywhere upon the thoroughfares throughout every great city. Now these things have occurred because of the introduction of our remedies into the Allopathic drug store; an introduction of them by the physicians and pharmacists of our own school, and in direct opposition to the oft repeated assertions of the school that pure and reliable Homœopathic remedies can not be procured in Allopathic drug stores; an opinion, to say the least, that is both, a intricate and a paradoxical one. The gentleman who introduces his remedies into the drug store says, that his medicines are pure and reliable; the physician who finds them here that they are questionable; while the druggist himself says "they are a humbug anyway and I'll be—if I am agoing to any longer stand such nonsense; I am not agoing to pay fifteen cents an ounce for medicated globules when I can purchase blank globules at thirty cents a pound, and with a few drops of alcohol and a drop or two of our tincture medicate my own. Now this is the correct status of the Homo-allopathic drug business that reflects such high honor (?) upon the Homœopathic school of medicine; the system of drug preparation that furnishes the patrons of Homœopathy with pure (?) and reliable (?) remedies; the fundamental principles upon which are based the privilege of a man constituting himself a pharmacy or being a pharmacist of dictating to the physician the strength of medicine that he shall use. In my opinion we have had enough of this babelonic sort of business, and that it is high time that something was being done to secure a change of base.

The American Institute of Homœopathy, if unqualified themselves, should have secured a committee whose duty to act would have been imperative; or in view of the present situation (not new) they themselves as a representative society should have adopted some one

of the several pharmacopœias now in use, a revision of which, if necessary, could be made. The facts are, if we had a standard pharmacopœia the confusion that now exists would be entirely done away with and imposition upon an unsuspecting public would then cease. The druggist would then prepare our remedies in accordance with specified formulas and would no longer be obliged to buy the specific attenuations that are now oftentimes derived from questionable sources.

The thought may occur to some sensitive nature that I am not handling this subject with gloves; if so, I want that person to understand that during twelve years the gloves have become thread bare, and that any delicacy of touch which either they or I might at one time have possessed has long since ceased to be a virtue. No, after delly-dallying along for these number of years without having accomplished anything, I propose that the question shall now be put, rough shod. The situation is disreputable and it reflects dishonor upon us as a profession. Talk about a higher education in our medical colleges. It occurs to me, that it would be more beneficial to first establish a principle. And before teaching pharmacology to first have a pharmacopœia; not a dozen of them, each compiled by a different author, but *one*; a *recognized standard pharmaceutical work that shall govern Homœopathic drug manipulation*. I wish to add, not however in the spirit of any apology, that in making this criticism I have intended no insult to any one I have simply given a plain unvarnished statement, re-iterating a truth which is readily substantiated by the facts.

T. D. WILLIAMS.

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## Consultation Department.

### BAD BREATH.

What causes bad breath? We know that it is caused by bad teeth, catarrh, diseases of lungs, dyspepsia, and before menstruation, but the worst cases I have seen had none of these difficulties. What is the cause and remedy?

W. H. B.

### IS MARASMUS OMITTED.

Of late I have received numerous press notices of your work on Infants. I would say I purchased the books as soon as they were out. My main wish for the work was to get your treatment on so import-

ant a disease as infantile marasmus. Disappointed as I was on not finding a word on this subject, certainly I could never look upon the work as one of a great deal of "completeness." D. BREWER.

If our friend will look at p. 556, Vol. II., he will find wasting, atrophy, tabes mesenterica, full to about twenty pages—thirteen of which are therapeutics. Marasmus is a term with not very definite meaning, and may refer to mal-nutrition or athrepsia, marasmus lactantum, or to entero-colitis, which when it assumes the chronic form may give us a fatal marasmus. On this important but little understood disease is thirty-six pages, see Vol. I., pages 416-457. I am conscious that the work is not as full as it might be. "Completeness" is a term hardly applicable to so rapidly developing a science as pædology or any work thereon.

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## Book Department.

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All books for review must be sent to the Publishers.

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**PHYSICIAN'S OBSTETRIC REGISTER.** By Jos. M. REEVES, M. D. Chicago: Duncan Bros. Price \$2.00.

This is a valuable register for every physician who should keep a full record of obstetric cases. This book is large enough to last a physician for several years.

**AMERICAN NEWSPAPER DIRECTORY.** By G. P. BOWELL & Co. 1044 pp. Price \$5.00.

It is a valuable publication for the advertiser. From it we learn that THE UNITED STATES MEDICAL INVESTIGATOR stands at the head of Homœopathic journals as to circulation.

**OLD SCHOOL AND NEW SCHOOL THERAPEUTICS.** By T. F. MOORE M. D. Boston: Otis, Clapp & Son: Chicago: Duncan Bros. 30cts.

This pamphlet owes its interests from the fact that the author is a graduate of Harvard, and read this paper before the Cambridge Society of Medical Improvement, and for the showing that the New School of Therapeutics is the most scientific he is read out of the Old School ranks. The difficulty of comparing therapeutics based on a theory with one based on facts is here apparent, and the showing is creditable to our side. The comparison is chiefly on drug action which does not show much difference. Upon drug selection there is as Dr. Barthelow asserts, a wide difference. What few things Ringer, Phillips or Barthelow may have cribbed from our vast field of drug provings and clinical records should hardly be taken as samples of Regular Allopathic or Old School therapeutics. Compare the practice of Dr. Saddlebags on the frontier, with that of his Homœopathic neighbor, or Dr. Expectant with Dr. Similia, that is the crucial test of the practical difference. The fact that a regular young physician is

ostracised for daring to compare Old School with New School therapeutics is comparison enough of the wide gulf yet between us.

#### REVIEWS OF COLLEGE ANNOUNCEMENTS FOR 1880.

The thirty-third announcement of the Hahnemann Medical College, Philadelphia, opens with sound advice as to the selection of students. The three years graded course is advised but not obligatory nor even a two years course, the old plan of two sessions or one course twice. Several new instructors are added but none on Diseases of Children. The fees are \$100, and the students will doubtless get their money's worth. The fact that a Homœopathic College is one-third of a century old is noteworthy. It had 208 students and recruited the medical army with 75 M. D.'s.

The *Thirty-first* announcement of the Homœopathic Hospital College, Cleveland, insists on a preliminary examination, a third-year graded course is advised, and "attending all the lectures each year." One course twice is bad enough. A good graded course is marked out. The new hospital is a special attraction. A few changes in the faculty. The fees are \$60. Students 128, graduates 50.

The twenty-first announcement of Hahnemann Medical College and Hospital of Chicago is unique. It comes out flat footed and opposes a graded course, and pronounces for a short term, backing its position with a quotation from a report to the American Medical Association. Did not the American Institute of Homœopathy pronounce in favor of a graded course years ago? One course of lectures repeated year after year may be best for a limited faculty. It gives the students time to compete for the numerous prizes offered. Clinical teaching is a strong point, and the most is made of it and of every other feature. To say that there is more down right puffing in this announcement than in all of the rest put together is to draw it mildly. Come any one, and we will grind you through in the shortest time, at the least expense, is the atmosphere here apparent. Fees \$50. Number of students 205, of graduates, 87. The list of the alumni for the twenty years number 873, located chiefly in Illinois, 221; Wisconsin, 90; Michigan, 65; Iowa, 59; and Indiana, 20.

The Boston school pursues the even tenor of its way, increasing its facilities and extending and improving its course. A fourth year post-graduate optional course is provided for. A strong addition to the teaching force is Dr. J. B. Bell. The fees remain the same.

The thirty-eighth announcement of Rush Medical College, Chicago, *advise* the three years course. Makes out a course of study, gives the list of text-books, and a schedule of studies for six terms — three of them are spring courses. They have two separate faculties for spring and winter. A practitioners course of one month is given in the spring by the "regular" faculty. (Fees \$30.) Fees for full course \$75. Students 481, graduates 146.

The sixth announcement of the Homœopathic Medical College of the University of Michigan adopts the three years graded course, and gives a schedule of lectures to be attended each year — a very good idea. The courses are nine months long. The new hospital is a special attraction. Fees \$30 to \$50. Students 73, graduates 19. They, as in Iowa, should push for a full faculty.

The St. Louis College of Homœopathic Physicians and Surgeons is an organization that promises well. A three years graded course is advised and a practical course of study indicated. Fees \$50, and with clinical facilities abundant, this college ought to make a good record.

The twenty-first announcement of the New York Homœopathic Medical College marks out a three years graded course in a business like, systematic way. If the student can pass the examinations he

can present himself for graduation. The division of the studies are very judicious. The examinations are rigid. A spring or post-graduated course is provided. Clinics abound. Fees \$125. Students 128, graduates 33.

The fourth announcement of the Homœopathic Medical Department of the State University of Iowa advises the three years course, and insists on two. The difficulty of grading is apparent here for the reason that part of the lectures are given by Allopathic professors. The course of study and text-books selected show good judgement. The fees are low, \$25. The class consisted of 47, of whom nine were graduated.

The Homœopathic Medical College of Missouri is a new organization to perpetuate an old name, at least they are to apply for a charter for that purpose. Ask any man on the list where he graduated, and the reply will be in nine cases out of ten "St. Louis." We thought the old faculty wise in changing the name. Another college and another journal, in embryo, of those who approve of "low, Jack and the game," send in the money. The singular part of this new faculty is that an Eclectic, author of that strange work, *Sexual Neurosis*, is first and last on the list. It is true that Drs. Richardson, Boyd and Guilbert of Dubuque, Iowa, and others more or less known to the profession, are interested in this school. Aside from the claim of lineal parentage we presume this limited faculty have as good a right to run a college as any other company of seven. Opposition is the life of trade. Students will be attracted to St. Louis.

The Pulte Medical College claims to be the leading clinical school of the country, and three hours each day are devoted to hospital (Allopathic) and clinics. The faculty is reorganized and will give a good course. They are too limited, it seems, to provide a graded course. Fees \$50.

The Chicago Homœopathic College having tried a graded course approve of it as it ensures better teaching and greater advancement among the students. A course of instruction is marked out and the text-books well selected in the main. The prizes are all for proficiency. A strong point is on the junior year and clinical illustrations. Caution, care and thoroughness seem manifest by this announcement. Fees \$50. Students, 86, graduates, 20.

## Medical News.

*Cataract is cured by the use of Galvanism*, so says Dr. W. B. Wiftel.

*Exchange Cards.*—We hope to see a custom set on foot at our society gathering of exchanging cards.

*The United States Investigator Weekly.*—You can count on my five dollars for a weekly edition of THE INVESTIGATOR.

C. C. OLMSTED.

*Dr. H. R. Arndt* has been elected Lecturer on the Therapeutics of Gynæcology and Obstetrics in the Homœopathic Medical College, Ann Arbor, Mich.

*Ann Arbor* has three organs or part of three. The *Advance* blows for two colleges. Pulte and Ann Arbor or Ann Arbor and Pulte or Ann-Pulte-Arbor--which?

*Counterfeits and Substitutes.*—We find our name being used by other journals and our field also trying to be possessed. Our readers may be congratulated on this acknowledgement of true worth. Only valuables are counterfeited.



*Imprudent.*—It certainly was very impudent for a physician from abroad to misquote and misrepresent a leading member of our profession, one to memory dear, but it was more imprudent for a dignified body to resent this discourtesy.

*Dr. Walker's excellent paper on the "Improvements of the Science and Art of Obstetrics,"* read before the American Institute was omitted from the reports of the meeting. Was this a slight intended for the Western Academy? Will *The Hahnemannian* rise and explain?

*Production of Sex at Will.*—Mr. Fiquet, a cattle breeder of Texas, claims to have discovered a way to produce sex at will. His theory is, that when a female at coition is comparatively cold and the male very passionate, a female will be the result; a reversal of the conditions will produce a male.

*Removed.*—G. W. Bowen, M. D., has removed his office from 52 Calhoun street, to 12 West Main street, Fort Wayne, Ind. He had occupied his former quarters nearly twenty-three years.

D. B. Stumpf, M. D., has removed his office and residence from 185 Cherry street to 311 Ellicott street, Buffalo, N. Y.

*An Editorial Word.*—It is well known to our readers that we have been putting in all of our spare time for several years on Diseases of Infants and Children and consequently have not been able to give attention to THE INVESTIGATOR. It is perhaps needless to apologize, but we can now say, that the journal will receive more attention and we hope to improve it in many ways—bear a hand.

*Our Veteran Corps of Contributors.*—We were complaining to a group of veteran M. D.'s, that so few of them wrote for our journals. Jocosely adding "if we could glean experience from a hundred of your old heads, our literature would soon be greatly improved." They all volunteered on the spot to become regular contributors. More have been added since. Send in your names and articles boys.

*Fincke's vs. Hahnemann's Potencies.*—After great labor we have arrived at the following approximate values between Fincke's and Hahnemann's potencies, and we are quite prepared not only to stand by them, but to demonstrate their truth beyond all doubt: Fincke's 1 m (1,000) is approximately Hahnemann's 151 cent.; Fincke's 10 m (10,000) is approximately Hahnemann's 1,503 cent.; Fincke's c m (100,000) is approximately Hahnemann's 15,053 cent.; Fincke's m m (1,000,000) is approximately Hahnemann's 150,530 cent. Thus, Fincke's m m is approximately Hahnemann's 150 m. T. SKINNER.

*The Atmosphere of College Announcements.*—It is about time that attention was called to the debauching influence of some of the college announcements. For inuendoes, slurs, special pleading, down right lying they have no equal outside of a criminal court room. Talk about your medical ethics and honor in such an atmosphere! Is it any wonder that graduates from such colleges plant themselves down beside old established practitioners, who are perhaps friendly to some other school, and with the assurance of a highwayman attempt to run them out of practice. The poor student is the chief sufferer however, as he finds out sooner or later.

*The Under-current.*—It was amusing to watch the under-current at Milwaukee Institute meeting. The fight at Lake George between the high and the low was expected to culminate in a grand victory for the low at Milwaukee, but the high elected their presidential candidate who marshalled the clan and even imported a valiant fearless advocate. The first day was glory for Homœopathy, the second day glory for the "highs," the third day was red-hot conflict with victory for the low, the fourth day, single-handed and alone courteous jocose enthusiastic veteran McManus captured the whole meeting with unbounded admiration for Homœopathy and the 30th

potency—"because it was all we had." This address was the redeeming feature of the meeting and left all in good spirits.

*Welcome Sir Knights.*—We were agreeably surprised to receive calls from so many Homœopathic physicians in attendance at the Triennial Conclave of Knight Templars held in Chicago last month. The next conclave to be held in San Francisco will doubtless see a still larger number of our physicians. We hope the local medical staff will be "courteous" enough to appoint some Sir Knights of Homœopathic proclivities and not ignore them as was done here. A pleasant feature of the conclave was the exchange of cards and badges. It would please us very much to receive the cards or address of every Homœopathic Sir Knight. Edward A. Guilbert, M. D., of Dubuque, Iowa, will make up the "roster."

*Medical Education of Homœopathist.*—The following illustration of the Homœopathic method of teaching is taken *verbatim* from papers of a recent examination of the students of a western Homœopathic Medical College: "Tuberculosis it is a disses of malnutrition tow valito the yelow and gray. Natur is cute and chemic the sives is dulness and percussion. Remember mureatemonia Phos'. This is one out of half a dozen equally bad. They form the text of an appeal for higher education in Homœopathic Colleges.—*Med. Record.* Whose measure is that or is it a burlesque? We have a newspaper "out west" that teaches bad spellin and a rite smart uv reqlars ho practis it.

*A Memorial to Hering.*—At a meeting of the Homœopathic Physicians of Philadelphia, held July 25, 1880, in reference to the decease of Dr. Hering, the following resolution was adopted: "That a memorial meeting be held in honor of the deceased, at which physicians "from all parts of the world should be invited to participate, either in person or by letter. The following committee was appointed to carry the resolutions into effect: Drs. Ad. Lippe, Edward Bayard, William Wesselhœft, H. N. Guernsey, J. K. Lee. On the 13th of August this Committee met at the house of Dr. Ad. Lippe, and the following resolutions were adopted: To call a memorial meeting of Dr. Hering, to be held in the city of Philadelphia, in the hall of the Hahnemann Medical College, on Sunday, October 10, 1880, at 8 P. M. To notify the friends of our school and of the deceased in all parts of the world of this proposed memorial meeting, to ask them to hold a memorial meeting on the same day, and forward the report of such meeting to this committee for incorporation in a memorial volume to be published by the friend of the deceased. By order of the committee.

AD. LIPPE, Chairman.

*Students Boss.*—OLD STUDENT. "I am amused, Bob, to see the way these announcements lay it out for us. All this talk about raising the standard is taffy to feed gullible old country doctors with. Here is something that gives the thing in its true light: "The reputation of any faculty rests *sotely* upon the *opinions* of its students and graduates. If a lecturer cannot *please* the students, he will injure a college and ought to withdraw whether his accomplishments be few or many."—*St. Louis Clinical Review.* That was written by a professor I bet, one "popular with the class" and a fellow full of jokes. FRESHY. Well, Jim, the idea of a greenhorn like me passing an "opinion" on the fitness of any one to teach me. It is ridiculous;" ability alone ought to decide. O. S. Yes, ability to "please." Now you just wait and keep your eye peeled and you will soon discover that some professors lay themselves out to "please" us, while others don't seem to care, but talk away a blue streak of solid science. F. "I go for the solid science." O. S. Of course, but I must graduate, won't I lay it on thick, pile up the cheers, for Profs. A, B, C, and D. a majority you see, and then I'll slide through easy. Students run the colleges—of course they do.

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Therapeutical Department.

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CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

NEW RICHMOND, Wis., August 25.—Difficulties, diarrhoea and dysenteric diarrhoea, and mostly among infants and children. Remedies *Bell.* 3x, *Ipecac* 3x, and *Colocynth* 3x, the latter two being the principal remedies. *Bell.* used only in case of considerable febrile action.

L. P. MAREAN.

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ABOUT HAY FEVER.

Hay fever makes its appearance about August 20, consequently we are into it. This is one of the most annoying diseases, and it is estimated that 50,000 people in the United States suffer with it. *Arsenicum iodide* 200 has some reputation in preventing its return. I would be particularly well pleased if our readers would send me reports of cases that come under their observation. Homœopathic remedies will arrest it or modify it if the right one is selected, but as yet the indications are not very clear. The disease itself is not well under-

stood. Dr. Wyman wrote a book to prove it was a local disease. Dr. Beard wrote another to prove that it was a neurosis. Dr. Buckley that it was caused by pollen of plants chiefly of the ambrosia *artemisiaefolia*, but it seems to me only an autumnal catarrh due to atmospheric changes, and kept up by irritating causes, *e. g.*, dust, heat, pollen, etc.; away from the irritating cause, and the disease disappears as by magic. It appears only in those whose mucous membrane of nose, throat and lungs, are especially sensitive. Control this sensitiveness and we remove the disease or hold it in check. It takes, it seems, about three years at least for the sensitiveness to reach the extreme. There are two forms of the disease, the catarrhal and asthmatic. The latter I have easily controlled with *Ipecac* if attended with nausea, *Arsenicum* if worse after midnight, *Grindela* when not relieved by *Arsenicum*. The catarrhal form is affected by *Arum mac.* 30, *Euphrasia. Fer. phos., Arsenicum. Kali bich.*, (Vide Diseases of Infants and Children, Vol. II, p. 631.) The form that has bothered me most is the nasal form, aggravated by heat, and attended by intolerable sneezing. There are two varieties of this, one worse in the sun, and the other worse night and morning. *Bry.* ought to help the first, especially as it is so often indicated this season. *Merc. cor.* 2 has for Dr. Fisher palliated the intolerable burning heat of the posterior nares. I am satisfied that the remedies that are at all curative should be given above the sixth. Cases for study or therapeutic hints, would be very acceptable indeed, and if I can help any to select the remedy, I will be glad to do so. The following outline may help obtain more accurate hay fever reports.

I am making a collection of cases for comparison and restudy, hoping to get "more light" on some obscure points concerning the cause, course, symptoms, complications, treatment and prevention of this singular and distressing disease.

1. Describe person, viz: Height, weight, age, temperament, color of hair and eyes, and general health.
2. How many years had attacks.
3. Usual date of appearance and exciting causes.
4. Give in full the usual course, according to your experience.
5. When did the attack occur *this* year, and describe the symptoms in the order of appearing.
6. Which symptoms are the most severe this year, those of the eyes, nose, throat or chest? (If they vary state when.)
7. Are you better or worse in cold wet or cold dry weather?

8. Are you better or worse in sun ?
9. Are you better or worse in the morning ?
10. Are you better or worse during the day ?
11. Are you better or worse in the evening ?
12. Are you better or worse in the night ?
13. Are you better or worse in the wind ? (East wind or west wind.)
14. Are you chilly or feverish ?
15. How do you rest all night ?
16. How is your appetite ?
17. Are you thirsty ?
18. Do you run down before the attacks occur ?
19. What relieves ?
20. What makes symptoms worse ?
21. How long do the various symptoms continue ?
22. If traveled for relief, state the effect of different places.
23. Is asthma, consumption or catarrh a family inheritance ?
24. Add any information bearing on the case.

If you can also give the address or report of any fellow sufferer, you will greatly oblige.

T. C. DUNCAN.

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#### CHARGE THE CLERGY. WHY NOT?

I suspect the majority of physicians do as B. H. C. (heney) does and advises in THE INVESTIGATOR. Only Dr. French has, thus far, responded. Dr. C. has delicately and well gone over the subject, and perhaps enough has been said ; yet long ago I had thought the question over, came to the following conclusion, and acted accordingly:

There is no class of men who are better paid than the average clergymen. There are no men who get so much money for so little work. There is no class of men who do so much growling about fatigue and hard work.

The average physician who did no more work would die of *ennui*. The clergy have no financial responsibility, not even the payment of house rent. Their salaries are secured in advance ; ours when we can get them. Besides salaries, they get *fees* for marrying the living and *fees* for praying over the dead. The latter not unfrequently take our fees with them. At anyrate we don't always get them.

The clergy are chronic grumblers about the cost of living. (They get liberal reductions on all bills,—we—never) saying they have frequently to entertain visiting clergymen, (missionaries and professional beggars). This statement often misleads the simple believers. In fine it is meant to mislead and deceive. When the clergy entertain one another (which they do when unable to shake them off on their gullible parishioners) it only amounts to "I treat to-day, you, to-morrow." Who is the loser? Yet they would make us believe that they lose all around. Who ever saw a clergyman refuse a poor widow's mite? I have seen hundreds of physicians do it.

The capacity of the average clergyman's stomach (let alone that of his wife, children and mother-in-law) is notorious—I mean when their parishioners foot the bill. How many dinners, teas and luncheons do they annually eat outside of their own homes? I would not furnish the item for a thousand dollars per annum. Whatever it may be (and they always act as if intent on swelling the amount) it must be placed on the credit side of their ledgers. When the clergyman's wife wants a new bonnet does she ever refuse a \$10 or \$20 note, offered even by one so rich that he himself cannot enter the "K. of H."? I could go on in this strain for a week. But what's the good? There is "a screw loose somewhere." Most doctor's wives learn economy during their husbands professional career, and can make one dollar go farther than a clergyman's wife can two. The difference is plain. The latter has a salary to start with and is sure of a home and protection. The former has neither the one nor the other and knows at the start that all depends upon her economy and the doctor's ability whether they live in appearance or die in the poor-house. During the last year I have had bills against five clergymen, three in this city and two in Brooklyn. They were all paid during July, 1890. In June, one of them with a salary of \$6,000, and house rent equal to \$2,000 more, and innumerable other fees, remarked that he was soon going to Asbury Park—a fashionable watering place on the Jersey coast—and would like my bill—if I had any. This last was in a begging sort of manner. The next day after sending my bill of \$30 full charge and full amount, I received his check for the same. He with one of the others has begun a new account at my office. Where is the doctor, or better [an army of doctors, who goes about this and the old country, and always to the fattest places, and has his salary paid during two or three months of laziness called recreation? When we go we have to pay in full and lose our incomes besides.

I wish, with Dr C., to ask all to make the clergy pay. They will think no less of us and have more respect for themselves. The physician who joins a church and doctors the pastor's family free, and gives out that he never charges the clergy, does it for *patronage* and is, to that extent, a scoundrel. The clergyman who recommends him knowing *that* to be his only or main qualification, is another.

A. M. PIERSONS.

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“ PARAGRAPH 154.”

EDITOR INVESTIGATOR: There is a “characteristic” that recurs in every given example of a “dynamization” argument. It belongs to all of them; and according to Dr. Lippe's interpretation of paragraph 154, should be “considered” to the exclusion of all other matter in the argument. This “characteristic” is the accusation (brought against all opponents of high potencies) that all who desire an improved materia medica are utterly ignorant of Homœopathy, and are not Homœopaths. In confirmation of this symptom, we find such words and phrases as the following, applied to men who believe themselves Homœopaths; who have the endorsement of Homœopathic organizations; and, some hundreds of whom have Dr. Lippe's signature to their authority to practice Homœopathy:

“There are even now among *professing* (professed?) Homœopaths. “It is proposed by professing (?) Homœopaths.” “The learned editors of *The Homœopathic Times* must either be (which one of the two) utterly ignorant of Homœopathy.” “As well as he can, states his ailments to the professedly (why not professing?) Homœopathic healer,” “is all these *men* subscribe to.” (How considerate!) “And all this is called Homœopathy.” “The law of similars as they *comprehend it*” (does he mean apprehend?) “the fact that these *men*, scientists and regenerators,” etc.

These are not all the examples. The whole body and “spirit” of the paper are “similar.” “You know nothing about Homœopathy,” is the *retort universale* of the high potency advocate. “You are ignorant of the Organon. You are ignorant of the materia medica. You know nothing about Hahnemann and his teachings.” This is the method of Dr. Lippe's “argument.” That his argument — in common with that of many of the high potency physicians — is presented

in very bad grammar, serves to emphasize the position he takes in opposition to "scientists" in general. His discriminating use of adverbs and participles is refreshing. "It would simply be a work to deserve no other name than pharmacodynamics"—shows how Dr. Lippe can supplant an adjective, pronoun and verb, with a simple brief preposition, when he is so minded.

A comparison of Dr. Lippe's "sample cases"—given on pp. 160 and 161 of THE INVESTIGATOR—reveals a possible reason for the different kinds of information acquired by the two factions. The *whining mood* was the "grand characteristic" which led Dr. Lippe to ignore all other symptoms, and to disregard the various pathological conditions. I take up Lippe's *Materia Medica* expecting to find *Apis mellifica* bristling with "whining moods." But this "key-note" is not among the chords of the *Apis* symphony as rendered by Dr. Lippe. Not only is "*Apis*" guiltless of the charge of "whining," but we find on investigation that but *one drug* has "whining" as a part of its mental symptomatology, according to the very learned author and critic. *Lamium album* has for its foremost symptom "*whining mood*," see Lippe's *Materia Medica*, p. 359. Now this *ought* to be a grand, gloomy and peculiar symptom; since it occurs in but one of the two hundred and twenty-nine drugs with which Dr. Lippe is sufficiently familiar, to enable him to give their "peculiar" symptoms in a "*materia medica*."

Why did Dr. Lippe give *Apis* "high" instead of *Lamium album*? Did the "highness" of the *Apis* compensate for its lack of the "peculiar" symptom in this case? These are serious questions, and they lead to one more serious than they. Should Homœopathic physicians waste their time upon a work that is manifestly disregarded by the author? Should we depend upon Dr. Lippe's *Materia Medica*, while Dr. Lippe contradicts it in his own published cases?

The "inside facts" warrant me in saying that there are two distinct Homœopathic methods of prescribing. One is that of Dr. Lippe and about twenty others. The other method is that of ten thousand American, English and French Homœopaths. The former have done almost all of the pen work (and wind-work, too,) of the *materia medica*. The latter class have their work before them. This work is the "regeneration of the *materia medica*" urged in a matterly manner by Dr. J. P. Dake, and endorsed by *The Times*. The ten thousand low dilution Homœopaths of America and Europe demand that this work shall be done without further delay.

H. W. TAYLOR.



**TREATMENT OF INTERMITTENT FEVER.**

LECTURE DELIVERED BY J. C. CUMMINGS, M. D., BEFORE THE  
CLASS IN THE HOMŒOPATHIC MEDICAL COLLEGE  
OF MISSOURI, MARCH 2, 1880.

Notes by Dr. Orutcher and Mr. Miles.

In treating intermittent fever, I will only mention such remedies as we have verified in the clinic, or in my private practice. Although I have never followed Dr. Lord's system of spinal, cerebro-spinal and sympathetic irritants in my teachings and practice in the clinic, yet to simplify, and make it easier for you to find the remedies, I will modify Dr. Lord's plan, and give you the characteristics under the above headings.

When the chill predominates, and aching pains all over the body, look for your remedy among the spinal irritants. When delirium, headache, etc., are the leading features of the case, you will find the remedy under the cerebro-spinal irritants. Where there is excess of fever, nausea, etc., seek the remedy among the sympathetic irritants. In chronic cases (such as nearly all those you have seen in the clinic,) I think it much better, to give the single remedy in the 30th or 200th attenuation. But when you are called on to prescribe for an acute case and especially, if you do not see the patient, I think you will be more successful, if you alternate, a spinal or a cerebro-spinal, with a sympathetic irritant. Being governed in all instances, as far as possible by the symptoms of the case. Where you are unable to glean any symptoms, and merely asked to give some medicine for the chills you may find it well to follow Jahr's suggestion, and give *Ipecac*, he says that this medicine will cure a great many of the cases, and where it does not, it will modify the case, so as to make the indicated remedy clear. Or if you think it safer, when prescribing in the dark, you can alternate *Nux vomica* 3, and *Ipecac* 3. Dr. Lord says, "in our school, *Ars.*, *Nux* and *Puls.* have cured nearly as many cases of ague, as all other medicines together." A Homœopathic physician told me, one season in Illinois, he cured all his cases of intermittent fever by alternating *Nux* and *Ipecac*. He made a great reputation for curing chills. Two or three years afterwards, he lost it all, failing in every case, with *Nux* and *Ipecac*. In the first epidemic, there was as Dr. Lord says, a "double neurosis," both spinal and sympathetic systems being involved. In the last, it was purely the cerebro-spinal, spinal or sym-

pathetic system involved; hence his success in the first, and failure in the second instance. So much for *routine practice*. I will first give you the remedies under the classification proposed, and then their indications.

## SPINAL IRRITANTS.

*Nux vomica.*  
*Ignatia.*  
*Rhus tox.*  
*Eupatorium perf.*  
*Veratrum.*  
*Natrum mur.*  
*Lycopodium.*  
*Diadema aranea.*

## CEREBRO-SPINAL.

*China.*  
*Quanne.*  
*Gelsemium.*

## SYMPATHETIC IRRITANTS.

*Ipecac, Ars., Puls., Cina, Antimonium crudum.*

The most important remedy in the spinal list, is *Nux vom.*, having headache and nausea, with its pronounced cold, chilly sensations when moving the cover, aching in the limbs, constipation, irritable.

*Ignatia* acts much like *Nux vom.*, better adapted to females than males. Anticipating chill, despondency, especially if from grief. Thirst during chill, but not during fever.

*Rhus tox.*—Many physicians give *Ars.* when *Rhus* is the remedy. Spasmodic yawning, without being sleepy, constant chilliness, worse in damp weather, and from getting wet. (*Nat. mur.*, *Puls.*, *Diadema.*) Worse in the open air. (*Puls.* better;) restlessness, like *Ars.*, better from warmth, but the restlessness is *better by motion*. In *Rhus* the chill predominates, in *Ars.* the chill and fever are mixed, as in *Puls.* Debility is a marked symptom in both *Ars.* and *Rhus*.

*Eupatorium perf.* great pain in the bones, *vomiting bile between chills and fever, or as the chill is passing off.* (*Lycopodium* has sour vomiting between chill and fever,) usually great thirst before chill.

*Veratrum.*—In the congestive stage, collapse, cold sweat on forehead, nausea. Coldness and prostration are the marked features of the case.

*Diadema aranea* like *Veratrum* cold is excessive. Chill comes on at the same hour, frequently at night, from dampness, sometimes double chill, coming on at 9 P. M. same day. I had a case of this kind. No chill after the first dose of *Diadema aranea* 4. But a drenching perspiration first night after taking the medicine.

*Natrum mur.*—Headache coming on early in the morning, reaching its acme about noon, and going off about dark. Chill commencing about 10 or 11 A. M., lasting three or four hours; fever two or three hours, followed by *profuse sweat which gives great relief*. Sallow complexion, not the white pasty face of *Ars*. Fever blisters. (In neuralgia of the face and head; pain on opposite side from last attack Breyfogle.)

*Lycopodium.*—Chill comes on from 4 to 8 P. M.; hot stage may be absent; intense headache, sour vomiting between chill and heat; constipation with great flatulence; weight of clothes oppressive; canine hunger with irritability (*Cina*); better in cold air or by uncovering the head. (*Caut.* hot stage may be absent, better in warm room.) “Never commence treatment of chronic cases with *Lyc.*, but let it follow some other antipsoric remedy.” Lippe.

#### CEREBRO-SPINAL IRRITANTS.

*Quinine* in the congestive stages, is the most reliable remedy; paroxysm often comes on at night; great ringing in the ears, (all stages of same duration. Edmonds.) Should be used hypodermically in congestive chills, with proper precautions to avoid an abscess, in dangerous or inconvenient parts of the body. Patient sweats easily; night sweats; sweat debilitating. In congestive chills, if I fail to get reaction with *Veratrum*, and blankets rung out of hot water, etc., I would give *Quinine* hypodermically. One-fourth of \*Drygius combination. *Muriate of Quinia*, five parts; *Muriatic acid*, three parts; *Urea*, three-fourths parts; distilled water, eight parts; mix. Inject one-fifth of mixture every hour until reaction.

When I was an Old School physician, I relieved such cases with *Quinine* in brandy; *Quinine* 13, brandy 43, four tablespoonfuls every thirty minutes, and buckets of cold water poured over the head until reaction.

*Gels.*—No delirium as in *Bell.* always conscious, great debility, eyeballs feel sore, pupils dilated, double vision, blindness, high fever.

*Ipecac.*—Nausea the prominent symptom, not only during the paroxysm, but during the apyrexia also. Chronic cases have yellow tinge of face, and sometimes hæmorrhage, and said to be good after the use of *Quinine*.

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\*See Hypodermic Injections by Bartholow.

*Pulsatilla*.—Aggravation in the afternoon, and at night. Little thirst; *better out of doors, walking about*. Worse in a warm room. Chilliness with heat, sometimes vomiting mucus, as the chill comes on. *Arsenicum* heat, and cold mingled, but *Arsenicum* is better in a warm room, and by warmth. Dr. Lord places *Puls.* among his spinal irritants, "acts mainly on the posterior spinal column, and hence through the sensory nerve, has more intimate relations with the sympathetic irritants, than any other spinal irritant." Look in Hering's Condensed Materia Medica, under the heading of Stomach and Abdomen, you will see why I have placed it among the sympathetic irritants.

*Cina*.—Inordinate appetite is the prominent symptom. In children there is crying, fretting, rubbing the nose, etc. Gritting the teeth is another characteristic symptom.

*Antimonium crud.*—Always sleepy, cross, irritable (*Cina, Cham.*) *sleeps through the fever*. Tongue coated white; child does not want to be looked at. Valuable remedy not often enough given.

*Mercurius*.—Is a valuable intercurrent remedy, where there is a broad thick tongue, showing the indentations of the teeth. Phthisis will often mislead you, may have two or three chills a day, and no malarial poison present. At every fresh deposit of tubercles, there will be chilliness and fever, but in phthisis, the temperature is always above normal.

NOTE.—Since delivering the above lecture, I bought a copy of Allen on Intermittent Fever. I consider it by far the most practical work on that subject in our literature.

*Muriate of Quinine* and urea are so difficult to get, it is better to order the mixture already prepared from a *good pharmacy*.

## TRANSVERSE MYELITIS, SPASMODIC TABES DORSALIS.

LECTURE BY M. CHARCOT.

Translated from *Le Progrès Medical*, by T. M. Strong, M. D.

GENTLEMEN: I propose to finish to-day the review of the organic spinal affections in which permanent contractions of the paralyzed limbs are habitual symptoms belonging to the classical picture of the disease. My aim is to show to you that the uniform existence, constant or nearly so, of a lesion either primitive or consecutive of the

fasciculi pyramidales is a feature common to all the diseases in whose study we are at present engaged. In the course of these lectures, which at first sight seemed to be concerned in a question of pure theory, we have already met and we will again meet data of a certain practical bearing, and of which you will often find the application in the clinic of cerebro-spinal diseases.

First, our attention has been given almost entirely to transverse myelitis, and we have considered the cases in which the lesion occupied the entire thickness of the spinal cord. I ought to say a few words relative to those cases in which the transverse lesion is located upon one portion only of the spinal cord, and in such a manner as to reproduce in some form the lesion designated in experimental pathology under the name of hemilateral section. This form of localized spinal inflammation is often met in practice. It is not rare to find the alterations of myelitis by compression, traumatic, spontaneous or syphilitic, to be hemilateral inflammatory lesions.

In this connection I will recall to you two examples: The first, a case of traumatic lesion, where one-half of the cord was cut transversely by a knife; the other, the very common condition of spontaneous syphilitic myelitis.

Here the lesion affects at the same time one of the columns of the gray matter, the posterior and the antero-lateral fasciculi; but the essential point here, is the consecutive lesion, of the lateral fibres, a descending lesion, and we know that this degenerative lesion is due to an interruption of the course of the fibres of the fasciculus pyramidalis. Second, we have had occasion to notice in many cases that descending sclerosis is not always limited to the corresponding side, but that it sometimes extends to the opposite side, as in a case already explained to you. In order to explain this singular fact I have adopted the hypothesis that some of the fibres of each of the fasciculi, already intersected at the inferior portion of the bulb, undergo a second decussation in the cord, at least among certain subjects; and it is necessary to admit also in my hypothesis that the fibres twice intersected are not interrupted in their course by the presence of a ganglionic cell, and that coming from the fasciculus pyramidalis of the right side, they go to form part of the left side.

The theory in question is founded at present upon an anatomico-pathological fact; it will not be without interest then to try and find some confirmation from normal anatomy. A great many authors, Kolliker, Gerlach, Krause, described in the anterior commissure an

interlacing in which the fibres of diverse sources take part. But all agree that these fibres coming from one of the horns of the gray substance cross the median line and form part of the anterior fasciculus of the opposite side. In these descriptions there is no doubt of the direct communication established between the two sides. Now, by the aid of preparations made with *Chloride of Gold*, M. Schiefferdecker, who has studied this subject with a great deal of care, claimed to have recognized nerve fibres, which as part of the right lateral fasciculus, went directly to the anterior commissure, and extending in front of the central canal, could be followed for a certain distance on the other side of the median line. Did these fibres penetrate the anterior fasciculi, or did they stop in the gray substance? Did they pass, on the contrary, into the opposite lateral funiculus? This has not been proven; nevertheless it is not impossible. I doubt if normal anatomy can decide the question; but it is not unlikely that in pathological cases we may be able to follow the track of the degenerated fasciculi; and if the supposed distribution really exists, it will explain not only the fact already established of a descending sclerosis of the degenerated fasciculi; and if the supposed distribution really exists, it will explain not only the fact already established of a descending sclerosis of the two pyramidal fasciculi in the case of unilateral lesion, but also the fact already recognized in experimental physiology, that a hemilateral transverse lesion produces a motor paralysis as well in the opposite limb as in the limb corresponding to the section.

I would call your attention to the fact that the experiments of M. Schiff and M. Vulpian have modified the traditional teaching which descended from Galien. It was thought that the transmission of voluntary excitations by the white fasciculi was exclusively direct. Now we know that if it is always direct it is nevertheless in some degree the result of the intersection of different nerves. In other words, the section of the lateral half of the cord, in a guinea pig for instance, produce a paralysis of both sides, a paralysis it is true much more marked on the side of the lesion than on the other. Third, the paralysis on the side of the lesion is never as complete as it would be if the transmission of the voluntary excitations was only direct; and, on the other hand, it is rare that the opposite member does not present a certain degree of paralysis. This hypothetical arrangement offers then certain advantages, since it allows still of motion, even when the hemi-lateral lesion is well-marked, by distributing in some manner the paralysis upon both sides. Furthermore, in the ulterior course of

these revolutions, the cutaneous reflexes, tendinous or otherwise, the rigidity and the contractions ought to appear, all things being equal, as complete as though they were the result of a complete transverse myelitis. But it is very rare to find these phenomena so strongly marked, and when found they are generally more marked upon the side corresponding to the lesion.

Let us now return to complete transverse myelitis. We were engaged, you remember, in studying the different modes of termination that paralysis may present under similar circumstances when contraction is already permanently established. I have told you that in contrast to the cases of complete cure, we may have incomplete cures. The movements reappear in the inferior members, thanks to improvement in muscular rigidity; but this rigidity persists in some degree, although the patient may be able to leave his bed and to walk, yet motion is slow and painful. Allow me to review the position in which we find the supposed patient. As I have told you in the preceding lecture, when he is in bed, the rigidity is very much diminished; but it is present in some degree: the tendinous reflex is much more pronounced than in the normal condition, the spinal trembling occurs at the least voluntary movement. When he is resting upon a seat slightly elevated, the legs have a tendency to remain horizontal; nor do the feet touch floor in any case. At length the patient is dressed and stands up. In this act the two limbs stiffen and rest one upon the other, affected at the same time by epileptoid trepidation. At first the feet remain fixed to the floor and it is only after an effort that he can separate them and commence to move. I cannot do better at this point than to present to you the remarkably faithful picture, traced by Ollivier of Angers: "Each foot is detached from the floor with difficulty and in the effort made by the patient to raise it completely and carry it forwards, the body is straightened and bent backwards in order to counterbalance the weight of the inferior member, marked by an involuntary trembling, before it can be rested again upon the floor. In these movements of progression, at one moment the point of the foot is pressed down and dragged more or less upon the floor before it detaches itself, and at the next moment it is suddenly raised, and the foot thrown outward. I have seen several patients who were unable to walk at all, although supported by a cane, without bending the body and head backwards, in such a manner that their attitude had the appearance of a similar position in tetanus."

All this, gentlemen, is exact, although possibly a little forced, as becomes necessary when describing a type. This type however, presents variations. The patient frequently helps himself with a pair of crutches or canes, and walks literally upon his toes, in consequence of the exaggerated contraction of the gastrocnemius. His body bends forward in a position similar to an inclined plane, and so marked is this at times that he seems to be in danger of falling forward upon his face. This variety which is described by Erb is more common than the form we have just given.

It is remarkable that this brilliant description of Ollivier, and which does not apply to exceptional cases, should have remained a dead letter until this time; it was not mentioned even at the time when Duchene gave with so much care the characteristics of the gait of ataxis; so that it came as a revelation when Dr. Seguin of New York in 1873, and later M. Erb, of Heidelberg, in 1874, called attention anew to the particular gait which certain paralytics presented, and which they proposed to designate, the one under the name of tetanoid paraplegia, the other under the name of spasmodic gait.

You understand that notwithstanding the interest which attaches to this spasmodic motion, it does not present the characteristics of any particular disease, as compared with the walk of ataxic patients, which is to a certain degree pathognomonic. It is a symptom common to many spinal diseases and in order to reach a nosological diagnosis, it is necessary to study the concomitant symptoms.

We have been studying the cases of transverse myelitis with an acute or subacute beginning, in which the accidents come rapidly to their height in order to finally retrograde. But we must not forget that there exists cases in which the affection presents the appearance, even from the beginning, of an original chronic disease. The lesion here is still transverse, but it is incomplete and its evolution is slow. The patient, for example, has not been confined to the bed; it is a paraplegia in which the paretic symptoms have existed for a long time unperceived. But the walk has the spasmodic character from the beginning, and if the evolution may be slow we ought, nevertheless, to expect in the majority of cases to see the paraplegia accompanied with other necessary symptoms in order to characterize nosologically this form of affection.

But there exists, and it is not rare to meet in the clinic, a certain number of cases where the symptoms of spasmodic paralysis, developing in the manner already stated, appear to a certain degree isolated



from every other symptom, from the origin even to the termination of the disease; so that there is an absence of alteration of sensibility, no trouble in the rectal and vesicle functions, no pseudo-neuralgic pains, no concomitant cephalic accidents. The affection is characterized particularly by a slow evolution, and by a marked tendency to the progressive invasion of the superior members.

This form of spasmodic paraplegia has seemed to possess importance enough to some physicians, and I am of the number, to lead them to the idea that the ordinary causes of transverse myelitis (compressive, syphilitic or otherwise,) accidentally deprived of their ordinary attributes, and presenting themselves under an indistinct form, do not exist here; but that there is here a particular effect of a distinct disease, attached probably to a lesion of special localization.

M. Erb in 1875 was the first to present this view; I soon followed him as witness my lectures of 1876. M. Erb has designated this supposed special affection *spasmodic spinal paralysis*. I have proposed, since a special morbid state was in question to call it *spasmodic tabes dorsalis*, the term "spasmodic paralysis" representing only a symptom common to many spinal diseases. The description given by M. Erb does not differ in any essential trait from that which I have given after him. I differ from him in only one point. M. Erb has affirmed, that the lesion of which these symptoms form a part, is actually known; that it is no other than a symmetric and systematic sclerosis of the lateral fasciculi. As for myself, recognizing the location pointed out by M. Erb as very probable, I have been contented to rest upon this reserve; I have noticed that all the observations of symmetric sclerosis without participation of the anterior horns of the gray matter are of ancient date. They are old souvenirs, a little defaced and needing restoration. It is necessary to await the result of new inquiries before deciding this question." Pathological anatomy has not furnished, up to this time, any proof, and in this particular the solution of the problem remains in suspense. Nevertheless the clinical description deserves to stand by itself.

But before speaking of this, I wish to say a few words concerning a cerebro-spinal disease, well determined at present, both anatomically and clinically, and which, in several of its indistinct forms, can be determined almost exclusively by the spasmodic paraplegia, so that under this form the disease in question may be, and indeed has been confounded with that which I have called *spasmodic tabes dorsalis*. I speak of *desseminated sclerosis in patches* (en plaques.)

I will mention that the scleral centres are scattered irregularly in different parts of the spinal axis, but predominating in the cord, where they occupy by preference the antero-lateral fasciculi. I would mention here an important point. It is that these scleral patches, once developed, remain isolated in the fasciculi of the cord, without giving rise to secondary degeneration; this is a marked exception to the Wallerian law. It will suffice us for the present to consider the affection exclusively in its clinical aspect.

And first we would point out, that according to the multiplicity of the lesions and the variability of their seat, the symptoms of the disease in question will be varied and numerous. Cephalic troubles, such as nystagmus, amaurosis, difficult speech, disordered intellect, vertigo, spinal troubles, among which we find more constant than any other, a peculiar trembling of the superior members, at times replaced by contraction, spasmodic paraplegia, etc. I leave to one side the muscular atrophy which is observed in the cases where the gray matter is attacked, and the tabetic symptoms when lesions of the posterior fasciculi exist; such are the signs which, when found together, easily permit of a diagnosis of the disease.

But it is not to be expected that the disease always presents such a complete picture. Thus, in one form, we observe only the cephalic symptoms, vertigo, nystagmus, etc. In another form we have only the symptoms of spasmodic paraplegia, almost isolated; I say *almost isolated*, since closer observation will detect the actual or passed existence of several of those concomitant phenomena, which are present in so great a number in these typical cases. Thus in a case of spasmodic paraplegia, it is necessary to review the series of symptoms which may be found united in a case of complete multilocular sclerosis. It must be very rare that two or three of them are not found associated, during some stage of the malady, with the spasmodic paralysis if it arises from a sclerosis en plaques and it is especially according to this principle that the diagnosis can be established.

I wish now to present in a few words a sketch of the morbid condition which M. Erb and myself believe should be considered as a distinct disease, at least till better known; I refer to *spasmodic tabes dorsalis*.

First, the clinical description can be traced in a few words. The disease generally develops among those from thirty to fifty years of age, particularly among men, in the absence of any appreciable incidental cause. There is no disturbance of the sensibility; the disease

advances slowly, progressively, revealing itself at first by a simple pain in the legs, then by a true paresis accompanied with stiffness; finally the walk assumes the spasmodic character, and the patient is often obliged to take to his bed, but sometimes only after the disease has lasted for years. The reflex action of the tendons is very much excited, while the cutaneous reflexes preserve their normal character.

Second, the disease, as it appears in the earlier years, deserves a special mention (Erb, Seeligmuller, Stromeyer.) The rigidity commences often to show itself soon after birth, without any cerebra accompaniments. The nurse perceives that the limbs are stiff, and that it becomes from that time more difficult to dress the infant; sometimes the trunk is stiff. When it reaches the age when it should begin to walk, it is noticed that an upright position and walking are impossible; it may be three or four years before the child can raise itself, and then only with difficulty, and by means of assistance. The manner in which infants of this age, carried in the arms, progress to so great a degree of evil, is very characteristic. The hips are slightly flexed, the knees are adducted, and the legs and feet overlap. Finally the flexion of the plantaris muscle of each foot which rests upon the toes gives a forward inclination to the body, which places another obstacle to the attempt to walk.

There is no muscular atrophy; the muscles preserve their normal excitability. There exists then a marked contrast, in all the reports between this affection and infantile spinal paralysis, and thus we see in contrast to this latter disease an infantile spasmodic paralysis very distinct and clearly separable from it.

In turn the superior extremities are affected. The forearms become stiff, semi-flexed, in pronation, with the fingers flexed. We never notice any cephalic complications, and the vertebral column does not present any abnormality. The pathogenesis of the affection is in consequence very vague. M. Seeligmuller ascribed it to premature delivery at seven or eight months, or heredity. But these are suppositions rather than facts. Upon the whole, autopsies fail to develop anything. We cannot, however, prevent the thought that at the time the disease of development, and that this condition under certain influences, may not be unfavorable to the production of an inflammatory lesion.

Third, in the adult, a lesion of a singular character, limited to the region of the lateral fasciculi, gives a very perfect picture of these phenomena. But as yet the hypothesis has not received any verifica-

tion. There is here, then, an interesting anatomico-pathological problem to discover, and I cannot insist too strongly upon your giving all your attention to it, should you meet with a case of this kind.

Fourth, I have said that spasmodic tabes has as yet nothing but a clinical existence, and if it has a reality, as I believe it has, the morbid condition here in question still fails entirely of an anatomical substratum. Nevertheless, at the present time there are a certain number of authors who have attempted to demonstrate that the disease in question has only an artificial nosographical construction, and that the lesions of myelitis whether spontaneous, compressive, syphilitic or from some other cause, are able to give place to that form which would no longer represent in the beginning, a special affection.

In support of this theory they have published several observations, in which they thought they recognized the characteristics assigned by M. Erb and myself to that which I have called spasmodic tabes dorsalis, and where at the autopsy, the most variable spinal lesions were recognized. I have examined these observations with great care, and I do not believe that any of them really possess the signification which has been given to them.

In clinical comparison, there are the cases of common myelitis from compression, probably syphilitic, abnormal in some particulars, but in which we always find, more or less marked, troubles of the sensibility and of the functions of the bladder and rectum, so characteristic in this form of myelitis; at the autopsy there exists different lesions, presenting at the same time this common trait essential in this variety, viz., a lateral sclerosis. This shows only, what was already known, that the spasmodic gait, or if you wish, the spasmodic paralysis can manifest itself under the forms of myelitis the most diverse. But in a morbid condition, the gait is not everything; it is only one of the elements of the disease. This shows also that the diagnosis is difficult, and that before deciding it is necessary to study it closely. I have myself been deceived concerning it at least in one case, and I am willing to avow it openly, on the occasion of a case presented to my clinic as an example of spasmodic tabes. The autopsy demonstrated that it was not what we supposed, but a case of sclerosis en plaques. But in reviewing the case, we found that the patient had complained of vertigo, and had experienced trembling of the extremities, symptoms of value which would have placed us on the way to a true diagnosis. Since that time, I have uniformly referred to their legitimate origin during life, those cases which

might be connected with spasmodic tabes; and the autopsy has confirmed my diagnosis.

Thus the question remains as it was before the publication of the adverse observations to which I have referred; and if from want of sufficient nosological observations, the independent nosology of spasmodic tabes dorsalis is not yet definitely established, we can also say that, notwithstanding criticism, it is not yet seriously shaken. It is, moreover, a question which the future will not fail to solve.

You see then, gentlemen, by the statement which precedes that permanent contraction is a symptom common to organic spinal affections, and they are numerous, where there exists a lesion of the lateral fasciculi. It is important therefore not to forget that permanent contraction is not a sure indication of an organic lesion of the spinal cord, for there exists a number of cases in which the lateral fasciculi are affected perhaps functionally, but certainly without material lesion. Under this form the case of hysteria, to which I have often alluded, is an example the most demonstrative.

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#### *SULPHO-CARBOLATE OF SODA IN DIPHTHERIA.*

In the month of March I had several cases of diphtheria, March 15th number of this 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 the *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. *Biniodide 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 that 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." J.

#### HOW HAHNEMANN PRESCRIBED.

[While in Cincinnati we ran across the following letter which will be interesting to those who would like to know just how Hahnemann prescribed.—ED.]

MY DEAR TAX COLLECTOR:—Temperance in all things! The next fourteen days after the morning powder, take one drop on sugar out of the little bottle every morning, but take none in the afternoon. Thus, the first seven days daily one drop, the second seven days take one drop every evening; that is, the morning powder on the 8th, 10th, 12th and 14th, but no drops. Take the evening powder out of the long glass. Let me know how you feel the last seven days, in comparison with the first seven days. I wish you good success.

LEIPSIC, Feb'y 11, 1820.

DR. SAMUEL HAHNEMANN.

Translation of an autograph letter of Samuel Hahnemann, M. D., presented to Pulte Medical College by Robt. Clarke, Esq., our enterprising Fourth street bookman.

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#### VENAL HÆMORRHAGE.

Case in practice of venal hæmorrhage. It being a case of more than usual interest to me, I decided to make a note of it.

The history of the case dates back several months, when the first attack of hæmorrhage occurred, from this attack the patient recovered after some days, with good nursing and remedies prescribed at that time, of which I have no knowledge. About the 8th of January of the present year, the patient suffered from a recurrence of the previous condition, with hæmorrhage; after a few days treatment without being able to arrest the pathological condition; the patient consulted me by correspondence; from the limited means afforded by

correspondence, I decided it safe to prescribe for a case of venous congestion, pathologically in the portal circulation, after following out my suggestions and prescription for several days, the patient decided to come where my personal attention could be given; after making a careful diagnosis of the case and getting more fully the history of the previous attack. Found the pathological condition, was what I had previously decided, that congestion was still as it had been for weeks, without relief from congestion, at any time sufficient to produce equilibrium in the circulation. At times the congested condition of the superficial veins, (especially on the left side of the body) could be distinctly observed. The patient complained of great pressure at such times. Furthermore, my conclusions were, that a stasis or thrombus condition had occurred in some one of the veins near the sphincter oris. The great pressure and the location would not allow the circulation to assume a normal condition, and the result must be just what it proved to be, a rupture of the vein, and from the fact that the patient had never suffered from pain, inflammation, piles, hæmorrhoids, or constipation, also that the hæmorrhage was especial and only occurred at time of defecation, and ceased with it, was another conclusive reason to me that thrombosis must have occurred previous too, and was the cause of the hæmorrhage, as the hæmorrhage ceased with defecation was also conclusive that the contraction of the sphincter muscle closed the aperture, and for the time suspended hæmorrhage. By examination, with rectal speculum, I found the above conclusions correct. As the speculum expanded the sphincter muscle, the aperture could be distinctly observed, from which the blood flowed freely. This aperture was fully one-eighth of an inch in length; also observed the apathetic of the vein, the hæmorrhage occurring at each defecation for several days, then for several days, (usually eight) the hæmorrhage ceased entirely. Previous to its return, the condition of congestion has been more positive, giving the patient a sensation of another approaching crisis. The therapeutical requirements of this case, called first, that the congestion and apathetic condition be overcome, before any curative results could be realized.

Normal conditions must, in a measure, be restored. Restricting remedies, by clysters, tents, lotions, or suppositories in any form could even relieve the patient.

Remedies prescribed for the patient; for the first three days I gave *Aconite* 8x and *Hamamelis* 2x in alternation every hour and a half;

also as a tonic, two hæmatic blood pills during the twenty-four hours. Dropping the *Aconite* after two days, and gave *Belladonna* instead, which had a decidedly favorable effect. At the end of the third day the circulation was greatly improved; after a few days *China* in place of the *Belladonna*. This was used as a clyster: To one ounce of *Petrocerate*, fifteen drops of *Hydrastis can.*, ten drops of *Hamamelis* and ten drops of *Belladonna*, thoroughly mixed, and when used, heat just enough to flow easily from the syringe. Quantity used, a tea-spoonful and a half three times during the day, after a reaction from the condition of apathy. The formula was changed. *China* and *Calendula* substituted in place of the *Hydrastis* and *Belladonna*, and the effect was satisfactory. After a few days the clysters were only used twice a day. The patient has been under my care five weeks. The improvement from day to day, seems to indicate a permanent cure, which I hope in due time to be able to report.

OAKLAND, Cal.

MRS. DR. M. D. WILSON.

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### REPORT FROM PRACTICE.

#### EUPHORBIA HYPERICIFOLIA.

CASE I. Mr. M., aged thirty-five, thin, spare or lean, red hair, blue eyes, subject to diarrhœa every summer since I have known him, (four years) which *Dioscorea* has always promptly relieved, and prevented if taken soon enough, took cold in digging a well and getting feet wet, had an attack of dysentery, *Dioscorea* did no good. He took *Laudanum* by the mouth, and injected it in the rectum, two days before calling me; twelve hours before calling me had eaten blackberries with seeds, but said he thought all had passed, but twelve hours after had an enormous dysenteric stool, containing blackberry seeds; complained of great soreness in cœcum, and a constant rumbling and passing of flatus through ascending and transverse colon, with terrible pain and bearing down in the rectum, and almost constant tenesmus; gave *Merc. cor.* 5x followed by *Colocynth* 3x, with only partial and temporary relief, dysenteric discharge every half hour; gave a tablespoonful of castor oil to carry out irritating matter relieving the bowel of a large quantity of blackberry seeds; continued the *Merc. cor.* 5x and *Col.* 3x, with *Aconite* 3x or tincture when inflammation became acute in descending colon; patient was getting very



weak, as this had continued four days with only occasional intermission in discharge; in the meantime had used injections of starch water containing a teaspoonful of alum to iv  $\frac{3}{4}$  of water, with relief of the distress in the rectum; on the fourth day injected two grains of *Salicylate of Soda* in two ounces of starch water after each movement of the bowels, and gave two grains by the mouth every three hours, gradually reducing frequency of evacuations and severity of tenesmus.

In the meantime other cases came, and none of the usually indicated remedies benefited satisfactorily. I found a family where the mother had cured herself and child with "milk parsley" boiled in milk, about one ounce of the green herb to the pint. I went to Hale's *New Remedies*, fourth edition, and found it to be "*Euphorbia hypericifolia*." I made a tincture according to Schwab's *Pharmacopœia*, and gave the 2x in one to three drop doses to infants and children, or five drops to adults, curing promptly every case. I had an attack myself, to which I am subject in hot weather, especially after eating melons. I took five drops of the 2x twice or three times a day in a little water with the most prompt relief I have ever had. The cases most promptly benefited by it and which *Merc. cor.* or *Col.* would not relieve were those attended with slight nausea or vomiting, and enterocolitis, with diarrhœa, greenish discharge, tending to dysentery, and also with bloody dysenteric discharge with heavy inflammatory feeling in descending colon and rectum. It relieves the congestion and inflammation promptly and in my case relieved me from pain in an hour. First I took five drops 2x at 3 P. M., having heavy bearing down inflammatory pain, in descending colon, just superior to sigmoid flexure; pain and dysentery was entirely relieved in an hour, and did not return until next day, when the effect seemed to be passing off. Took another dose which cured entirely. Until renewed a week after by eating water melon when it again cured as promptly when taken in the same way. Case I, not being entirely well of inflammation of cœcum, gave him five drops every three hours with more marked benefit than from anything else taken.

CASE II. Mr. H., German, farmer, came in from country with chronic diarrhœa; has it every summer; partial indigestion; gave *Pepsin* 1x, two grains after meals, and *Ars.* 7x every two hours, with only partial relief of burning in the stomach and throat; worse from violent exertion.

August 21. Gave *Merc. cor.* 3x as diarrhœa was slightly dysenteric, and slight flow of saliva from mouth.

August 27. Came in and said powders made him worse, and that his mouth was getting sore (*Mercurial* aggravation and ptyalism); stopped *Merc. cor.* and gave *Euphorbia 2x*, five drops every three hours. Came in a week after. Said medicine made him worse, causing diarrhœa and he stopped it and got well. Very susceptible to action of medicines. Very strong man; age, fifty-eight.

CASE III. Mrs. K. M. S., living thirty miles away, at Florence, wrote me September 1st, that she had bowel complaint; discharges frequent, and painful, and that her two children were troubled the same way. I have never seen her, but she wrote me she was a small woman, light, spare build, black hair, bluish gray eyes, fair skin, age forty, quick spoken, and quick of movement. This was all the indications I had. I sent her two drams of *Euphorbia 2x*, with directions to take five drops four times a day until better, then lengthen time to morn and eve, and as improvement advanced, to once a day, then every other day until well, giving children five and ten years old, three drops, and continue in same way as for self.

September 4. Received a letter that she was better and have heard no more complaints. No other medicines given while this was being taken, and have had no failures. Boiling it in milk seems to render it astringent, suppressing discharges, like *Laudanum*, but no such effect from the tincture or dilution.

S. A. NEWHALL.

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## Medico-Legal Department.

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### ON MEDICAL EDUCATION.

BY H. P. DE VOL, M. D., LAFAYETTE, IND.

Read at the fourteenth annual session of the Indiana Institute of Homœopathy at Indianapolis, Ind., May 26, 1880.

THE HONORABLE PRESIDENT AND GENTLEMEN OF THE INDIANA INSTITUTE OF HOMŒOPATHY: We have not had sufficient time to devote to this subject to do it justice. We consequently shall be compelled to draw on a previous article of ours which was published two years ago, in the "*Chicago Times*," bearing upon the same topic.

It is a lamentable fact that the estimate placed upon the dignity

and worth of the medical profession in America, to-day, is probably lower than it has been in any age or in any country. Let us just for a moment examine the necessary conditions to be complied with, before the degree of "Doctor of Medicine" is conferred upon the applicant in Europe. In England the profession takes high rank, for several reasons. First, because their student life is longer and more complete, taking up the better portion of four years, exclusive of hospital service, which is more strongly insisted upon than in America. The corporate bodies which are empowered to grant the degrees are only nine in number, aside from the university. Again, distinguished attainments are recognized and rewarded there, as in other European countries by patents of nobility. Besides no physician is *legally* qualified to practice until his credentials as such have been approved by a medical counsel appointed by the government.

If you wish to become a physician in France, you must hold the diploma of doctor in medicine and surgery. To obtain this, you must have attended four years lectures in a school of medicine, and had two years practice in a hospital. When you present yourself for the first year's lectures, you must produce the diploma of Bachelor of Letters, when for the third, that of Bachelor of Sciences. You must pass eight examinations, and at the end of the course you must support and defend a thesis before the faculty. This diploma gives you the right to practice throughout France. The various faculties are composed of the most eminent men in the country; they receive their appointment from the general government, after a competitive examination. To practice without a diploma as a physician or "*officer de sante*," is penal.

In Germany, medicine is a department in the universities, and the courses are of four or five years duration. The faculties of these universities are appointed by the government. A matriculant must show a diploma equivalent to the English Bachelor of Arts.

In Sweden, two years of general university training is necessary. Then after preliminary examinations in mathematics, chemistry, physiology, botany, geology, etc., the student is admitted to a three years' course of lectures and hospital service. He is then licensed to pursue his profession; but to attain the degree of doctor in medicine he must have been house surgeon in a hospital for one year, and have spent one year in study abroad. The instruction is free, the medical professors being appointed by the government.

We can now after having looked abroad, appreciate the condition

of affairs at home. The reason the contrast is so strong is that our *government* takes but little if any interest in regard to medicine. It does not protect the man who has devoted his life to his profession from the quacks and charlatans of various kinds that come before the public, too often backed up by the mighty voice of the *press*. A dose of *Quinine* cannot be administered to the commonest soldier in the regular army, unless you have passed the most rigid medical examination known in the United States. What are the requirements to invade the houses of Indiana's citizens to prescribe for any of her dear ones? Simply hang up a sign, call yourself a doctor, and you can deal death right and left. I think a man that will come before the public without being properly qualified to practice his profession, is but a licensed murderer. Ohio, Kentucky and Illinois each have a law to regulate the practice of medicine, and Indiana would have had one, too, but the state that elects its governor on account of the texture of his garments must remember that because the tailor does not "make the man," neither does the *lack* of one necessarily induce brain culture. The result is that Indiana is now a *quack* doctor's paradise. They have poured in from her sister states, until she is the most professional state in the union. A student can now go to Chicago, attend one course of lectures and come into Indiana and earn money enough for his next year's course. We hope in Indiana for better things. We well remember a bill introduced and on record in the legislature of New York on this very subject. A committee was appointed by the senate, composed of Hon. Abram B. Parker, Hon. John O. Donnell and Henry Genet. The Hon. Parker was in favor of the bill, but the other two Honorables dismissed the matter by saying, "A fair field and no favor, and may the biggest quack win." To-day there is no state in the union that honors and delights more in it's physicians. It takes them to it's heart, and surrounding them with the mighty arm of the law, enables the profession as a body to grasp after higher things, a higher standard of medical education, a higher plane of manhood. Until Indiana drives out the foreign invaders, it cannot hope to educate the mass of physicans to desire and crave for a broader and more comprehensive view of medical knowledge. It is to be remembered that Cæsar attended the bath of his infant son every morning, saying it was an honor and duty he owed his nation to protect its future statesmen from the accidents incident to ignorance. So, is it not the duty of our state to protect her most useful men? We say most useful advisedly, for

what would the state be if depopulated of her citizens? It is not necessary for me to hold up to you gentlemen the mirror and show you in its reflections the grandure and dignity of our profession. But too well you know all that we would fain show you. That picture reveals anxiety, labor that almost crushes the sensitive soul.

What physician among you has not taken up his self-imposed task with a feeling of despair at his circumscribed resources. Ours is a profession that compels us to lay hold of the divine mantle in order to save humanity. We say of Niagara as we listen to the sublime roar of its mighty waters, "there is the image of our Creator's majesty." So when we look upon the life work of a Hahnemann, Dunham, Breyfogle or a Runnels, are we not forced to feel the same conviction of a soul's majesty?

But we depart from our subject. What the profession needs is that the standard of medical education shall be raised so that only persons properly educated in general knowledge shall be admitted as students; second, that the course of medical instruction shall be lengthened to at least five years; and last, that no person shall be licensed to practice until he shall have earned his right and proved his capacity to do so. What the *people need* is that the state shall first allow no person to practice within its jurisdiction that is not a graduated physician, holding a diploma; second, that all other practitioners without recourse to age or experience shall be excluded from the right to practice until having passed an examination before an appointed board of examiners. It can be readily seen that only in this way can the state protect the people from ignorance. It does not necessarily follow that because a man does or does not possess a diploma, that he is or is not ignorant, but neither does the law which exempts the carrying of fire arms, protect the people from all casualties. We apprehend that those physicians who first through want of means, and afterwards from the necessities of their families, have never finished the prescribed medical course, will have no trouble in passing an honorable examination, and so hold their right to practice in an honorable way.

The needs of our people, the wants of our age, the demands of progress compel us to tear down our houses, to contract railways, rebuild our cemeteries with factories, tunnel our mountains and lakes at loss of human lives, in order that by their means we may bring food earn food, and more rapidly forward it to the people starving on the other side. There is no reform, no good end done but some one lies a

martyr. We climb upon the necks of our fellows to reach for higher good. Are there none among you ready if need be, to become martyrs for your fellows? But perhaps you say we dare not become martyrs for our children's sake. We would answer that it is for their sake we demand this law. For soon you will have to yield your place to others, and would you run the risk of ignorance for their sake? There is not a single man among you who amounts to a straw but that can pass the examination if his experience fills out his uncompleted instruction. We say with the Israelites, we cannot make bricks without straw, how then can we build our temple? If there are any who fear the examination, we would mildly suggest in the poetic tongue, "Go West!" "Go West!"

We now will turn our attention to the board of examiners; of whom and what shall this consist? In Illinois this board is composed of Allopaths, Homœopaths, Eclectics and jurists. We will quote from a letter just received from our great Ludlam in answer to inquiries concerning the feasibility of a mixed board. It is as follows:

CHICAGO, May 21, 1880.

H. P. DEVOL, M. D.—*Dear Doctor*: Our State Board has thus far issued but one small pamphlet-report, which is out of print. But a large report, including a Register of all the physicians in the state, is now in press. So, therefore, I have nothing to communicate except to state that, after two years of experience on the Board, since its first organization, I have learned that there need be no trouble with clever and competent men of the different schools working together in harmony. I am *very decidedly* in favor of a *mixed* instead of *separate* board.

Hastily and heartily,

R. LUDLAM.

We are convinced that we cannot get this bill of medical legislation through without the aid of Allopathic friends, nor they without our aid. It is the old story of which is the most useful to the spectacles the eyes or the nose? It is a great mistake to suppose that our Allopathic friends are wanting in energy or foresight in this matter. When we have disposed of a few of our old women that are remaining around with a box and a book, they will come to the front and proclaim themselves our friends. Education induces liberality of thought and feeling, and the educated Allopathic physicians of to-day are friends to the intelligent practitioners of pure Homœopathy.

Let us then rid ourselves of the gnats of prejudice, and neck to neck, breast to breast, compel our state by the sheer force of will, if

right does not prevail, to protect her people, the state and ourselves.

Gentlemen, I have forborne speaking upon the technicalities of our subject, presuming that the gentleman who preceded me has left nothing unsaid. In reiteration, there is sometimes emphasis, and we would to-day, engrave upon the heart of every earnest physician here, the knowledge, the desire and the demand for medical legislation in Indiana.

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## Society Proceedings.

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### AMERICAN INSTITUTE OF HOMŒOPATHY.

(Continued from page 173.)

#### THIRD DAY'S SESSION.

It is often interesting, if not profitable, to see ourselves as others see us ; here is a report headed

#### " HOMŒOPATHIC HEAT."

" The American Institute of Homœopathy continues to be a center of attraction, as is attested by the well-filled lobbies of the courtroom. To the ordinary creature of the *genus homo* the proceedings would be dry and uninteresting in the extreme, but the members of the Institute and the hangers-on are not ordinary but extraordinary people. Great credit is due to President Wilson for the tenacity with which he clings to the rules of parliamentary practice. Prompt, impartial action in enforcing the rules of debate, he has placed the American Institute of Homœopathy on an equal footing with the most dignified and decorous legislative body in the country.

" The first business to come before the Institute was the report of the auditing committee which reported the correctness of the official records and finances. The report was adopted.

" The subject of the publication of the paper of Dr. Berridge, of England, in the proceedings of the Institute, laid on the table temporarily, was taken up on a motion of Dr. Smith, of Chicago. A very heated discussion sprang up, in the course of which it was developed that the distinguished Englishman was not a representative of any English Medical Society, but merely a private subject of the British

crowd. On the other hand, it became glaringly apparent that the antipathy to him was not caused by the text of his paper. The Homœopathic heat was generated by a side-show which had been organized under the inspiration and the management of Dr. Berridge, with Hahnemann as the patron saint, and among the curiosities therein exhibited were a series of resolutions which intimated, nay affirmed, that Homœopathists were ignorant of Homœopathy, and were endeavoring to form a congress of grand wonders by a combination with Allopathic sages. Could the American Institute of Homœopathy brook such insult? No! a thousand times no! Such an imputation the blood and brain of Boston would not for a moment brook, and after the smaller fry had wasted their wind, Dr. Talbot, of the Hub, took the floor. 'I presume, Mr. President, ladies and gentlemen,' Dr. Talbot said, 'that there are many who were here and in attendance upon this session who were quite astonished when this morning they found an article which was presented by Dr. Berridge, yesterday, in full type, in *The Sentinel*, and carrying with it certain sentiments and certain opinions which do great wrong, alike to this body, alike to the physicians of America, alike and more than alike, more than all the rest, to one whose memory is indeed held dear by this Institute—the heart of every one of its members throbbing at the mention of the name. When we find the statement in it which cast aspersions upon him, who was our honored president, and our able co-worker. In that paper are these words:

“ Ever since that fatal error was committed by one whose memory we nevertheless hold in honor of proclaiming “absolute liberty in medical opinion and action,” a change for the worse has taken place in our own ranks. Ever since that time the name of Carroll Dunham has been held to sanction every kind of empiricism; forgetting that he himself in his teaching and practice was a true Hahnemannian, men have eagerly caught at his well-intentioned, though mistaken, perhaps misunderstood words, and ever banded themselves together to overthrow those that remained true to the teachings of the Master.”

Can such words as those go out from this American Institute as its sentiment? When at Chicago, as those who were present well remember, there were those there ready and trying to break this Institute to pieces, and were proclaiming that there were only a few Homœopaths, and all the rest were mongrels. Dr. Carroll Dunham with his ringing words, which stand upon our record like letters of gold, and have done more to the advance of Homœopathy—true Homœopathy—than those of any other man that have ever been



spoken, and there have been a thousand men who proclaim those words as false and untrue, and now after that man is dead, and after this Institute has mourned over him, to have such sentiments as that go upon its records. Mr. President, I cannot stand here without objecting to them." [Tremendous applause].

Dr. Wesselhøft, of Boston, said: "I desire to say what I had no opportunity of saying yesterday. A young physician from abroad was by courtesy admitted to a seat on the platform, and proceeded to lecture the Institute on its ignorance of Homœopathy, and its neglect to read the Organon. This was not in good taste, and I object to the incorporation of that lecture in our transactions. Such accusations were successfully stamped out by the Institute. Dr. Berridge was ill-informed and advised. That is my apology for him."

Dr. J. P. Dake, Nashville, Tenn., said: "Mr. President, the address of our distinguished guest from England, Dr. Berridge, coming before the Institute in connection with the report of my bureau, I crave the indulgence of the Institute to say a few words to go on record along with his words of counsel. I desire to say for the information of all who have heard and all who may read the address in question, that in America the progress of our cause has been steadily and not slowly onward—that whatever hindrances have come in our way have not arisen from any spirit of excessive liberality on our part. Probably the greatest obstacle, so far as our course has occasioned any, has been an extreme construction placed upon the teachings of the master and an excessive indulgence, on the part of some of our leaders, in measures obnoxious to the learning and the experiences of the medical world. Dr. Berridge is mistaken in the supposition that the moderation and liberality advocated in this body by the loved and lamented Dunham, has been the cause of any weakness or delay in our onward course. No man in all America did more, in the same number of years, to further the interests of Homœopathy than Carroll Dunham. Although not given to hero-worship in this country, we do not fail to appreciate and defend the good name of those who, having wrought most notably and successfully in life, now rest peacefully from all earthly labors.

"As to the study of Hahnemann's writings, I venture to say that our practitioners are as familiar with them as any medical men in the world. While esteeming the words of the master as explanatory of the new system of therapeutics, in the day of its birth and the years of its youth, we do not regard all his sayings as infallible nor his

tenets as everlasting. Under the fostering influences of freedom and persuaded that, in matters of science there can be no limits to progress, we are ever looking for fresh facts and new principles to guide our way in the field of practice. We revere Hahnemann, we take his teachings for what they are worth, but we do not accept from him all the opinions held in his day as priceless treasures. As for the Old School of medicine in this country, we have no compromise with it. While there is much common ground for Allopaths and Homœopaths to occupy and cultivate together, we stand upon our own field, a peculiar people, when we come to the application of medicines for the cure of disease, acknowledging the law *similia* as supreme and final. We differ, sometimes, among ourselves, as to the extent of the field covered by that law, and as to the preparation and uses of remedies under its guidance; but we forsake not the banner, years ago planted upon these shores, under which we have been gathered from the devious ways of old physic, and under which our successors shall ultimately possess all this goodly land. We beg our distinguished guest to bear our hearty greeting and best wishes to our colleagues beyond the sea.

Dr. Ober moved that the paper be laid upon the table and the discussion thereon expunged from the minutes. After several votes the motion was carried.

#### BUREAU OF CLINICAL MEDICINE

was then taken up where it was left by adjournment, the subject being scarlatina, and Dr. Pomeroy, of Detroit, read a paper on "Contagious Nature of, Liability to, and Exemption from, as to Age and Previous Attack." A paper was presented by Dr. J. P. Mills, of Chicago, on "Dissimilarity to Diphtheria and other Cutaneous Diseases;" by Dr. O. P. Baer, of Richmond, Ind., on "*Belladonna* and other prophylactics and for what varieties, influence of seasons, climates, etc."

At this point the time allotted to the bureau having expired it was temporarily closed to allow the Board of Censors to report. Several applications for membership were reported on and elected, making a total of thirty-six new members thus far received.

Dr. Lippe, of Philadelphia, then re-opened the bureau with a paper on "The Treatment of the Varieties and Symptoms of Scarlatina." The bureau was then closed.

Prof. Ludlam, of Chicago, offered a resolution that hereafter the

annual meetings of the Institute shall consist of one general morning session daily, and that the afternoons be given to bureaus for sectional meetings. The resolution was made a by-law.

Dr. Talbot, of Boston, offered a resolution endorsing the proposition of the Homeopathic physicians of Great Britain, for an international congress in London, in July, 1881, which was adopted.

The chair announced the appointment of H. C. Allen, of Ann Arbor, as chairman of the Bureau of Clinical Medicine.

#### THE BUREAU OF MICROSCOPY

and histology was then called. Papers of special interest were read by Dr. J. Edwards Smith, of Cleveland and Dr. C. Wesselhœft.

#### OFFICERS ELECT.

The special order, the election of officers, was then taken up. Dr. Talbot offered a resolution referring the time and place of meeting for the Institute be referred to the executive committee to meet in New York City. The resolution prevailed.

Dr. Talbot, of Boston, nominated Dr. J. W. Dowling, of New York, for president in a neat speech.

Dr. Franklin said, Michigan shook hands with Boston in seconding the nomination.

A division of the house was then taken on a motion that the secretary cast the vote for Dr. Dowling. The motion prevailed on a two-thirds vote.

Dr. Smith, of New York, protested. He demanded his right to cast his vote. He made a point of order that one dissenting voice was sufficient to negative the motion.

The chair overruled the point and the secretary complied with the instruction. Dr. Dowling was then escorted to the platform amid tremendous applause, and spoke as follows :

**MR. PRESIDENT, MEMBERS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY:** This is more than I expected and more than I can bear. I appreciate the high honor you have conferred upon me, and in accepting, pledge myself, at the sacrifice of any personal interest, to work hard for the interests of the American Institute; for the advancement of Homœopathy throughout this entire land and abroad too. When I look around me and see the venerable forms of these gray headed veterans, who for more than a third of a century have sat at your deliberations; men of my own age, old in the practice of our school, younger men, some of them graduates of the college which I represent, and last, but not least, the ladies, God bless them, the enthusiastic, hard-working women practitioners (tremendous applause) and to think that with a united voice they have elevated me to this

exalted position, my heart, for my own sake, for my wife's sake, my children's sake, fills up in gratitude to God. I know myself far better than you know me, and if in the administration of this high office I shall make mistakes, rest assured they will not be from the want of a desire to do right; but will be simple errors of judgement, emanating from a desire to do justice to all. As the steel once touched by the magnet always turns in the same directions, so my heart, which has been touched by your confidence, your friendship, will always turn toward each and every one of you. (Applause. Again, from this heart which is full to overflowing, I thank you.

The other officers were elected as follows: Dr. W. L. Breyfogle, of Louisville, Ky., Vice President; Dr. J. C. Burgher, of Pittsburg, General Secretary; Dr. J. H. McClelland, of Pittsburgh, Provisional Secretary; Dr. E. M. Kellogg, of New York, Treasurer; Dr. F. R. McManus, of Baltimore, chairman, and Drs. R. B. Rush, of Ohio, W. H. Leonard, of Minneapolis, D. S. Smith, of Chicago, and P. G. Valentine, of St. Louis, members of the Board of Censors.

The Board of Censors submitted another list of candidates for membership, who were elected.

The Committee on Foreign Correspondence, Dr. C. P. Alling, chairman, then read a number of letters and reports from abroad. The report was adopted and referred to the Committee on Publication.

#### THE BUREAU OF OBSTETRICS

was then taken up, and George B. Peck, Jr., of Rhode Island, read a list of papers received by the Bureau, and Prof. Foster, of Chicago, read a paper, favoring the use of forceps in labor, and illustrating his subject with diagrams and instruments.

The institute then took a recess until 3 P. M.

The Institute was called to order at 3 o'clock and the reading of the papers of the Bureau of Obstetrics was continued. Dr. G. W. Walker, of St. Louis, read a paper on "Improvements in the Science and Art of Obstetrics." Dr. C. Ormes, of Jamestown, N. Y., read a paper on "Extra Uterine Fœtation," and Dr. Geo. B. Peck, of Rhode Island, closed the reading with a paper on "Placenta Previa, a study."

On motion of Dr. Talbot, of Boston, discussion of the papers was laid aside to allow the Bureau of Surgery to present a mould for the cure of curvature of the spine, one of the gentleman wishing to take part being obliged to leave the city.

Dr. McClelland then produced one of the moulds and proceeded to explain the manner of its use. The discussion of the papers of the

Bureau of Obstetrics was then taken up, and in a few minutes was closed and the

BUREAU OF GYNÆCOLOGY,

Dr. S. R. Beckwith, of Cincinnati, chairman... taken up. The chairman being absent, Dr. Ludlam, of Illinois, took charge. The first paper read was by Dr. C. Ormes, of Jamestown, N. Y., Dr. Hale, of Chicago, followed with a paper on "How do Medicines Operate on the Generative Organs of Woman?" A paper upon the "Influence of Homœopathic Treatment upon the Development of Ovarian Cysts," was read by Dr. B. F. Betts, of Philadelphia. Dr. R. Ludlam, of Chicago, read a paper on "The Prognosis of Pelvic Cellulitis." Mrs. E. G. Cook, M. D., of Chicago, then read a paper on "Intra-uterine Stem Pessaries." This closed the papers of the bureau and the discussion was cut off by a motion. Dr. R. Ludlam, of Chicago, was appointed chairman for the coming year.

The Institute then stood adjourned.

(To be continued.)

## Consultation Department.

PERU AND STRAPS.

On page 193, INVESTIGATOR of August 15th, "Answer to Dr. W.," the types say "apply pins and straps in the morning" but I wrote "Peru and straps." Please correct.

F. F. CASSIDAY.

ANSWER TO C. G. S.

Try *Phytolacca dec.* I have never seen anything in the proving, particularly concerning skin affections, but I once had a case of poisoning from it, and one of the marked symptom was terrible itching after bathing for about an hour; no application would relieve.

C. A. L.

BAD BREATH—CAUSE AND CURE.

In your journal of September 1, 1880, page 229, W. H. B. inquires, "What is the cause of bad breath, and its remedy?" The cases to which he refers I should attribute to the stomach or tonsils. If so, *Kali bich.* 3x is the remedy.

S. PANCOAST.

## SPASMODIC COUGH.

Miss H., aged sixteen, light complexion, light hair, blue eyes, medium stature; was a healthy child until four years old, when she ate two drachms of globules medicated with *Puls. 3x*. A "regular" being called, laughed at the idea of being alarmed. Twenty-four hours after the child had pain in the back and thighs and a flow from the vagina, which in all respects resembled menstruation; the flow continued three days and did not appear again until she was fourteen when she had chlorosis and was cured, *Calc. carb.* being the remedy. She continued well a year, or until September 5, 1879, when she was taken with a violent pain in the forehead and temples, throbbing in character, relieved by pressure; her menses had returned in two weeks and the cephalalgia followed immediately after menstruation and was cured with *Bell. 3x*. On the 10th of September, 1879, she was taken with a spasmodic cough. Hooping cough being epidemic I had no hesitation in pronouncing it hooping cough; three days later the coughing spells were quite periodic, and only in the daytime. The first coughing spell came on at 8 A. M., the second at 11 A. M., the third at 2 P. M., the fourth at 5 P. M., the fifth at 8 P. M. She now appeared perfectly well the next twelve hours and slept well during night, but would commence coughing again precisely at 8 A. M. The cough sounded like the barking of a cur in rapid succession, each coughing spell continued twenty-five to thirty minutes and was accompanied by the characteristic hoop. For two or three days the panorama was changed, the barking cough would commence at the hours above mentioned, but would immediately terminate in violent convulsions which would continue the same length that the coughing spell had. During convulsions thumbs were flexed into palm of hand, and fingers flexed over thumbs; extensor muscles of forearm were contracted so that hands were drawn back at right angle with forearm. *Cuprum met.* was given and in two days the convulsions ceased and the cough resumed the same regularity that it had previous to convulsions though the spells of coughing became shorter and would last but fifteen minutes, still they retained the same periodicity until November 10, two of the coughing spells were omitted and the time changed. She now coughed at 12 M., 3 P. M. and 6 P. M., and then for eighteen hours appeared well. During each of these coughing spells she would sneeze violently; the cough still resembled the barking of a cur with an occasional characteristic hoop. She now became very irritable during coughing, could not bare to have anyone look at or speak to her, or touch or handle anything in her presence, if they did she would become angry. In January another coughing spell was omitted and she now coughed at 10:45 A. M. and 2:45 P. M. and this periodicity continues up to the present time. She now coughs for six or seven minutes, then faints and drops her head on a pillow which she has placed on the table; lies in syncope a minute, then coughs again four or five minutes and

faints again; this is repeated three times during each coughing spell at 10:45 A. M. and 2:45 P. M., at times expectorates a little which is streaked with blood. Menses regular, percussion gives clear resonant sound over both lungs, there is a slight wavering or jerking respiratory murmur over apex of left lung. Except during coughing spells appears well. In June I had all the time pieces turned back half an hour for two days, and each day she coughed "on time" by the clock which was half an hour late. She is now taking *Moschus* 3x, four doses each day.

M. R. WAGGONER.

## Medical News.

*Dr. Potter's faith in attenuations has gone up "three degrees."* Send for a neurometer.

*Dr. N. G. Burnham* is shaking them up lively in Denver. "The claims of Homœopathy on the people of Denver" is an interesting article.

*Whole Wheat Fine Flour.*—Please tell us through THE INVESTIGATOR whether the Franklin Mills Company flour (4 W.) is kept in Chicago or not. Would like to try it. W. A. SHEPHERD.

Address, N. B. Rust, Central Elevator, Chicago.

*The annual report of Dr. W. D. Gentry, of Wyandotte, to the superintendent of the census from June 1, 1879, to May 31, 1880, shows that during seven months (being absent five months), he treated 895 cases, and out of this number there were but four deaths.*

*An Old School doctor is dying, and the attending clergyman is urging him to prepare for Heaven. "It will be bright and beautiful and peaceful there. You long to go, don't you?" Patient—"Y-e-e-es; but I dunno; do they admit Homœopaths?"—Medical Adviser.*

*Epilepsy with Hallucinations.*—There is a form of epilepsy, the phenomena of which are simply hallucinations and loss of consciousness. The morbid anatomical basis of this type is seated in the optic thalamus. There is no true epilepsy without unconsciousness.—*Archives of Medicine.*

*Another Infant.*—August 18, Dr. Duncan, aged just forty, was safely delivered of an infant, less than two pounds in weight. The labor was not so tedious as in the case of the twins. First, because not so large, and second, more attention was given to diet. (Feeding and Management of Infants and Children. Large 12 mo., pp. 426, \$2.00.)

*Veterans.*—At the Milwaukee meeting of the Institute, the number of gray heads induced the UNITED STATES MEDICAL INVESTIGATOR representative to find out how many there were. He found forty-six over fifty years of age, three of whom were women. Sixteen were sixty and over, four were seventy and over. These were H. B. McManus, of Baltimore, seventy-three; P. P. Wells, of Brooklyn, N. Y.; C. Ormes, of Jamestown, N. Y., seventy-two; and A. E. Small, of Chicago, seventy. Our veteran McManus has been a physician fifty-one years last April, and has attended thirty-six sessions of the Institute. The Small man is over six feet in height and weighs 265 pounds. St. Louis is three pounds ahead, Dr. Walker weighs 268 pounds.

*Another Test.*—Those who have been chuckling over the disastrous effect of the Milwaukee test, (that has made better Homœopaths of the experimenters), will stand aghast at the announcement that Prof. Jager an active opponent of Homœopathy has been testing his neural apparatus on our remedies. This neurometer tests the rapidity of perception. *Aconite 3* increased it. While perception grew in intensity as the higher potencies were inhaled. At the 200 Prof. Jager acknowledged that he was dumbfounded. "He said that he was positive that the result could not possibly be due to any other influence than *Aconite 200*."—*Hahnemannian*. What will our Allopathic friends say now? *Aconite 200* increased cell activity. Strange if Hahnemann was right and that potency is the proper term after all!

*Journalistic Changes.*—The *Hahnemannian Monthly* has changed hands. When a large publishing house abandons a journal it is worth while to inquire why. Are our journals as well as our pharmacies to be all absorbed by our regular friends? Perhaps the Hahnemann Club of Philadelphia can float the journal. They can at least ably edit it but the profession must support it for it to survive. From England comes *The Modern Physician and Family Adviser; a monthly journal of Domestic Medical, Hydropathy and Sanitary Science*, Geo. Lade, M. D., & E. B. Shulldham, M. D., editors. This is a sixteen page sheet and is published by E. Gould & Son, at 2s 6d per annum. It occupies about the same ground as the *Homœopathic World* with the Homœopathy left out—of the title. It is a flank movement on the enemy. *The Clinique*, is a small sheet issued by permission of Hahnemann Hospital (board) of Chicago and contains reports of the Hospital and of its clinical society. Hospital reports are usually presented in annual volumes, then they make some show. This however is a journal.

*Chicago as a Medical Centre.*—Perhaps no one city offers so many attractions for students or better utilizes its resources. In all the schools the fees are very low, \$50 to \$75. For first course students the advantages are many. Able anatomists not only teach this important branch but also supervise dissections. Material is abundant and cheap. At the post-mortem theater at the county hospital unusual opportunities are afforded to study morbid anatomy. All the dead are demonstrated. The new science histology is fully taught. One of our colleges has a special laboratory for it fitted with several microscopes, chemical apparatus, etc. Chemistry is fully and carefully taught in practical laboratory work. We believe first course students cannot find more complete facilities for study. For advanced students the other branches are well taught by practical men and are all illustrated. All our colleges have hospitals attached to them while the great Central County Hospital is open to all with a separate teaching corps. It is the most perfect of its kind. The Emperor of Brazil after an extensive tour in the civilized world carried its architect and his plans home to have a similar one constructed in Rio Janeiro. All the colleges have large dispensaries from which they illustrate all the phases of disease as well as afford senior students a chance to test their knowledge under careful tutors in actual practice. At the close of the regular courses special lectures are given for physicians which attract practitioners and recent graduates. There is a sharp rivalry among all our colleges to attract students and physicians. And another advantage, the graduate soon finds a location among intelligent liberal people within a short distance. Chicago is a wide awake medical centre and is a competing rival of the east. Said a representative of a New York instrument house, "You sell instruments cheaper here than we do in New York." The difference in rents is no doubt responsible as well as the western dealer's contentment with small profits.



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Therapeutical Department.

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**CLINICAL OBSERVATIONS.**

**REPORTS FROM THE FIELD OF PRACTICE.**

COLUMBUS, O., Sept. 15th.—You remember of me sending you a description of my wife's hay fever. I cured her this year with three doses of *Arum mac.* 3x; and 200x once per day for one week after. I also cured another case with the same. I am much pleased with your journal, and if you are going to get out a weekly journal, you can count me as one subscriber.

E. S. EVANS.

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**IMPRESSIONS—ABSORPTION—MATERIAL AND VITAL  
—NORMAL AND ABNORMAL. THE VIS MEDICA-  
TRIX NATURÆ—ITS POWER—FROM WHENCE  
DERIVED.**

BY J. NEWTON LOWE, M. D., MILFORD, N. J.

If we would view man in his dual and composite constitution, in his relations to the universe, we should place him upon its plane as

an appropriate elevation for analytical and philosophical inspection. From the principles we propose to deduce in the propositions designed to follow, it is assumed, first, that the universe is composed of two grand systems or departments, viz., the material and the immaterial; and that as it concerns the primary organization and creation of man, that his existence is a duality, and that as such, he is an emanation both from the material and the immaterial departments of the universe.

He therefore is presented thus as an epitome and an apt representative of the elements, kingdoms and divisions, composing its departments, and in the perfection of his organization we may behold him as he appeared at the dawn of Creation, when "peace on earth and good will to men" was declared; when the morning stars sang together and all the sons of God shouted for joy!

Do we not behold in the correlation of the systems which compose the universe, as it relates to the law of material vital absorption, a perfect adaptation of means to ends; and that the pre-supposition of the existence of an infinitely intelligent fiat and design in their creation, operation and support, obtains from the beginning to the end? Is it not decisively apparent that impression and the absorption of impressions, (*a priori*), as it pertains to both normal and abnormal vital influences, gives rise *a posteriori* to force and action, and reaction in the support of impressions, which in turn produce their legitimate changes and results. If the truth of this proposition is admitted, when viewed in the light of material vital absorption—as applied to the departments of the material world—it is not the less true when applied to the relations which the immaterial department perpetually sustains to the material and from which (the immaterial department of the universe) all vitality, all life and all force and their legitimate attributes and prerogatives, is by the material, constantly derived and absorbed.

When we thus place man upon the platform of the universe, can we not fairly present him in the light of his creation, and behold him existing in the dual and composite completeness of his being as an emanation from both worlds? In view of the adaptation of means to ends, and in collateral correspondence as it relates to the absorbent systems of the material world—compared with the corporeal systems of man—can we fail to see the intimacy of their existing analogy? His material solids absorbs the mineral; his circulatory system absorbs the aqueous (the great diluent of Nature) as the col-

lateral of his circulatory system ; his respiratory system absorbs the atmosphere and its gases ; his nervous system absorbs electricity,— the lightnings flash, the great nervous system of the world.— when we thus reach the ultimate of his corporeal correlations, we may see him in his absorbent capacities, but only as the offspring of the maternity of Nature, and as a partial epitome of the universe. At this juncture he appears only as an automaton being, without the power of motion, *per se*, and the power to think, to reason, and to understand.

Do we not perceive then, that matter, *per se*, is immobile, inert and lifeless, without the bounds of its nutrient and vegetative processes ? From whence then emanates that being—the soul that looks out from behind the liquid sparklings of the eye ? Does it not irresistibly follow, that if we would succeed in exhibiting man, in his true relations to the universe, that we must look above and far beyond the sciences of anatomy, chemistry, physiology and microscopy, for the adequate appreciation and revelation of his vital constitution ?

In the light of the grand doctrine and law of universal vital absorption as it obtains in the universe, can we fail to perceive the relevancy of its progressive steps as it ascends from Nature up to the great Author and Architect—the great First Cause—by whom all things consist, and from whose ordinances and fiat all of vitality, life, and force is perpetually derived and absorbed ?

We would ask those who may deny the relevancy of our premises, if motion, (*per se*), and mind, thought, reason and understanding are inherent, independent and self-existent principles of matter ?

Has the Arcanum of Nature in its material cellular and protoplasmic operations ever evolved these vital attributes (*de novo*) either into dependent, or independent vital individualities and existences ? When Nature has thus been pressed for a vital response to this negative interrogatory, no speech, no language, no voice is heard.

“ O Thou Eternal One ! whose presence bright  
 All space doth occupy, all motion guide ;  
 Unchanged through times all-devastating flight ;  
 Thou only God ! There is no God beside !  
 Being above all beings ! Mighty One,  
 Whom none can comprehend and none explore !  
 Who fill’st existence with Thyself alone—  
 Embracing all, supporting, ruling o’er—  
 Being whom we call God, and know no more !”

In the views thus adduced, touching the philosophy of human existence, we wish our premises to sustain the fabric of our deductions. We therefore cannot consider man as automaton being ; and

his power to think, to reason, and to understand, the results of a mysterious cellular development from an idealized and organized protoplast, and as originating in an indefinite protozoa. If we should meet a friend with a box of transfixed grasshoppers and butterflies, and hear him talk fluently about "the survival of the fittest," we should at least feel assured that he understands the difference between a wasp's feelers and the horns of a beetle, before we should note him as a lineal descendant of a Newton or a Brewster. Action and reaction implies force and impression. The sensible absorption of impressions implies that vitality and life exists in the subject impressed. Inert matter can take no sensible cognizance of force and impression; hence it follows that vitality and life are not the principles and attributes of matter, but of spirit. True, it is, then, that the mind or spirit is the man; and that this immaterial individuality through the occult processes, as manifested through the medium offices of his involuntary nervous system, by normal vital absorption not only endows his body with vitality and life, but that it continually conserves its growth, health and longevity.

When the body has by the (electro-negative) absorption of abnormal extraneous impressions to a point beyond its recuperative power to react (vitality) in the support of such impressions, it then has lost its normal cellular capacity to longer absorb the immaterial life-giving forces; the vital equilibrium is thus destroyed, and the umbilical thread which unites the material to the immaterial system is severed. Thus the divine injunction of "dust to dust," is verified and his systems are resolved into the destructible and indestructible sources from whence they were derived.

As we have premised, then man in his dual creation is an epitome of the universe, and is held in perpetual vital sympathy with its laws and in a normal and abnormal sense he is constantly subjected by vital absorption to the normal influences and the extraneous exigencies and vicissitudes involved in their operation. Therefore, specific or morbid external extraneous causes, operating upon the morbid status of given vital individual conditions give expression and special character to disease, through the medium of material and vital abnormal absorption.

Is it not in the active manifestation of the universally pervasive principles of vital absorption, that we behold the propagation, and the growth, the life and beauty of all the members of the vegetable and animal kingdoms?

The mineral, vegetable and animal kingdoms in connection with the aqueous, the atmospheric and gaseous, and the electrical departments of the material world, are all of them vitally co-operative in the supreme uses and displays of this beautiful law.

Absorption is the medium of all the various transmutations, changes and interchanges of atomic matter. In the perpetually active processes of decomposition and recomposition; in cellular decay and renewal; in the normal and abnormal expressions of the physical and psychological phenomena of health and disease; we ever behold the object and contemplate the subject of this unceasingly active, and omnipresent agency. It grasps the sunbeam, and in the delicate cycle of its manipulations, paints it a blush upon the human countenance. It develops the eagle from its albuminous germ and sends it forth to meet the sun. It enwraps the caterpillar within its chrysalis—and at length unfolds it a butterfly. It causes the land to smile with beauty and with plenty, and scatters cattle upon a thousand hills. It moistens and refreshes the land with the dews of the ocean; and in return replenishes the seas with the exhalations of the land. It peoples the lake, river, and seas with their aquatic inhabitants, and glows in the vitality of the feeble mollusc and tiny coral, as well as in the strength of the great leviathan. In the heavens above us, in the atmosphere, and far beneath the ocean's bed, this ever active agency of construction and destruction of life and of death is ever manipulating its positive and reciprocal changes.

Impressions, and the normal or electro-positive and the abnormal or electro-negative absorption of impressions, *a priori*, and action and reaction in the support of impressions, *a posteriori*, are primary ordinances of the universe. It is through the medium and in the operation of the law of material vital absorption that the vital equilibrium of the elemental forces of Nature is supported and maintained, and from which are evolved the sublimer manifestations and phenomenon of her material administration. When her wonted equilibrium is disturbed; it is then she extends her recuperative arm in the chastisements of the conditions of abnormal absorption. In the vindication of the supremacy of her mandates, the heavens is sometimes set on fire, and the earth is made to tremble beneath our feet; and the aid of the hurricane and earthquake even may be invoked. We then may behold the majesty, the sublimity, and the awful grandeur of an irresistible power, as it is thus expressed and exe-

cuted from the deeper and loftier chambers of her laboratory, from the absorbent recesses of her arcanum.

In the preceding deductions we have assumed that vital force and life and their legitimate attributes and prerogatives are immaterial vital principles, that they are indestructible, and that they are perpetually derived and absorbed from the immaterial department of the universe, or from the great First Cause, the infinite Source of vitality and life. When we reflect upon the perfect adaptation of means to ends, as they obtain in the light of material vital absorption, when we pursue the line of ascent, can we fail to see, viz., that the lower material departments absorb from the higher, and that if the atmosphere and its gases absorb the electrical, the grand nervous system of the world, that in the light of material absorption we can proceed no higher? If we should stop here, the light to guide us to the primum mobile, (if we may so speak), the fountain and source of all force, vitality, and life would be extinguished in darkness.

This leads us to ask, what, then, does the Electrical, the great nervous factor of the material world absorb? Does it not ex-necessitate, plainly follow that in the vital economy, in the primary institution of the collateral absorbing systems of the universe, that the electrical, the collateral in nature of man's brain and nervous system absorbs from the immaterial, the spiritual department of the universe. (but just above and beyond the electrical) those mysterious principles we call vitality, life, force, and motion, *per se*, and that it is conjointly and materially operative in the vital evolution of their attributes and prerogatives; that atmospheric electricity is the material and vital link which connects the material to the immaterial which enswathes the electrical?

Theoretically then, we mean, that atmospheric electricity is the material vital absorbent of the immaterial vital principles of force, implying motion, *per se*, and life and its vital attributes and prerogatives, as they are thus derived from the immaterial vital source of all vitality and life. That in its mediumistic and vital absorbent prerogatives, as the most elevated and ethereal system of what is sometimes termed nature, it is perpetually and vitally operative in the production and evolution of all the multifarious phenomenon and metamorphosis expressed by the processes of material vital, normal, and abnormal absorption, throughout all the kingdoms of the material world.

Figuratively then, may we not aptly view this department, viz., the

electrical, as the great nervous system of the world; and as vitally permeating and enswathing (as it is enswathed) the material absorbing systems beneath it, and in the presidency of its dual forces, as executing the flat and pre-determined ordinances of a mind infinite in the perfections of wisdom, goodness, and truth.

That we may be more plainly understood, we do not mean to assert or imply, viz., that atmospheric electricity, *per se*, is force, vitality and life, or that it is identical in the *vis nervosa*, the *vis vitæ*, or the vital fluid, (or call it what you please) of the individual nervous system. But we do desire, *expressis verbis*, our meaning to be interpreted, viz., that atmospheric electricity is in juxtaposition with, and in immediate universal correlation with, and is in a vital sense perpetually (by absorption) co-operative with the immaterial principles of vitality and life in all of its active and reactive manifestations as the material medium of its vital transmission, dispensation, and physical support. If the primary doctrine of the absorption of material and vital impressions, giving rise to action and reaction in their support, obtains in the kingdoms of the material world, it also obtains in a special and vital sense, as it concerns the material and immaterial systems of man.

The miracle of life that is perpetually wrought in the human organism, depends upon the vital action and reaction of a mechanism complex in its structure, various in its forces, multifiform in its operations, and delicate in its vital adjustments.

Can material philosophy explain to us the exact nature of the nerve force and the process of its generation? Can it demonstrate to us the genesis of the blood cells, and how the chemico-vital force is supplied in the capillary vessels? Can it span the material chasm existing between the more physical action of the brain, and what is termed consciousness?

The distinguished Professor Stahl, whose opinions for a long time influenced the medical practice of Germany, maintained that the rational soul of man had a supervisory care, and directed and controlled all the vital operations of the body, both in health and in disease. To this agency he referred the recuperative powers of the economy?

Hahnemann says, "Diseases will not out of deference to our stupidity cease to be dynamic aberrations which our spiritual existence undergoes in its mode of feeling and acting, that is to say, immaterial changes in the state of health." He further says, that in

the absence of mechanical and chemical cause, "there does not exist a single disease that can have a material principle for its cause."

Pereira, in his great work on *Materia Medica*, says: "In the inorganic kingdom we have evidences of an influence which cannot be denominated either chemical or mechanical. . . . Now to influences of this kind, the term dynamical has been applied, and several pharmacologists have employed it to indicate those influences of medicines over the organism which are ascribable to neither mechanical nor chemical causes."

Baglivi said, "according to Pliny we are ignorant of what makes us live; but if I dare give my opinion, we are much more ignorant of what makes us sick, for the infinitesimal substance that gives the first and immediate impulse to disease is entirely incomprehensible."

Hahnemann, again, truly says, that "as the condition of the organism and its healthy state depend solely on the state of the life which animates it, in like manner it follows that the altered state which we term disease, consists in a condition altered originally in its vital sensibilities and functions, irrespective of all chemical or mechanical principles, in that it must consist in an altered dynamical condition, a changed mode of being, whereby a change in the properties of the material component parts of the body is afterward affected, which is a necessary consequence of the morbidly altered condition of the living whole in every individual case."

The *vis medicatrix naturæ* (*vis conservatrix*) power supposed by Cullen to preside over the living body and to possess a faculty of resisting to a certain extent, the effects of disease is not quite as definite in literal interpretation as *vis vitæ*, viz., "the natural power of the animal body in preserving life." What then is meant by this classical diction? Does it not impliedly assert "the innate healing power of Nature?" In the light of truth then is this acknowledged power said to be of Nature, a material or an immaterial principle? Does it or does it not, *per se*, reside within the domain of man's materiality? We assume that what is classically termed the *vis conservatrix* is not a property or principle of the *vis inertia* of matter, but of spirit, and that that which is scientifically termed the *vis vitæ*, is an immaterial vital principle; and that this omnipresent power as manifested in the propagation and conservation of the vitality and life of animal existences, is perpetually derived and absorbed from the immaterial vital arm. And that by it and through it alone are made manifest all of the vital phenomenon of life and



instinct, with their indestructible and legitimately implied attributes and prerogatives, in harmony with the elucidations of the principles of material vital absorption as expressed in the kingdoms and departments of the universe; the evident fulfillment of the truth of which is witnessed in the immutability of an all-wise predeterminate *de* of an infinite fiat in the perfect adaptations of means to ends.

We perceive then that the term *vis medicatrix naturæ*, which is reputed to be of nature, would be more appropriately applied to members of the vegetable kingdom. From the nature of our deductions, it follows that the life of the body is conceived and maintained by absorbing its vitality from the immaterial arm, and that this spiritual system which is but just above the electrical, enswathes the nervous system, and after which from deductive belief, we may rationally suppose the form and expression of the body to be fashioned.

The best affirmative evidence of the apparent truth of this proposition, may perhaps be found in the mysteries involved in the problems of human identity and in the histories of amputations of the superior and inferior extremities of individuals, who usually realize the apparent sensibilities of pain, conceptively the same, even to the hands or feet as might have been realized, had the lost members remained component parts of the bodies unity.

In order that we may adequately appreciate the principles of the vital absorption of physical and mental impressions on the part of individuals, we should consider the dual constitution of the nervous system, its voluntary and involuntary capacities and their separate and independent vital functions and offices.

We briefly, then, name the cerebrum as the sensorial and intellectual centre, and as the domicile of all the voluntary mental attributes as exercised in thought and will, as a property of the mind as occupying the central sphere of the voluntary nervous system, or the region of consciousness.

We name the cerebellum or posterior brain as the great vital organic or vegetative centre of the involuntary nervous system, which we term the region beyond, consciousness, which is primarily and reactively concerned in the vital manifestation of instinct and intuition; the conservation and co-ordination (independently) of the immaterial principles of vitality and life, as it is exhibited in what is termed the *vis vitæ* in popular scientific acceptation.

Considered as a settled truth in biological science, it is only when the action of the will is rendered passive and inoperative, when the will is absorbed in the region beyond consciousness by a oneness of action on the part of the mind and its powers are no longer exercised in the region of consciousness, that then and then only the vital recuperative absorbent power of the involuntary nervous system becomes operative in the normal electro-positive absorption of vitality from the atmosphere.

It is thus when the above vital conditions obtain that the dynamia of the involuntary nervous system becomes engaged. When the will is submitted to the power of the recuperative forces, it is then that the immaterial arm from the region beyond consciousness is reached forth in the vital replenishment and repair of the vital expenditures and wastes of the body incurred by the prolonged exercise of the will in the region of consciousness.

For example, two persons equally thirsty, may enter a pool of water, the depth reaching to their necks. Suppose that one of these persons while thus in the water shall continue the exercise of his will in moving about, swimming, etc., and that the other person remains quiescent and entirely passive with no exercise of his will and voluntary nervous system, the vital practical condition and absorbent status, now obtains in this person, his glandular or pores open and close in the ready absorption of the aqueous fluid. At the close of half an hour he comes out of the water, having his thirst fully assuaged, without having swallowed a drop, while the other who permitted the exercise of his will and voluntary action, without having swallowed any water, will return from it still more thirsty than when he entered the pool.

Again, suppose that an individual after retiring to his couch at night retains his will continuously in the region of consciousness and thus banishes sleep in continuing to meditate on his business, its exigencies reverses and its successes with tossing interludes of unrest until the day dawns. The distraintments of the will thus wrought upon this nervous system and mind in the abnormal absorption of extraneous electro-negative mental impressions will find him when he rises, wholly unrefreshed and unreplenished of the vital recuperative power he should have gained by a due abandonment of the will to the recuperative powers of his system. Hence, there is perhaps no cause which more certainly abbreviates human life, than the prolonged and undue retention of the will into the voluntary chamber of

the brain ; while the will is thus retained, the action of the involuntary nervous system is inoperative in its office of vital repair and replenishment in the maintenance of a due equilibrium of the life forces, and thus the superinduction of disease is invited by the continued extraneous absorption of abnormal electro-negative, mental impressions, bearing upon a diminished reserve of vitality.

The due absorption by the nervous system and mind of normal electro-positive impressions and the reaction of the mind in their support, imparts the glow of health to the cheek, and gives tone, strength and elasticity to the body. The continued, undue absorption by the nervous system and mind of extraneous abnormal electro-negative impressions, and the failure of the mind to react in their support, superinduces both physical and mental diseases, which may ultimately lead to the destruction of the body.

By visiting the asylums of the insane, we may witness the sad results of extraneous and abnormal electro-negative vital absorption by the nervous system and mind, and the utter failure of the mind to respond in its extremely negatived condition, in the rational support of normal mental impressions.

The undue and extraneous action of the nervous system and mind, then in the absorption of abnormal electro-negative impressions, may by its distrainments impair and even destroy the normal equilibrium of the mind by the changes wrought in the vital co-ordinate status of its material and immaterial relations, and thus leave the subject stripped of his intellectual individuality. The vital forces, the dynamia, the vital processes concerned in the support and manifestations of life in its material and immaterial correlations are based actively and reactively upon the immutable principles and law of dynamical absorption. We hold that this principle is irrevocably established and that it is a cardinal institute in the chemistry of life, and that the truth of this ultimatum is of more vital interest in the consideration of the varied effects of sanative dynamical impressions and their supported immaterial reactivities, when absorbed in the region beyond consciousness, "than is dreamed of in Horatio's philosophy." It matters not if the potency of the remedy be honestly the 1x, the 30th, or the 1cm.

We would with all becoming modesty assume that it is impossible to fix or interpret the dynamical status which may obtain in any given individual when placed either under normal or abnormal vital absorbent conditions. The idiosyncratic, physiological, pathogenetic

and temperamental complexion of this problem remains perplexedly unsolved. The key to its apparent mysteries if ever discovered, we believe will be found (logically and rationally) in the sphere of the involuntary nervous system.

With all due humility we maintain then that difference of vital susceptibility to dynamical sanative influences and impressions and their vital absorption (admitting that the remedial agencies and potencies are judiciously selected) rests upon the idiosyncratic or peculiar status of the individual dynamia which obtains in the involuntary nervous system in its correlation with the immaterial sphere of the human organism, and its occult reactivities as manifested in its varied support of vital sanative impressions.

It is these distinctions, the differences of which we are blind to, that presents the Blanqui's ghost of the therapy of similars, which will not down at the bidding of the lowest or highest authoritative potencies. The force of the great doctrine of vital absorption is never more beautifully illustrated than by the phenomena of sleep of which the members of the vegetable kingdom even form an analogous example.

When the activity of the will is completely suspended, and frail man is in death's ante-chambers sleep, when he reposes in the deep slumbers of the night, it is then that the silent recuperative arm is extended in the vital repair and replenishment of his lost energies, vital wastes and abuses of his body (wrought by the exercise of his will) by the renewed absorption of atmospheric vitality. It is during these hours when the will and intellectual action of his voluntary brain is suspended; that the lesions and the diseases of his body are repaired and healed, and the vital plastic operations of his economy are consummated, and bone unites with bone, bloodvessel with bloodvessel, and nerve with nerve. Thus in beauty unprecédented as it were, we may behold the immaterial vital waves flowing from the region beyond consciousness for the vital conservation and protection of a body, wearied by exhaustive labor, or injured and endangered by the perils of accident and disease.

If sleep be normal and complete, the will is withdrawn from the voluntary chamber of the brain into the region beyond consciousness, and the subject thus is abandoned to the charge of his involuntary recuperative nature, and the behests of animal life are practically inoperative. Still the heart rhythmically contracts, the blood circulates, and the normal status of respiration remains unimpaired.

Thus proving beyond all conceptions of doubt, not the hydraulic action of the heart; not the *vis medicatrix naturee* in the sense of its usual acceptation, but that this vital endowment, this perpetual vital animating force does not reside within the domain of man's voluntary nature. The *vis vitæ* then, or *vis conservatrix*, (or call it what you please) is an immaterial or spiritual principle, continually derived and absorbed from the immaterial fountain and source of all vitality and life, and their derivation prerogatives.

We may thus view man in the full consummation of his existence as an epitome of the universe; and although by the law of gravitation, he is chained to earth and compelled to grovel upon the same clods with the worm, yet from the innate immaterial prerogatives of his being, he may elevate his brow, look aloft, and behold, admire and contemplate the mysteries, the wonders and sublimities of a divine creation.

"That very law which molds a tear  
And bids it trickle from its source;  
That law preserves the earth or sphere  
And guides the planets in their course."

Oh! Nature, at the dawn of thy creation, the Divine Author of thy works when finished pronounced them good; and the morning stars sang together and all the sons of God shouted for joy! Why hast Thou, then, made us the creatures of time and circumstances, which seems to spare not the cries of the infant, the anguish and wailings of the orphan, and the deep heaving sighs of the widowed bosom? "If thy children ask of thee bread, wouldst thou give them a stone, or a fish; wouldst thou give them a serpent?"

In the sublimer demonstrations of thy power thou dost occasionally set the heavens on fire, and make the earth to tremble beneath our feet. Why hast thou also deposited the seeds of our misery, pain, and death, in that also thou wouldst give us to eat? Strange and unfathomable demonstration of kindness to thy children.

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### THAT WONDERFUL CASE OF PNEUMONIA.

#### A WORD IN EXPLANATION.

In THE INVESTIGATOR, August, 15th, under this caption and over the *nom de plume* "A Doctor," is an unfair distortion, rather than a fair criticism, of my report of a case of typho-malarial fever, in the JULY 1st INVESTIGATOR.

There are some facts in the case that are at variance with theories in general ; but, so far as I can see, it is so much the worse for the theories.

Morbific influences, or miasms, are not going around fixing up cases to suit any man's theory, be he ever so learned, or scientific ; and when we accept a theory as being absolutely correct, and liable to no exceptions— we are liable to get left.

There is but one law in medicine that I recognize as infallible, and that is our law of cure, "*Similia Similibus Curenter.*"

In the case reported, there were three moribific influences, or diseases, preying upon the system at the same time.

Hahnemann says: "Two dissimilar diseases co-existing in the human body may be of equal intensity (Section 36. Organon), or one being stronger than the other suspends the weaker, provided they do not combine, but they never cure each other." (Sec. 38. Last Clause.) In this case the pneumonia at the outset was the stronger. *Bry.* and *Verat. vir.* both Homœopathic, *Bry.* to the disease, and *Verat. vir.* to the pathological condition, pulmonary and arterial congestion reduced the pneumonia making it the weaker disease. The next day the typhoid being the stronger required *Bapt.*, and as stated in the report, when *Verat. vir.* was withdrawn, pulmonary congestion increased, and when *Bapt.* was withdrawn, the typhoid process in the illeo-cæcal region would increase ; but by alternating the two, and *Bry.* and *Arsenicum*, the whole disease was held in control, while the *Salicylate of Soda* and cold compress to abdomen kept down the temperature, preserved the purity of the blood, and healed the ulcerated or inflamed condition in the illeum. *Bryonia* and *Arsenicum* were both Homœopathic to the weakening prostrating effect of the whole diseased condition ; *Bryonia* also promoting the absorption of effusions into the pulmonary, pleural and abdominal cavities. After the exposure to a cold draft of air and renewal of the pulmonary congestion, on the sixth day, the two affections ran a course of "equal intensity," until both gave way together on the fourteenth day, and she made a speedy convalescence, and I discharged her on the sixteenth day.

Hahnemann says again, Organon, Sec. 3, the physician should adopt what is curative in medicine to what he has recognized as undoubtedly morbid in a patient, selecting the remedy indicated ; this I did, and seeing and feeling fully convinced that all the remedies used would act well upon the whole disease, watching carefully for all

changes that might occur, and withdrawing, or reducing the amount of each remedy used as soon as possible, I treated the case just as reported.

Hahnemann says again, *Organon*, sec. 272, "In the treatment of disease only one simple medicinal substance should be used at a time."

This I fully endorse, and follow in a simple disease where there is but one morbid influence at work in the human body; and I find upon the most careful study that one remedy will meet the requirements of the case.

But this is one of the theories to which there are a great many exceptions.

And, again, in a spirit of fairness and feeling, I challenge the profession to show me their remedy that is the similia to this case.

It is all very nice to report cases where a single remedy will cover nicely the symptoms, or the extraordinary, peculiar, and prominent, symptoms of a case, and a brilliant cure is made; any practitioner with ordinary energy and brains can do that. But what shall we do with these mixed, complicated cases, that seem, and are, doomed to die, unless something more effectual is done? Shall we sit still and see our patient die, or linger unnecessarily through days and weeks of pain; or, pass into other hands,—for fear we shall violate some pet theory? Not I! My prognosis in this case was based upon actual experience.

In simple pneumonia, in the first stage—pulmonary congestion—I can, and do, invariably break it up in about the length of time it has run when I accept the case; and I invariably use *Veratrum viride*, tincture, provided it is indicated by a white coating on the tongue, with papilla protruding through the coating, and coating lighter at point and edges than on the top, and a medium full and hard tense artery that will sink into the wrist under pressure, but is not compressed; pulse running 110 to 120 in adults, or 144 to 192 in children and infants. *Baptisia* is indicated by a similar condition of the tongue, except that the tongue is larger, less pointed, and more or less flabby or flaccid, and pulse not quite so sharp or quick in its beat, the artery larger and not so tense, blood more sluggish in its flow, and the rate may not be much above normal, or may be as fast as in *Veratrum*, and the whole picture of the case has a typhoid tendency.

My prognosis is guarded in proportion as the case is complicated by

typhoid tendencies, and in accordance with the condition of the atmosphere and weather.

Another fact in this case is, that in the prevailing epidemic of measles at the time, very many cases had them the second time; especially those who had them a number of years ago, and in some of the eastern states; and a great many cases from want of proper care were followed by pneumonia, and quite a number of cases of pneumonia developed into typho-malarial fever.

Another point, I always have, and do, regard the names of diseases as accommodating terms, and are only used to give an intelligent idea of the morbid condition of the case, or the disease by which the patient is affected; and this is determined, of course, by the symptoms, and pathological condition of the patient. S. A. NEWHALL.

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#### HOW I BECAME A HOMŒOPATH.

In August, 1862, I called a day or so at the house of the then notorious and famed Col. James Montgomery, of Kansas "jay-hawker" and Missouri "border-ruffian" days. His child was very sick. Says he, to me, "doctor, what ails my child?" I said, "sub-acute gastro-enteritis." A admirer of his, in Boston Massachusetts, had sent him a box of Homœopathic vials filled with little pills (and numbered, and a book. He looked in his book, then in his case of vials; put a few pills (the first of the kind I ever saw), into one-half a teacup of cold water, and did the same out of another vial into another teacup of same amount of water as the first, and told his wife to give a teaspoonful out of one and the same out of the other "turn-about," I think alternating every hour. The next morning I was astonished to see the child sound and well. Asking him to walk out with me, I told him that to me a miracle had been performed on his child, and asked him what he gave. He said it was, the one *Kpp-e-kak*, the other *Vur-rat-rum*. I then knew nothing of Homœopathy or its doctrines, and said, "Col., *Ipe-eac* and *Veratrum* will produce those symptoms of that child yesterday, if you would give enough of them." The hero of the Kansas prairies smiled, and said he could cure anything with them (the little pills), whenever he knew what was the matter.

I then during the war had no opportunity to get or try Homœo-



pathic remedies, but took good tinctures and added a few drops to cold water, and lessening it as I found I could cure with less and less, till ceasing to report cases for any medical journal, because expecting if I did not to be believed.

Yesterday I was called to an obstetrical case. She had had a "regular misery" for a week—opiates, as tinct. *Comp. et. opii*.—*Dover's powders*, etc., all had failed to relieve her. She is large, bloated, face flushed; red all the time, pupils dilated. Gave a few drops tinct. *Belladonna* (one dose). In a few minutes she was easy. Face not flushed, is lively; relieved of all disagreeable symptoms. To-day up at work, apparently as well as ever. No restlessness, pains, flutterings of heart, flushings of face, or smotherings. Feels like she will not get through for a long time.

Being in 1862 called to see some rebel prisoners at Mt. Vernon, Lawrence county, Mo., to one, according to Allopathic indication, a cathartic, and to another, a large dose (two grains) of *Opium* was prescribed. Each, after I left, took the other's dose; next day found both well. On inquiry, found that after leaving them the evening before, a Homœopathic fellow-prisoner told them to exchange doses that they were never safe in tampering with Allopathic doctors, only when you do the opposite of what they tell you.

You are publishing a first-class medical journal, and if you do no more than teach or learn the Regulars that they dose too large; are not perfection yet, and have a great deal yet to learn; that their "-pathy" is yet in its infancy—and that it is a very stubborn, coarse, heady, headstrong infant at that;—if you do no more than this, you will be entitled to the respect and gratitude of mankind.

I graduated in the Eclectic Medical Institute, Cincinnati, Ohio, nearly a quarter of a century ago, because I had had so many near and dear relatives murdered by *Mercury* and *Antimony*, from forty to fifty years ago, I had an uncontrollable horror of Old School practice.

WM. G. ELDER.

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### ABOUT OUR COLLEGES.

BY J. F. EDGAR, M. D., LOUISVILLE, KY.

EDITOR INVESTIGATOR: I am glad to see that you are making a little criticism on college announcements. I wrote a friend last spring that I felt like writing the numerous faculties, asking them to

stick nearer the truth in their catalogue announcements or less print them on softer paper so they would make better bum fodder. My personal knowledge of several of the colleges and their faculties, and when I read their announcements, I wonder if there has not been some grand transformation since I was there last,—but when I visit them again, it is just as it was. There is too much blow,—too eager a desire for students and their money, utterly forgetting the grand incentive of a pure hearted teacher.

I never was much in favor of restricting public or private rights—but I do think it would benefit the profession and humanity, if our students were sent to the Universities that now have Homœopathic departments, where the state pays the faculty, and mercenary motives on the student are not as likely to occupy the professional brain.

The graded course is the thing, and at a University the junior can freshen up on outside points with better opportunities. The three universities are now quite ably manned in their Homœopathic departments. You suggest that "Ann Arbor and Iowa should push for a full faculty." Now in the calendar from Ann Arbor, it shows a "department of the Homœopathic medical college"—and again "department of medicine and surgery." It is plain to be seen those headings are slurs. What right has the Allopathic department to be, called that of *medicine and surgery*? It should be more properly *drug cachexia and butchering*! As it appears now, our department is catalogued to the world as a department of a *schism*, while any intelligent non-bigoted person, who has ever investigated pure Homœopathy, knows that its teachings constitute the science of medicine according to the laws of nature, and its surgery is conservative, and cures and saves the lives of many, who would have been sacrificed.

My suggestion, is that we shall endeavor to get the regents to arrange a department of the fundamental principles of medicine, (anatomy, physiology and pathology), to which all junior students from the departments of Homœopathy—Allopathy—Dentistry or any other special school, shall attend. While these departments besides teaching general therapeutics, will also the specialties, as Homœopathic-surgery, obstetrics, gynæcology, ophthalmology etc. Allopathic, do-do-do-do. Dental therapeutics, surgery etc., each in their several departments. Then the several departments will not only work better, teach better, while the name of each department will approach nearer the truth and facts.

## A CASE OF TETANUS.

BY B. F. HOME, M. D., KEOTA, IOWA.

Mr. J. B., druggist, age thirty, rather delicate, subject to congestion of the lungs, since a severe attack of pneumonia some years ago. Had been suffering for several days with a severe cold, could not speak above a whisper. Called at my office 3 o'clock P. M., of Nov. 21, 1879. Had been chilling since noon, gave *Aconite* and ordered patient home to go to bed. At 5 o'clock was called in haste and informed that he was having a "congestive chill." I found him seated upon a chair, feet in hot water, breathing through clenched teeth, angles of mouth drawn back so as to expose most of his teeth, while he glared first at one then another with that sardonic grin so characteristic of trismus, the hands, arms and legs were rigid, pulse quick and wiry but almost imperceptible. Friends rubbing him briskly, body drawn forwards and head thrown backwards.

Gave *Aconite* three grains, alternate with *Gelsemium* fluid extract five grains doses every ten minutes. The spasm soon relaxed, only however to be followed in a few minutes by a more severe paroxysm. I fastened a blanket about his neck, reaching the floor to exclude the air then burned alcohol under the chair on which he was seated. In fifteen minutes had him thoroughly heated relaxed, and perspiring profusely, and placed in bed with hot blankets around him. In half an hour he was in another paroxysm. I now administered *Chloroform* by inhalation, which soon controlled the spasm, which seemed, however, inclined to return every fifteen minutes during the night, but was averted by the prompt use of *Chloroform*.

Nov. 22. A. M. Found him somewhat easier, omnious headache every half hour, which a few inhalations of *Chloroform* would dispel; pulse irregular; respiration short and labored; cough dry and hacking; lower lobes of lungs seemed quite engorged. Gave *Verat. v.* ten grains. to *Aquæ* two ounces in alternation with *Nux v.* fifteen grains to *Aquæ* two ounces; dose a teaspoonful every two hours; poultice of *Slippery elm* over the lungs; *Chloroform* as often as required; also moved the bowels by an injection of tepid water. At 4 o'clock P. M., severe paroxysm in spite of timid use of *Chloroform*. Ordered mustard poultice to wrists and feet; extract *Belladonna* to spine; *Chloroform* till spasm relaxed; *Morphia* full dose; *Chloroform* to be repeated when necessary.

Nov. 23, A. M. Cough not so dry; characteristic profuse perspiration between threatened paroxysms, viscid sputa. Continued treatment as above. P. M. Rested pretty well through the day. *Morphia*, and treatment as before.

Nov. 24, A. M. Seems to be improving; sputa rust color; no fever. Could not examine lungs on account of Uima poultice. P. M. Change in weather, has been raining since noon. Patient not as well; cough tight, more frequently threatened with tetanic convulsions; pulse quick and wiry. Gave *Aconite* 1x every half hour while awake, *Morphia* at bed time; 11 o'clock P. M., very violent paroxysms; emprosthotonos with severe pain in stomach. *Chloroform* failed to relax spasms, gave *Asafoetida* and *Valarian* each one dram, mustard to wrists and feet, friction as usual, *Belladonna* extract to spine; spasm relaxed for a few minutes, but was followed by rigid contraction and excruciating pain in stomach. Gave *Lobelia* and *Ipecac* each two drachms, every fifteen minutes till emesis was produced, and with it relaxation complete, after which *Chloral hydrate* fifteen grains, which gave him rest till morning.

Nov. 25, A. M. Not so well in any respect; gave *Belladonna* 3x and *Verat. v.* tincture in alternation, dose every hour. *Chloroform* when required which was frequently, till about 4 P. M. when he had a severe paroxysm which was controlled with *Chloroform*, after which a dose of *Morphia* left him sleeping; 11 P. M., most severe convulsion, tonic contraction of almost every muscle in the body, with complete emprosthotonos, pain in stomach as before, great difficulty in breathing; gave *Chloroform* and *Ether* each one drachm, also *Chloroform* by inhalation; no relief; I now gave *Lobelia* and *Ipecac* two drachms, doses every ten minutes, also a poultice of tobacco to stomach. Vomiting soon followed and with it relaxation. I now had the bowels moved by enema, after which a dose of fifteen grains of *Chloral hydrate*.

Nov. 26, A. M. Has slept pretty well; lungs seem to be doing well, otherwise no change. Gave *Elixir Valerianate of Ammonia* and *Quinine*, a teaspoonful in alternation with the appropriate remedy for the lungs, dose every two hours; this treatment was continued for a week at the same time the paroxysms were kept off by *Chloral hydrate* and *Chloroform*. His lungs made a good recovery and he gradually improved in other respects; *Chloroform* now seldom used. Threatened with convulsions only in the evening or when excited, or by

sudden jarring or noise. *Chloral hydrate* seemed indispensable in the evening, but the dose was gradually decreased.

Dec. 20. Went to the country for a week, where improved more rapidly; treatment the same.

Dec. 30. Has returned home; feels weak but pretty well except in the evening, and when he goes to the store, the noise on the street soon brings on an ominous headache, so he can stay only a short time. The attack of headache in the evening begins about four and lasts till six o'clock, for which I gave *Cinchona* two grains, night and morning; he also now takes *Physostigma* 3x and *Nux v.* 3x in alternation, dose every two hours.

March 1, 1880. Has continued to improve, so that now he says he feels well as he ever did in his life, has taken no medicine for a month.

I report this case not to display any peculiar skill or tact of my own, but rather to direct attention to the use of *Chloral hydrate* and *Chloroform* in the treatment of such cases, I do not think my patient could have been cured without them and I am sure that had I not resorted to their use I would have been relieved of my patient in one way or another.

Dr. Kruch, of Walheim, Saxony, reports 389 cases collected of tetanus in the *Medical Jahrbucher*, 134 of which had been treated with *Chloral*, the remainder surgically and with *Calabar*, *Curare*, etc. His opinion is that *Chloral* gives better results in the treatment of tetanus than any other agent known.

Dr. D. W. Yandell, in the *Birmingham Review*, claims that *Chloroform* has yielded the largest percentage of cures in acute tetanus.

Dr. Helmuth says, throughout the medical periodicals numerous cases are recorded as cured by the exhibition of large doses of *Chloral hydrate* and from late experience of my own I am disposed to regard it as a *most valuable medicine*.

I also wish to call attention to the temporary benefit derived from the use of emetics and nervines. I resorted to the use of *Quinia* and *Cinchonida* to overcome the periodicity of the attacks. I am aware that some of my dynamic friends will raise their hands in horror of such crude treatment, but I have when young in the practice held strictly to the use of attenuated drugs in like cases, and like other attenuationists have had my patients turned over to the enemy. I, when called to a case of any kind, endeavor to relieve the extreme suffering promptly if possible, then go on and cure afterwards with Homœopathic remedies.

*PRACTICAL OBSERVATIONS.*

## DOSES FOR ADULT, CHILD AND HORSE.

The doses of medicine for an adult, child, infant, or horse, I think are not well understood ; or, perhaps, to explain more particularly, I do not believe that we understand by any medical books yet published, just how disease enters the system, or just how medicine enters the system, and what it does after it does enter, which makes the sick better.

We have five senses, and the organs which the senses rest in are in some way affected if we are sick. If the senses are in no way affected I claim that we are well. I claim that the sick organ can be reached by the medicine which affects the senses of this organ in proportion to the sensibility of the organ, and that it really takes more to affect an infant than an adult, or even a horse, because the infant senses are not yet developed, and not susceptible. You know that the infant does not as readily take diseases as the adult, or child, or even the horse. You also know that in vaccinating we miss more infants than adults or children. I claim the reason is that their senses are not developed, or the organ not as sensitive as a mature organ is, and for that reason requires more medicine to affect it. There is much difference in infants, as well as children, adults and horses.

You notice often how loud some talk to an infant. You know that an adult would feel very disagreeable to have one scream at them as some do to the baby. Then you notice the baby sleeping ; flies crawl all over it, still it goes right on sleeping. Would a man stand it ; or a horse ? No, sir ! Every sense of the horse is far more acute and requires less to affect it, than the infant. If we wish to physic the horse, of course it requires more—as it does to feed. We feed according to size. But will not a little match set a big pile of shavings on fire, just as well as a big match ? Won't a little vaccine take upon a big man as well as upon an infant ? So with snake bite, mad-dog bite, or any other poisons. If we want to kill, it might be more appropriate to use larger doses ; but to cure, we do not need them.

How about the smell. Do you know that an infant may soil its diaper so that no adult can stand the smell without nausea, still, the infant is not affected by it. Diseases often come by hearing, seeing, feeling, smelling or tasting. What harm is there [done] by disease, if none of our senses are affected] ? How do we know we have it ?

Why this wonderful mortality among children? I seldom lose one, or even an adult, and never a sick horse. But I am not a veterinary surgeon.

REMARKABLE EXPERIENCE OF AN ACONITE BOTTLE.

Over thirty years since I got a little *Aconite* leaf at a drug store. The druggist cut off a little slip not one half as much as your little finger. I asked him, how much for it? he says, you are welcome to that little. I put it in a vial holding about two ounces, and filled it with half *Alcohol* and half water. This preparation I used on every occasion of sickness of horses and cattle owned by myself, and many of my neighbors, for about fifteen years. Every creature which took the medicine got well. From five to ten drops at a dose was all that was used, and then not more than three to five doses. Some animals had other medicines after it, but all got well.

The vial would get dry by evaporation, or used out, and all that we done was to put in *Alcohol* or water. I gave the vial to a son-in-law of mine, after using it myself fifteen years, having first cured for him a horse sick and down with the colic, with it.

He has at times had charge of twenty and thirty horses, and when anything was the matter the little *Aconite* bottle came out as the first thing, and generally the only thing.

He of late sold out his horses and gave the little bottle to the men he sold to, and they use it just the same. No medicine has been added in thirty years, but often filled with *Alcohol* and water. Not one horse died in sickness if he took out of the little bottle.

I think the little bottle good for thirty years more if kept filled, and will do just as well as ever. This may appear strange, but it is true. More are killed with medicine than cured. S.

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## Consultation Department.

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DIADEMA CHILLS.

Please correct page 242, *Diadema aranea*—sometimes double chill coming on at 9 A. M., and 9 P. M., same day. *Quinine* and brandy, not four but a tablespoonful every thirty minutes.

J. C. CUMMINGS.

## CANKERS OF THE MOUTH.

I have had quite a number of cases (adults) within the past year of what is commonly called "cankers of the mouth." They appear on the inside of the cheek, on or above the gums. I have no luck in curing them permanently. Some of my patients have had them for years. What is the cause of the trouble, and what will cure it?

R. F. H.

## GIVE US A PHARMACOPŒA.

On page 226 of the Sept. number of *THE INVESTIGATOR* is an article by T. D. Williams. I consider the subject of the greatest importance, and I want every subscriber, and member of the profession at large, to notify you, and that you will publish the same, just what their feelings on this subject are. It is only by a combined action on the part of Homœopathic practitioners, that anything can be accomplished in this direction.

M. M. DODGE.

## WHAT IS HE?

In the *UNITED STATES MEDICAL INVESTIGATOR* of Sept. 15, 1880, there is a piece headed, "Charge the Clergy, Why Not?" Was the one who wrote it a demoniac, a maniac, or a lunatic? Or is he one who has been deranged, demoralized, and infuriated with rum? Or, possibly, a backwoodsman or, a kind of metamorphosis?

It seems to me that no decent respectable person, of any moral culture, or civilization, would indite such a wholesale slander against living ministry and their families.

Now, Mr. Editor, I did not think that money enough could be given in Chicago, or anywhere else, to change the *high and noble purpose* of *THE INVESTIGATOR*; to make it the organ of such a wholesale slander of the christian ministry!!

Yours in sorrow,

H. WEST.

## SENSITIVE TOOTH.

I have a peculiar and very annoying symptom—a sensation in the lower front incisor teeth, where the gums join teeth, feels as though sharp cold air was being sucked into the mouth directly onto the teeth; teeth feel on edge—have had a similar feeling when biting into intensely sour fruit—there is a constant desire to work at the teeth with toothpick, although sensation is aggravated thereby. Sometimes go for weeks without the sensation, then have it for weeks; gums are perfectly sound, and teeth also. What medicine is especi-



ally indicated by the symptom? I think the symptom is due to malarial poisoning, though never heard any one complain of the symptom before. When attacked, the symptom is continued during the whole twenty-four hours. I think the trouble of malarial origin.

H. C. K.

CASE FOR COUNSEL.

Mr. O. K. Fish, aged fifty-five, rheumatic diathesis, but not troubled with rheumatism now, has hypertrophy of the skin of the lips, lower lip the worst. The skin thickens up, gets clumsy and stiff, or inactive, rendering articulation difficult; with an irresistible desire to be biting, or rather scraping it off with the teeth. He has been to nearly all the physicians in the county. Has had acids and caustics used without benefit. I fail to find any similia among any of our remedies. Gave him first, *Eucalyptus*, which relieved a little, temporarily, but did not cure. Gave him *Carbolized Hamamelis*, and *Glycerine*, with no benefit. Gave *Thuja oc.* 3x, no good.

He is perfectly well otherwise, he says; eats, drinks and sleeps well; bowels regular, digestion good. Lips are a bluish white, with small vesicles size of a millet seed, filled with watery mucous, on mucous membrane lining lips. What is it, and what will cure?

S. A. N.

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## Book Department.

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All books for review must be sent to the Publishers.

"DOCTOR, WHAT SHALL I EAT?" A Hand-Book of Diet in Disease, for Profession and the People. By C. Gatchell, M. D., Chicago: Duncan Brothers. 12mo., pp. 148. \$1.00.

Perhaps no one has that question asked so often as a physician to chronic cases. Familiar with the many answers, from infancy up, the author has given us not only his experience, but also that of his father, Professor H. P. Gatchell, whose knowledge of physiology, and experience with the food question is not surpassed by any man on this continent. Sifted through two generations of doctors, this work is plain, practical and valuable. It is really a clinical guide on diet, and one the profession will find reliable and correct.

## Society Proceedings.

### *THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.*

SYRACUSE, September 16, A. D. 1880.

10 A. M. The Central New York Homœopathic Medical Society met in the court house, the Vice-President, Dr. Stephen Seward being in the chair.

Present—Drs. S. Seward, Boyce, Hawley, A. E. Wallace, L. B. Wells, Leslie Martin, Schenck, Benson, Brewster, Emons, Besemer, Warren, Wash, Young, Denel, J. T. Wallace, Greenleaf, Eaton, Southwick and Jennings.

Drs. Carleton, of New York City, Harris and Hale, of Syracuse, being present, were invited to participate in the discussions.

The minutes of the last meeting were read and approved.

Drs. Hawley, Wells, and Boyce were appointed a committee on credentials.

The secretary and treasurer reported publication of minutes and papers of the last meeting in *THE MEDICAL INVESTIGATOR*, and a balance in the treasury. Approved.

Drs. Wells and Boyce were appointed a committee on necrology.

Dr. L. B. Wells read a paper on paragraphs 173 and 174 of *The Organon*.

#### PARAGRAPHS 153 AND 174 OF *THE ORGANON*.

Those forms of diseases presenting but a few symptoms, Hahnemann characterizes as partial, or one-sided diseases, the greater part of which are chronic. Their chief symptoms only indicate an internal affection, the perceptible development may be a headache, diarrhœa, or cardialgia of long standing, or some more external form. These are usually termed local diseases. Among this class we will indicate a few forms arising from causes seen or unseen, and many of them are hereditary.

For a practical consideration, I will only designate a few forms of disease of this character. The various forms of diseases of the eyes, lids, etc., may be included in this list, which are the most common. The pathologist looking only to the local development makes his various local applications of caustics, etc., thus the tortured patient

submits to this cruel form of treatment, sometimes for years, which often terminates with complete loss of sight. Too many of those professed Homœopathsists suffer themselves to be drawn into this fallacious, unscientific mode of practice. The same is true with many of those forms of uterine disease; the patients often suffering for years, with but partial relief, for want of knowledge of a better mode than to subject these delicate organs to those various appliances often tissue destroying in their nature.

I might include in this list many forms of skin diseases where local treatment is sometimes followed by fatal results.

This local development is merely a prominent, or may be, the only tangible symptom of the case, and our chief guide, unless the disease has been caused by accident or contagion. In the course of treatment new developments often occur, making more certain indications for the selection of the appropriate remedy.

All these forms of disease, unless caused by accident or contagion, or local applications, are the result of a morbid influence pervading to a greater or less extent, the whole system, of which its local development is but a sign. Whether Hahnemann was right in designating these forms of disease is right or wrong, is of minor consequence, in view of the facts in the case. That Hahnemann was right, every fair-minded and sagacious physician, by careful and patient observation, must admit to be true.

As truth is mighty and will prevail, so the time will come—and is now with many of the most successful practitioners—when all these forms of disease will be treated by applying the single well-selected remedy to the tongue of the patient.

Dr. Boyce—These paragraphs open to us a half dozen others, and cover the entire Homœopathic treatment of disease. They are the obscure symptoms, the patient says nothing about, which give the indications for treatment. If prominent symptoms are treated, you may not cure, but you compel the disease to declare itself. You unveil the disease. You bring out symptoms more numerous and complete. These paragraphs extend to the 185th. If you cannot cure a disease as a whole, you may cure it by sections. Often this is the only way we can follow. These paragraphs explain each other.

Dr. Hawley—This is a topic of exceeding interest. It affords me opportunity to present a case. It is marked and serious beyond any I ever met. Dr. Cross, a Homœopathist, wrote to me asking what

would be the effect of the Messisquoit Springs in his disease, hæmaturia? It was brought on by excessive work, keeping three horses busy. The discharge of blood is profuse, sometimes a pint; so pure as to coagulate in the vessel before it could be emptied. For a period of fourteen months there was improvement. Last winter he had a hæmorrhage every second Sunday morning at two o'clock. Ad. Lippe, M. D., prescribed *Pulsatilla* cm. Disease continued. He has just had the worst hæmorrhage he ever had. His mother suffered from an aphthous sore mouth and skin diseases. He has the sore mouth alternating with hæmorrhoids. The aphthæ and the hæmorrhoids are absent when the hæmaturia is on. He eats well, sleeps well, has no thirst, has slight fever; he is in good spirits. There is some pallor. The symptoms are not numerous. There is some soreness at times in the region of the kidneys; also, stiffness there. is a little floating, rather more of it now. We can hardly expect to find a medicine corresponding to the bleeding. He has used the *Oil of Origanum*, also *Terebinth*. Generally the urine is normal, at times it is albuminous.

Some of the members suggested *Apis m.*, *Mercurius*, *Nitric acid*, and *Millefolium* as worthy of study.

Dr. Seward — Special attention should be given to the psoric condition, rather than to the hæmorrhage.

Dr. Carleton was asked for an opinion. He said he had treated a similar case. He thought it to be the result of violence to the urinary organs. *Millefolium* is to the urinary organs in a traumatic state what *Arnica* and *Hypericum* are to the states for which we give them.

Dr. Seward reported a clinical case. A lady sick with pneumonia, had been ill three weeks; left lung; suppuration had taken place; could not lie down nor rest her head against the back of her chair. Could sleep a little when some one would support her head. Much emaciation; feet, and legs to the knees, œdematous and cold. A tedious cough; two kinds of sputum, one gray and fœtid, the other yellow and not fœtid; no appetite; tongue badly coated and taste bad. *Carbo carb.* 30, one dose. The second night after it she could lie down at angle of 45 degrees, and sleep; the third night could lie down normally, sleeping and resting well. All symptoms improved. The fifth day she ate heartily of veal pot-pie. Diarrhœa set in; *China* one or two doses relieved this. The lung recovered perfectly. The principal indication was the sputum being offensive to both taste and smell, or "pus disgusting."

Dr. Wells — The first volume of Hahnemann's Chronic Diseases is the best of our text books, next to The Organon. It is published separately from the remaining volumes by Boericke & Tafel.

Dr. L. B. Wells reported a case of *gangrena senilis*. In July, 1847, was called to Mr. H., aged seventy-four. Six months before there came a purple spot on the great toe of the right foot, with severe pain. It proceeded to ulceration; the disease gradually extended itself to every toe, and all of the toes of the foot had sloughed off. When I first saw him the whole foot had a dark purple hue, and this extended some three or four inches above the ankle, showing a distinct line of demarcation. An offensive discharge from the end of the stumps. The treatment had been Allopathic. Gave *Secale cornutum* three weeks. Allowed no local applications except water for cleansing. At the end of the first week the discharge ceased, the discoloration became bleached, and at the end of the three weeks he was a well man. Two years afterwards the same disease showed itself in the great toe of the left foot. *Secale cornutum* was administered and the disease disappeared. The man lived two years longer. May 1879 was called to Mrs. N., aged seventy-two; severe pain in great toe of one foot; a dark purple color showed an unmistakable tendency to gangrene. The affection yielded promptly to *Secale cor.* She is now in a fair state of health.

Committee on Necrology reported the death of M. M. Gardner, M. D., of Utica, the 31st of July last, at the age of forty-nine, from Bright's disease of the kidney. His wife died just five weeks before. He was educated an Eclectic. Having become a convert to Homœopathy, he graduated from the college of our school in Philadelphia. He was making good progress. He signed the declaration of principles. He was a true man, one whom it is hard to spare. The report was accepted.

The same committee reported also a recommendation that this society meet together in this city, the Thursday before the 10th day of October next, at 2 P. M., in honor of the late Constantine Hering, M. D., and that Dr. Boyce be requested to give at that time, some reminiscences of Dr. Hering. Approved.

Dr. Boyce reported a case illustrating the three principles, to wit: The *similimum*, the single remedy, and the minimum dose. A lady aged fifty-five, prematurely grey, at a company, seized with remitting pain in the right groin, very severe. An Allopathist gave her *Morphine*. She went home; pain returned in the night. I saw her in

the morning; no great soreness; did not want to move, though she could. The only distinctive symptom was a knotting up of the abdomen in lumps at the exacerbation, and at the same time, the passing of a little jelly. Here were two conflicting symptoms. I hesitated between *Aloes* and *Plumbum*. Gave *Plumbum* 12 in solution, a teaspoonful every two hours. After the second dose, the pain left, and did not return. In a day or two new symptoms presented themselves; pain in the back across the hips when at stool; stools of dark jelly of a bad smell; straining after passage; passages small and accompanied with great straining and with nausea; pain in bowels as high up as navel; straining a long time after an evacuation. Hesitated between *Ipecac* and *Bryonia*. Gave *Ipecac* 200, two doses. After the second dose the relief was prompt and perfect. The nausea determined the selecting of *Ipecac*. She was very thin and the pain seemed to draw the abdomen back to the spine.

Dr. Brewster made a clinical report, illustrative of the three principles. Called two weeks ago to a boy of ten, sick with scarlet fever. He had been under Allopathic treatment. Head thrown back by enlargement of submaxillary glands, the glands very sensitive to the touch; a watery substance issuing from the nostrils; flashes of heat followed by profuse perspiration; marked thirst; scanty, dark colored urine; irritable; stupor; delirium. *Belladonna* 1400 next day, no better. *Apis m.* 6 in solution, a teaspoonful every three hours. Next day, better. In six days able to be up. Took no other medicine; took the *Apis m.* at intervals for three days. A young lady attending upon the boy went home. She was taken with sore throat and fever; pain and swelling began upon the left side of the throat, the pain running up into the left side of the head, and down into the neck; pain worse from movement. Throat looked like a dark red beet. She was unable to sleep; would wake up in distress as soon as she fell into a drowse; neck sore and sensitive to touch; muttering delirium. *Lachesis* 2m in solution. The second day *Lach.* cm in solution. After the second dose improvement set in, and recovery was rapid. Other symptoms should be mentioned; bloody, offensive mucous from throat and posterior nares; she could not bear the light, nor could she bear the air of an open door.

Dr. Wallace reported a case. Called a few days since in consultation; a child, cholera infantum. *Arsenicum* and *Veratrum* low, had been given. Intense thirst and restlessness. *Arsenicum* 35m, one dose on the tongue; there was immediate relief. At exacerbations

same remedy controlled for two days ; then the stool became a *Podophyllin* stool and *Podophyllin* 200 cured the child. *Arsenicum* had unveiled the disease.

Dr. Benson made a clinical report, illustrative of the three principles. A gentleman aged sixty-five, had been troubled for several days with diarrhœa ; discharges every two hours ; stool greyish white almost jelly-like in consistency ; medium size ; offensive odor ; each discharge preceded by colic pains in abdomen, not very severe, and by a rumbling or gurgling noise in the bowels very much like that made by the passage of water from a bottle. *Aloes* 3, one dose after every movement produced a decided change for the better in a few hours ; in fifteen hours the case was entirely cured. A child of three years, diarrhœa of three days duration. Greenish watery discharges, profuse, coming every one and two hours ; painless ; worse in the morning. *Podophyllum pell.* 30, a dose after every stool, cured within twenty-four hours. A child fifteen months old, diarrhœa. Careful prescribing had effected nothing for ten days. Morning of the tenth day head hot ; disposed to be restless ; sleep during preceding night easily disturbed, and when asleep frequently a chewing motion of the jaws ; the stool a thin green mucous, at intervals of from twenty to ninety minutes ; had been most frequent the preceding afternoon. *Belladonna* 30, at first a dose every hour. Relief followed almost immediately ; dose after every stool. The child entirely well within two days, except the weakness which naturally follows such conditions.

Dr. Brewster reported a case. An elderly gentleman had what he called a liver and kidney trouble ; finally diarrhœa every morning at about five o'clock, and two or three movements during the morning hours. One dose *Sulphur* mm (Swan's) cured him. Recess till 1:30 P. M.

#### AFTERNOON SESSION.

1:30 P. M.—The president, Dr. Marsh, appeared and took the chair.

Dr. Hawley reported a clinical case. December 22, 1879, was called to Dr. B. B. Schenck. He is seventy-two. Four or five years since diabetes mellitus reduced him. The disease was stayed ; but he has not become able since then to resume active practice. I found him with pulse at 104. For the four weeks preceding, his pulse had varied (he said) from 100 to 117. Skin hot and dry even to the palms of the hands. Inordinate thirst, so that he frequently drank two or three

goblets of water at a time. Frequent and copious urination, the intervals never exceeding two hours, and often not more than one hour; no appetite; sleepless; sensation of great weakness and muscular exhaustion. General numbness of the body, which, he says, is pushing all over him. He says: It is as when the arm is asleep, if you try it on anything you do not quite know if it touches it or not; so when he lies down on the bed he does not quite know whether he touches the bed anywhere or not. Obstinate constipation. Tongue very red, clean and cracked, with a sensation as if it was so dry that it would be parched. If he stood or walked he felt as if he must at once sit down, he was so fatigued. His diet was mostly bread and milk, which seemed to agree with him, although for a part of his life he had been unable to use milk without being made sick by it. One dose *Vaccinum cm* (Swan's) was followed by decided benefit.

Dr. Shcnck, being present, said: That in the condition described by Dr. Hawley he had felt as though his bed and his surroundings had dropped out and left him alone there. Had a great horror of paralysis. He was gloomy, non-impressible. Time all alike to him. Has suffered intensely from angina pectoris, greatly prostrating him. Since taking the *Lac. vac.*, all this condition has improved, so that he can go about comfortably. Urine was thirty-two to thirty-four. No albumen.

Dr. Carleton reported a case in the hospital on Ward's Island. It has been demonstrated that when cases of old ulcers are treated on strictly Homœopathic principles, with no external medicinal applications, a larger percentage is cured than by former methods. Two years ago there was a man in the hospital afflicted with an ulcer. His was the worst case in the lot. He had been in the house four months. The ulcer had a raw sore, a slight serous discharge, ragged edges, loose tissue, very slight reaction. Could get from the patient no statement of symptoms. He was about sixty years old. There seemed to be no sensibility. Prescribed for him. One hundred and fifty students looking on, and all of us regarding it as a crucial case. *Opium* 200, one dose. Two weeks afterwards the ulcer had healed one-half. The students cheered. Did not repeat the medicine. The ulcer healed perfectly from that one dose. Gave *Opium* in accordance with Hahnemann's reason for it. When there are no symptoms, give *Opium* to rouse reaction.

Dr. Greenleaf reported cases. Mrs. M. complained of a terrible pain which seized her at any time when weary or excited; so severe



as to incapacitate her for any work for a day afterwards; pain in the umbilical region, running across from hip to hip, seeming to her as if a hot wire were drawn across. Constipation twelve years. No desire whatever for stool. Bowels always moved by an enema. Stool consisted of hard black lumps, packed together like a sheep's excrement. Had had inflammatory rheumatism, and was treated with *Mercury*, Allopathically. *Magn. mur.* 200, a dose every night, brought about a motion of the bowels every day for a week, but did not help the pain. Pain eased somewhat by doubling up. *Colocynth* 200 cured the case.

Mrs. S. came to me from Allopathic hands. Complained of sharp pain in the region of the bladder two or three inches above the pubes but deep back in the abdomen. She had been told it was neuralgia of the womb. Pain would come on like a flash, any time of day or night. Pain excruciating and followed by a discharge of blood from the vagina, of a bright red color, and about a teaspoonful in quantity. Vaginal examination was refused. Found that her only relief was to sit down on the floor and hug the knees tightly against the chest. *Colocynth* 200 was given. Cured completely in two days. Mr. T. ate freely of hashed cucumbers and onions for supper. Woke at 6 A. M. with a mild griping and diarrhoea. At 9 A. M. was taken with a violent colic, preceding stool, relieved by stool and by bending double. At 10 A. M. *Colocynth* 200 was exhibited. He had one spasm of pain, and one only after that.

Dr. Young — Was called to see a man said to have spasms. Found three men trying to hold him. His knees were drawn up against his chest. Paroxysms recurred every two or three minutes. *Colocynth* 30, one dose cured. A few days afterward another case occurred in the same neighborhood, cholera morbus. The patient laid in bed, knees drawn up to chest; mouth firmly closed; patient noticed nothing; spoke to no one. Pried her mouth open, put into it five pellets *Colocynth* 30. In a little while she began to speak. Left a solution of some medicine, but it was not necessary to give over three doses.

Dr. Nash—One day I found my horse unwilling to go. Punishment did no good. Consulted a blacksmith who professed to cure horses. He said it was colic, and undertook to pour a mixture from a bottle into the horse's mouth. Broke the bottle in the attempt. The horse would stand his forefeet and hindfeet together; turn in a circle

continually, lying down and rising again, restless with pain. Put some pellets of *Colocynth* 6 on his tongue. In fifteen minutes he was free of pain. One of the symptoms was profuse sweating. The farrier asked to be supplied with a phial of the wonderful medicine. Some time after he came to me for a fresh supply.

Dr. Hawley—We have heard of chronic ulcers. A young man had an ulcer on the right shin two inches long, one and one-fourth wide, oval, and one-eighth inch deep; bottom grayish white; not much sensibility in it. *Muriate of Iron* had been taken with no benefit. Ulcer bluish, livid purple; edges clean-cut. *Lachesis* cm, one dose healed it entirely.

Dr. Schenck—When I was an Allopath, I was called to a case of feversore, neurosis. An Allopathic friend said put on a *Spanish-fly* blister on the other limb about the same place, and keep that sore while this gets well. Did so, but in vain.

Dr. Young—Should we be afraid to treat animals Homœopathically? Saw a horse rolling and tumbling, getting up and lying down; at last he laid on his back with his legs drawn up. *Colocynth*, one dose. In half an hour he was up, eating grass with evident relish.

Dr. Seward—A mare; throat so swollen that she could not get her head down. *Apis mel.*, three or four doses cured.

Dr. Jennings—Allopathic farriers should be reported to Mr. Berg. The president called up the subject of autumnal diseases.

Dr. Hawley—If I had a case I would treat it Homœopathically to the best of my knowledge. If a physician whipples about he will probably have a funeral.

Dr. Greenleaf—Is there a genuine epidemicus? Three years ago *Podophyllum* was the remedy in our region, Tioga county. This fall the weather with us is damp and heavy. In diarrhœas the stools are yellow, pasty, painful, and some are painless. *Podophyllum* meets almost all cases. It is the sheet-anchor, this fall. In one case of dysentery, bloody discharges, patient could not keep still. *Cornus florida* relieved.

Dr. Nash—Physicians are here from many different quarters. Let us have your experiences. An infant suffering from dentition. Had diarrhœa of two months standing. Stools green, chopped; excessive restlessness. The child has large head. Gave *Calc. carb.* Child was taken to the Thousand Islands. Brought back worse. Stools light, copious, offensive, and containing undigested food; voided mostly in the morning, ten or twelve stools in the morning hours. Child ate very little; became emaciated; teeth grinding all the time; unable to sleep more than fifteen minutes at a time. *Podophyllum* cm in water cured entirely. Some cases of dysentery have been relieved by *Nux vomica*, occurring in the fore part of the day; stools preceded by pain, pain ceasing with stool. One case was cured by *Mercurius virus*. 30. Symptoms: tenesmus during the stool, after the stool, and patient worse all the night.

Dr. Young—If I were confined to one remedy in dysentery, it would be *Mercurius corrosivus*. Had a case last night. Burning pain; stools scanty, scraping of intestines streaked with blood; thirsty, but she complained that water burned up in her and did no good. *Mercurius cor.* 30 relieved. Has been the remedy in twenty cases this last month.

Dr. Deuel—Diarrhœas in our region this fall have stools profuse, foetid, worse in the morning; patient weakened by them. *Podophyllum* 3 cures. Dysentery began first of August. Cases grew more

numerous up to the middle of August, then fewer; at present they are worse again. *Mercurius cor.* 3 controls where there is burning after stool, and the stools are streaked with blood.

Dr. Besemer—*Arsenicum*, *Mercurius cor.*, and *Vivus* and *Podophyllum*, are the main remedies in my region this fall.

Dr. Benson—About Skanesteles lake, almost all cases this fall have excoriation. *Sulphur* has shown power in such cases.

Dr. Hawley—In a child teething. Diarrhœa was attended with excoriation about the anus. *Sulphur*, one dose, cured in twenty-four hours.

Dr. Jennings—Can duplicate that exactly.

Dr. Carleton—Many malarial cases with us. Almost all show unrest, prostration, the characteristic *Arsenicum* thirst. They require *Arsenicum*, high.

Dr. A. E. Wallace—Was called to a boy five years old. Symptoms: Intense thirst for large quantities of water; restlessness; prostration; cold surface. *Arsenicum* 3x. Was summoned at four o'clock next morning. Rapid prostration, almost in a collapse. Gave *Arsenicum* 40m (Jenichen). Cured in twenty-four hours. Hesitated to give *Arsenicum* because larger quantities of water were demanded.

Dr. Nash—Some cure with low potencies, some with high. Can we tell the reasons? A child had diarrhœa; frequent stools, thirst, prostration. The attending physician was giving *Arsenicum*. Being called in consultation, I advised *Arsenicum* 200. He gave it though expecting the child to die. It improved. If you give strong medicine it prevents reaction from setting in.

Dr. Warren—*Podophyllum* 6x answers best in the diseases prevailing with us.

Dr. Southwick—Knew a case where the stools were perfectly natural. Great thirst and prostration set in; death followed in a few days. Have heard of a number of similar cases.

Dr. Eaton—Have had a number of cases of diarrhœa among children. Symptoms: Stools profuse, watery, coming with a sudden gush, passing right through the diaper, coming immediately after eating or drinking. *Croton tiglium* 30, cures.

Dr. Hale—Last spring a patient was afflicted with intermittent neuralgia. It has returned upon him this fall. Had been treated Homeopathically and then Allopathically, with no relief. Daily at 9 A. M. a pain began just above the left eyebrow in a space covered by half your finger. It grew more severe; attained its height in three quarters of an hour. From eleven to twelve o'clock it would wear away gradually, the decline being accompanied with considerable nasal discharge. By 3 P. M. he would be at his business. *Cyanuret of Potash* 1st centesimal, in grain doses, one every hour. *Gelsemium* during the attack. He is gradually improving. [*Iqnotia*.—T. C. D.]

Dr. Nash—Had a case of neuralgia which had been under the water treatment. Pain on right side of the face, gradually augmenting; watering of the eye; pain subsided gradually. Gave *Spigelia*. No relief. Time of parovysm from 10 A. M. to 1 P. M. Gave *Stannum* 1m. The next attack was light, and was the last. This season it returned. *Stannum* cm, one dose relieved promptly and fully.

Dr. Jennings—Genuine Homeopathy cures so thoroughly that the predisposition to the disease treated is eliminated.

Dr. Nash—A man accustomed to quinsy. *Baryta carb.* 30 removed not only the disease, but also the predisposition to its return.

Dr. Hale—A lady suffering with bronchitis had been relieved by Dr. Miller with *Sulphur* and *Bryonia*. She came to me wanting the same remedies.

Dr. Nash—A woman not believing in Homeopathy desired medicine for biliousness and constipation. Wanted me to give her "not

any little pills, but something that would clear out the kitchen," she said. Gave her some large powders of crude *Podophyllum*. She reported that the powders cleared out the kitchen and the back-room, too. She closed by saying, "Well, doctor, give me after this what you please. I will not prescribe what it shall be."

Dr. Jennings—Has anyone an experience in hay fever?

Dr. Deuel—There is no hay fever in Chattenango.

Dr. Nash—I have had it badly for twenty-five years. It comes from August 20th to 25th, and lasts till frost. Dr. Lippe advised me to try *Gelsemium*. Only by covering my symptoms fully do I get relief for that year. Other years I have to try something else. *Gelsemium* 200, when the sneezing occurs in the morning on first getting up. *Lach.* worse after a nap in the daytime. *Carbo veg.*, severe tingling in the nose, sneeze or not.

Dr. Deuel—A case of hay asthma coming on in June. Chest fills up so the patient can scarcely breathe. *Tartar emetic* 3 and 30 helps.

Dr. Eaton—Am subject to hay fever from August 23d till frost. The trouble begins in the head. Sun and the dust increase the trouble. After three weeks there comes on an asthmatic condition of the chest, and this uses me up. Was helped by *Silphium* 1 last year. This year the attack is lighter. Find relief from *Arsenicum*, *Arum triphyllum* and *Tartar emetic*.

Dr. Carleton—I send all my hay fever patients to Bethlehem, New Hampshire.

Dr. Nash—Have always been relieved by going to the vicinity of the sea. Went this year at the height of the fever, but found relief only when the breeze came from the sea. People sometimes find exemption by removing to a short distance only from their habitation.

On motion of Dr. Hawley, Edmund Carleton, M. D., of New York, was made an honorary member.

Drs. Benson, A. E. Wallace, and Warren, were appointed as a committee on schedule of exercises at next meeting. Committee recommended that the study of the Organon occupy the morning session, and that pneumonia be the subject for the afternoon; that Dr. Greenleaf write a paper on pneumonia, Dr. Brewster being his alternate.

Adjourned.

Attest, C. P. JENNINGS, Sec'y.

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## Medical News.

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*Prof. J. Martine Kershaw, M. D.*, of St. Louis, delivered the introductory address at the St. Louis College, Sept. 28, at 10 A. M.

*A. P. Davis, M. D.*, of Corsicana, Texas, is en route for New York to attend the Homœopathic Eye and Ear Institute, and hospitals, to increase his knowledge of the healing art. He reports that men of vim can find good fields in Texas.

*Dr. Haggart*, of Indianapolis, one of our leading Homœopathic physicians, has accepted the professorship of physiology and hygiene in the Indiana Eclectic Medical College, soon to be opened in that city. As the teachings of these sciences do not embrace therapeutics no special compromise had to be made, either by the doctor in accepting, or the trustees of the college in tendering him the position.—*News*.

*Prof. J. W. Dowling*, who for the past ten years has been lecturing on general practice of medicine in the New York Homœopathic Medical College, has resigned that position in order to accept the

chair of physical diagnosis and diseases of the heart and lungs, recently established in that institution. This is a department of medicine to which Prof. Dowling has long devoted his time, and it will now receive his undivided attention.

*College Opening*—The main lecture room of the Chicago Homœopathic College was crowded with a large audience on the occasion of the introductory exercises, on Wednesday evening, September 30th. The room was beautifully decorated with flowers and pictures, among which was a most excellent likeness of the lamented Dr. Woodyatt. The introductory address was delivered by Professor J. R. Kippax, and was received with applause. The President, Dr. Mitchell, referred to the fact gratifying to all the friends of the college, that the course opened with the largest class in its history. The success of a graded course was plainly manifested by a greatly increased number of students in the junior class. About seventy-five students were matriculated. The college building has been greatly improved internally and externally. A new department, that of experimental physiology, has been established, and is in charge of C. F. Bassett, M. D. All departments give evidence of great prosperity.

*A Peep Behind the Scenes.*—I have for the past year been engaged as a traveling salesman for a chemical house, and have been brought daily in contact with physicians of the different schools. My route has been over a great portion of Illinois, Iowa, Missouri, and a short distance into Kansas and Nebraska. I find on an average about fifteen Allopaths to one Homœopath, but in many cases the one Homœopath doing as much business as four of his competitors. In no case where I find a smart and intelligent Homœopathic physician do I find him idle; he always has plenty to do and is quietly taking the cream of the whole business,—and furthermore, I find his surroundings looking more presentable, and in fact, everything looking more business-like; and what I found still further to his advantage is his dispensing his own medicine, and in every case knowing just what his patient is getting. This is an advantage which Allopaths admit he has over them, and I find many of them adopting the same course.

I have found on my travels a great many openings for Homœopathic physicians. There are a great many towns of 1,000 inhabitants and less, where there is none, and where a good man would find a profitable field—I think.

I met one physician who had lately located in one of these towns where there had never been a Homœopath before, and actually he had not had time to arrange his office; and he showed me where he had booked \$150 in seventeen days. This was in a town of about seven hundred. In the same town I found three physicians of the Old School, and all grumbling about the business being so dull. When I commenced traveling I was undecided as to what school to adopt and what college to attend. But it did not take long for me to make up my mind to attend a strictly Homœopathic college and adhere as closely to Homœopathic principles as possible. For I am now fully convinced that that is the only scientific way to practice medicine; and when we find a disease that cannot be cured by that method of treatment, none other will do good; and I find many of the Old School ready to admit the same thing. I find some of them—and some of the most successful ones—carrying a little pocket case of the little pills to give babies and people who don't want any medicine, and they report good results from them in cases where the patient thinks he has been taking medicine and gets well. I would ask you if the imagination done the whole thing, do you think, or was it the *Aconite*, *Belladonna*, *Nux vomica*, and *Bryonia*, as low as the 3x and 6x, that I found them medicated with?

I am now satisfied that a good Homœopathic physician can find plenty of good locations where he can find and be sure of a good practice. And furthermore, I would advise any student who has not fully decided on the school to adopt, to just make one trip of two or three weeks, and see for himself. It will pay him. M.

*Bureau of Materia Medica, Pharmacy, and Provings.*—American Institute of Homœopathy. Your attention is hereby directed to the plan adopted for the work of this bureau the present year, to be reported upon at the session of the Institute, in June, 1881. The bureau will pursue a systematic study of the following named drugs: *Caladium sequinum*, *Papaya vulgaris*, and *Viburnum opulus*. These drugs will be studied with special relation to their (1) *History*, (2) *Pharmacology*, (3) *Toxicology*, (4) *Provings*, (5) *Mode of action*, (6) *Clinical application*. To facilitate the work of provings, each drug will be placed in the hands of a sub-committee, under whose direction the provings of that drug will be conducted. These sub-committees are constituted as follows: *Caladium sequinum*, E. A. Farrington, M. D., T. F. Allen, M. D., A. C. Cowperthwaite, M. D. *Papaya vulgaris*, E. M. Hale, M. D., W. H. Leonard, M. D., J. Heber Smith, M. D., L. D. Morse, M. D. *Viburnum opulus*, W. J. Hawkes, M. D., O. S. Wood, M. D., with the invited co-operation of Prof. H. C. Allen, M. D., of Michigan University. In addition to these committees, Miss Kate Parsons, M. D., has been selected to obtain provings of each of the above named drugs upon women. The profession at large are cordially invited to participate in the important work of proving these remedies. Those willing to do so, and those who may be in possession of any items of information concerning the history, pathogenesis, or therapeutics of either of these drugs, are requested to communicate at once with the chairman of the bureau. Reliable preparations of both *Caladium* and *Papaya* will be obtained by the chairman direct from the Island of Jamaica, and furnished to those who signify their willingness to assist in the provings. Reliable preparations of *Viburnum* may be obtained at any Homœopathic Pharmacy. No standard of quantity or potency has been adopted the preparations used being left entirely to the individual preference of the prover. Your attention is especially directed to the fact that the final reports of all provings must be in the hands of the chairman prior to the first day of March, 1881, and no attention will be paid to any reports arriving after that date. This becomes necessary from the fact that such reports must be printed and in the hands of each member of the bureau before the 15th of March, in order that they may be able to prepare from these reports their special papers as hereinafter designated. The reports of provings in full will not be read before the Institute, but will be printed and distributed to members, and will appear in the printed transactions. Special papers relating to the drugs proven, will be presented for discussion as follows: *History and Pharmacology*—E. M. Hale, M. D., J. Heber Smith, M. D. *Toxicology*, L. D. Morse, M. D., O. S. Wood, M. D. *Critical Examination of Provings*—T. F. Allen, M. D. *Differential Diagnosis*—E. A. Farrington, M. D. *Arrangement of Schema*—A. C. Cowperthwaite, M. D. *Mode of Action*—Pathogenetic and Therapeutic—Wm. Owens, M. D., W. J. Hawkes, M. D. *Primary and Secondary Action, and Action on Genito-Urinary System*—W. H. Leonard, M. D., E. M. Hale, M. D. *Action on Female Generative System*—Kate Parsons, M. D. It is needless for me to urge upon the profession, and especially upon the members of the bureau, the great importance of the work here undertaken, and I confidently rely upon the cordial co-operation and active assistance of every lover of a complete and pure materia medica.

IOWA CITY.

A. C. COWPERTHWAIT, Chairman.

THE  
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Consultation Department.

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TREATMENT OF METRITIS.

Please give the best treatment, through THE INVESTIGATOR, for metritis: About the eighth day after monthly flow stops has vertigo, double sight (*Gels.*), with choking up; can't speak; numb feeling; lifting of head as though it would fly off; cannot bear to be talked to; cannot bear to be left alone. Menses rather scanty, but quite regular. Little tardy, at these times; micturation quite often. Will some one inform me on the subject.

C. A. C.

CHARGING THE CLERGY.

For a long time I have suspected that somebody was hoarding the national money. Our country is prosperous, they say, and the silver dollars are rapidly pouring out of the mints, but still cash is scarce when we are obliged to pay our office rents. But at last the "bloated bond-holders" are unearthed—thanks to Drs. H. B. C., and A. M. Piersons.

And to verify their conclusions, I have been investigating, and

found in the records for 1869 of the Detroit Conference of the M. E. Church, the following startling figures : Number of ministers, 195; number of dollars received, \$149,960, or an average of \$767.11. Number who receive \$3,000, one ; \$2,000, two ; \$1,500, five ; \$1,000, twenty-nine ; \$900, thirteen ; \$800, twenty-eight ; \$700, twenty-nine ; \$600, twenty-seven ; \$500, seventeen ; \$400, twenty-four. And the others receive from \$300 down to ninety-four ! That is, eight receive a salary ; forty-two make a living ; eighty eke out an existence ; and the rest — ? Out of these sums they pay their removal expenses.

A. F. RANDALL.

#### MEDICAL HONOR.

S. J. Ingersol asks, " is there any such thing as an honest, honorable treatment of a brother physician ?" etc. I think that there is ; but, it is so exceedingly *rare*, that I wonder the question has not been asked before. I have been connected with medicine for fifteen years. During that time I have been more or less acquainted with some forty physicians, exclusive of college professors, and I have only found *six* that I have reason to believe would treat a brother physician honorably. Twice I have been solicited to—and did—take the practice of men who had decided on a change of location. In each case, they tried their best to hold all the business they possibly could in my locality ; and, in one case, even trying to hire a house or get board in the village, when I had been there only six weeks. Of course, had he succeeded, my practice would have been small. I believe that there is no calling or profession so cursed with cut-throats, as the medical.

Under the heading of the " Experiences of a Successful Practitioner of Pine Ridge," there appeared in the *New York Record* about a year ago, a couple of articles, illustrating how contemptibly mean one doctor could treat another, and yet all be done in such a way as to be within the letter of the code. J.

#### CHARGE THE CLERGY,

" Why not ?" says Dr. A. M. Piersons, in *THE INVESTIGATOR* of September 15, 1880, number 270, page 237, and then, as it seems to me, his conscience goaded him for this new departure, and in order to blunt the point and justify this unusual custom, he deals in gross misrepresentations.

The doctor says : " No class of men are better paid than the average clergyman ; none who get so much money for so little work ; none



who do so much growling about fatigue and hard work ; have no financial responsibility ; salaries secured in advance. The clergy are chronic grumblers ; they intentionally mislead and deceive."

Verily, if this is a true picture of the clergy that Dr. Piersons has been acquainted with,—he has been very unfortunate in this matter. The doctor might know, and ought to know, more about this matter—before writing as he has.

The truth is, that, the clergy *as a class* are noble men, honest, upright, hard-working, poorly paid ; and deserve a little sunshine. There are exceptions to all general rules. Dr. Piersons' description the exception, mine, the rule. I am very sure that outside of a few of the larger cities, that the average salary is not \$1,000. Cases, such as the one the Doctor refers to, \$8,000 salary, there could be no injustice in charging. By the by, charging is not what I most object to, but, rather, the misrepresentation. "Touch not Mine anointed, and do My prophets no harm."—Ps. CV.-xv. N. B. HOMAN.

#### CASE FOR COUNSEL.

Mr. L., a single man, twenty-five years of age, by profession a druggist, came to me on the 17th of August last for treatment for catarrh and sore throat. At that time there was considerable discharge of mucus from the nose, much of which descends through the posterior nares into the throat. The throat shows a whitish ulcerated appearance all over but more especially upon the tonsils, but not very painful. Upon inquiring into the history of the case, I find that he exposed himself to venereal disease about ten months ago, that a few days after the exposure he discovered *two small* red pimples just back of the corona glandis. Being alarmed, he sought advice of his Allopathic physician who told him that they were syphilitic chancres, which he cauterized and prescribed as constitutional treatment *Potassa iodide* eight grains, three times a day, which was continued three weeks, at the end of which time he was supposed to be cured. He says he had the catarrh *some* before the exposure, but it became *worse* after he discontinued the above-mentioned treatment. I had doubts about its being syphilitic, but there being a *possibility* of it, I prescribed *Merc. iod.* 3x trituration, twice daily, and to use a nasal douche once daily, composed of warm water and fluid *Hydrastis*, sufficient to color slightly. Patient has improved rapidly ; has gained fifteen pounds in weight since my treatment commenced. I should have said he *was* an inveterate chewer and smoker of tobacco, the

leaving off of which I made a condition of taking his case and to which I attribute in part his gain in flesh. His general health is now good; throat in a normal condition, catarrh troubles him but very little, but there is one symptom which he has never made known to me until within the last week or ten days, viz: The penis *draws up into itself forming a hard lump* of not more than one and one-half inches in length, and causes a *very unpleasant* sensation, but *not painful*. It is all right when lying on the back, but as soon as he rises and walks about any it immediately draws up again by the friction of the clothing. Says he has been troubled that way about nine months. Now I would like to have the advice of some of my professional brethren, as to the probable cause of this peculiar "drawing up" and what remedy to use. I can think of no remedy that has that symptom in its pathogenesis and if some one will give me some "light" on the subject, I will be greatly obliged. To-day I put him upon *Apis 3x* every three hours, for the following symptoms which has troubled him for a day or two, viz., constant desire to urinate and can pass but little urine, and which is attended with some scalding. There is no prevailing disease here. In fact this place has been "distressingly healthy" this summer and still continues to be so, there being very little sickness of any kind, even among children.

H. BURROWS.

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## Therapeutical Department.

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### CLINICAL OBSERVATIONS.

#### REPORTS FROM THE FIELD OF PRACTICE.

RUSHVILLE, Ill., Oct. 9.—Lots of measles here, running very light course. My two children are down with them but seem to be doing nicely. Not much sickness of any other kind here. M. AYERS.

MT. HEALTHY, Ohio, Oct. 13.—Have had some thirty cases of diphtheria during the past six weeks. Cases that reported early yielded promptly to treatment, which was mostly *Bell. 3x* in alternation with *Lachesis 6c* and the alcoholic gargle. Those that did not think it

necessary to call medical aid until they were very sick, did not yield, only to most persistent and continuous effort, and very slowly at that, some of them showing a decided tendency to relapse. One terribly bad case that had run five days without treatment died. This, as was some of the other cases, was of the "stinking variety." Another terrible case, a married woman of thirty-three, presenting excessive fetor of the breath, could not make a sound that you could understand, and could swallow only with the greatest effort. Pulse small, thready, and 130 to 140; throat filled with dark ichorous membranes; yielded in a few days to *Baptisia*, twenty drops of the tincture to one-half glass of water, a teaspoonful every hour alternately with *Lachesis* 6c and the alcoholic gargle. The alcoholic gargle seems to give better results than anything I have seen in the way of gargles, dissolving much of the membrane which it comes in contact with, and as I am the pioneer Homœopath here, I find my patients will have a gargle whether I will or no. Discretion being the better part of valor, I yield often, when I see no positive harm coming from yielding. But in this instance I recommend it. J. FERRIS.

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#### SUCCESS WITH HAY FEVER.

For the past seventeen years my wife has had hay fever, beginning about the middle of August and lasting until the latter part of September. As to the causes of the attack this year I cannot tell; before this I always attributed it to the pollen on ragweed, *Ambrosia artemisiifolia*, but would not be certain this is the cause; but this year she remained in the house, and was not exposed. When the attack commenced the eyes were a little inflamed, nose ran a small amount of clear water; this disappeared, and we all thought she would not have it this year. But it was only a few days until it came on. Sneezing every few minutes; eyes running water, and very itchy, so much so that it was impossible to not rub them. After rubbing them until they were very red and inflamed, the itching would cease for perhaps three or four hours, when it would begin again, each time increasing in severity. When it rained it was almost impossible for her to breathe. Would cough for hours, and the breathing be attended with such oppression as you would think she could not live. As soon as the weather became clear, she would get better, but

could not lie down at night without burning some anti-spasmodic in the room. As soon as 12 o'clock came there was no more asthma, and she would sleep until morning. She is always worse in the sun; also, in the morning, nose and eye symptoms are worse. Worse in the wind, but I could not tell what kind of a wind, as I never noticed. Very chilly; appetite good; loses flesh.

I have been trying various remedies on her for several years. During her last attack her suffering, especially with the nose, eyes and throat, was intense, and, as an experiment, I added one small powder of *Aurum metallicum* 10x to a glass of water; dose, a teaspoonful every hour with a complete control of the disease and at night there was no trouble at all; nor has there been since. The next day I gave her one powder of the 200x, and in three days, another, since which time there has been no sign of hay fever. I believe *Aurum met.* in its various potencies is the best remedy yet discovered for hay fever such as I have described. I cured a colored man in the same way. He had symptoms similar to my wife's. I used a local application to his eyes.

Now, if this statement I have made will be any use to the army of sufferers, let them have it, for I do not think there is a more annoying disease. I have seen my wife suffer ten years, and I have spent a great deal of money trying to have her cured. *Aurum met.* next year may not do any good; I am only speaking for this year. I do not believe it is caused by pollen from flowers, but I regard it as a purely nervous disease. I believe Homœopathy will have the honor of curing the disease. The only trouble is to find the remedy for each particular patient. I believe I have given you my wife's case as near as I can.

E. S. EVANS.

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### SOME OBSERVATIONS ON SCARLET FEVER.

BY PROF. HEARCH, OF BERLIN.

*Anomalies of the Fever.*— In usual cases free from important complications, the temperature rises rapidly to 40° C. and over, shows during the efflorescence continually this high temperature with scanty morning remissions (at most 1°), with gradual defervescence of a remittent character and becomes normal again with the disappearance of the exanthema. But even after the eruption has run its course, and without any complications being present, we may meet

cases where an intermittent fever still exists for several days, temperature being normal in the morning, but somewhat higher in the evening. Deviations from this normal course are: (1) a slow rise of the initial fever; (2) a febrile course of the whole disease after a pretty sharp initial fever; (3) fever with typhus inversions; (4) fever with unusually slight increase of temperature; (5) abnormally long duration of the fever, mostly caused by complications or sequelæ as otitis media or externa, diphtheritic pharyngitis, glandular and phlegmonous inflammations under the mandibula.

In regard to malignity, Hearch leads our attention to cases where the patient from the start are in a somnolent state or delirious. The sensory disturbances are only caused by the high fever, and pass off with its decrease and a cooling treatment succeeds here, whereas it fails to be of any benefit in really malignant cases. Severe virulence of the infectious poison acts especially on the heart and shows itself especially in increasing weakness, inequality and frequency of the pulse, a benumbed sensorium, cyanotic color of the exanthema and albuminuria. Such symptoms appear already in the first days of the disease, and cases may be considered very ominous, if not fatal, where the pulse from the very beginning is very rapid (170 and over), simultaneously with the manifestations of collapse. The prognosis may be perhaps a little more favorable, where these symptoms appear after the eruption is fully developed.

About the third to the fifth day a tendency to *diphtheritic inflammations* may set in, here also the pulse is of great importance in relation to the prognosis.

A *diarrhœa* appearing at an early stage is of evil omen as the herald of grave symptoms. *Angina* appears on first day as simple inflammatory or follicular, and only takes on the diphtheritic character from the third to fifth day. Of evil omen is also a *coryza* with sero-ichorous discharge. *Hoarseness* may only be caused by a catarrh radiating to the vocal cords, but the diphtheritic process may also extend itself to the respiratory organs, although the scarlatinous diphtheritis, in contradistinction to genuine diphtheria, shows only a very slight tendency to spread from the pharynx into the larynx; genuine croupous symptoms are nearly always absent in scarlatina, and the characteristic diphtheritic palsies are run after scarlatina. Dyspnoea and orthopnoea are here caused by the enormous swelling of the tonsils and fauces, especially where coryza complicates the case.

Of evil omen is also the so-called *angina ludovici*, consisting of extensive infiltration of the connective tissue of the neck.

Whereas normal scarlatina evinces only a slight inclination to complications with diseases of the respiratory organs, he found in nearly all his fatal cases inflammatory affections of the respiratory organs, which intra-vitam were overlooked by the prevalence of other malignant manifestations. Epistaxis was often observed in the first days of the disease. Bronchial catarrh during the height of the eruption, broncho- and pleuro-pneumonia may be considered unfavorable complications, but they are not absolutely fatal.

Of serous membranes, the synovial membranes of the joints become often inflamed. Sometimes there is only pain without swelling or diminution of mobility, which would render the case more grave. As this may also affect the heart, and as chorea has also been observed during scarlatina, we have before us a perfect similarity with acute articular rheumatism. Endo-carditis without any synovial complication has also been observed and the heart in infancy is far more prone to return to its normal state, than in grown persons.

*Convulsions* were only exceptionally observed, even in severe cases. Twice pains in the tips of the fingers were observed, several times facial paralysis, (once by the pressure of the swollen glands on the region of the præ mastoideus, several times from caries of the os petrosum), twice chorea, once ataxy of the lower extremities, never paralysis.

In relation to the *skin* the exanthema shows great difference. In very many cases it will be only slightly developed and therefore overlooked. *Scarlatina variegata* prevailed, where between diffuse red patches normal skin was observed and only slightly reddened; where papules appear the disease may be mistaken for measles. *Scarlatina variegata* runs sometimes a more favorable course, as when slight bloody extravasation appear on the skin. As products of heightened dermatitis may be considered the military vesicles, or large pemphigoid blisters, or the wheals of urticaria. The upper and lower lip, the chin and the naso-labial fold is hardly ever attacked by the exanthema. Gangrene of the skin is rare, relatively more frequent are subcutaneous abscesses during reconvalescence. In two cases of scarlatina were exanthemata, no desquamation followed, and in two cases, two consecutive eruptions of scarlatina were observed, each followed by its own desquamation.—*Allg. Med. Central Zeitung*, 49 1878.

## WHITE SWELLING.

BY JAMES UTLEY, M. D., NEWTON, MASS.

Mrs. G. about twenty-two years of age, was confined May 17, 1879, with her first child. I know but little of the confinement, except that there was nothing abnormal. The labor was not a long one, nor for several days was there any trouble.

In about one week puerperal fever developed, carried to her I have no doubt by the attending physician, an Allopath of good reputation but who had at that time several cases of that disease. When the fever abated, she was left with an abscess on the dorsal surface of the right hand, and another on the left wrist. The last mentioned abscess was opened one or more times, and it was said that the bone was scraped. All that I know of this I learned from the patient and her nurse.

White swelling of the right knee developed, and was duly treated. What the treatment was I do not know, or at least do not remember. It was treated for some time, constantly growing worse, and this was the prognosis given by the attending physician: That she would not leave her bed for three months; that she would have a permanently stiff knee; probably she would lose her leg, possibly her life.

This diagnosis and prognosis was confirmed by counsel of eminence in the Allopathic school, and it was advised that the knee should be opened which would have been done, could a certain physician of the same school have been found to have given *Ether*. But fortunately for the patient the swelling was not opened and the next day these physicians were discharged.

The same day I was sent for and took charge of the case. I found the patient June 24th, in the following condition: Pulse weak and rapid; feverish and hectic; tongue coated; no appetite; sleeping by the aid of narcotics; constantly crying, as she had been told her condition and given no hope for her limb and but little for her life. A large abscess on her right hand and another on her left wrist. The right knee hot, painful, and measuring over the patella three inches more than the left knee, the swelling extending above and below the knee about seven inches.

I will admit that the prospect was a dark one, but my first endeavor was to cheer up my patient and give her assurance, for she was an entire stranger to me. I was able to do this for I left her in better

spirits than she had been for a long time. I took away her narcotic, as I did not believe that the pain was severe enough to warrant or desire its continuance.

I put her upon a diet of beef, mutton, eggs and other good food, and gave for medicine *Silicea* 6x in powder, every two hours. If her bowels became constipated, ordered enemas of warm water and castile soap. The knee was painted with *Iodine* once a day, and hot water applied as hot as could be borne and re-applied every hour night and day. To the abscesses I applied *Carbolated cosmoline* twice a day. This treatment was continued for several days, until the knee showed signs of improvement, when the hot water was applied less often.

After about two weeks the hot water was discontinued, still keeping up the application of *Iodine*, for the knee was fast improving, the swelling fast disappearing as well as the heat. The abscesses kindly healed in a few days, the appetite improved; patient slept well, and in the meantime menstruated, and was very happy under the changed conditions and prospects. She could bend the knee a little without pain, and thus continued to improve until July 26th, when the following conditions existed: Able to walk about with the assistance of crutches. No pain in the knee and able to move it somewhat and without pain. The knee was somewhat larger than the left one. I adjusted an elastic knee cap and left her, ordering an occasional dose of *Silicea* to be taken.

Within four weeks from the time I left her she paid a visit to her Allopathic attendant, and asked him to examine her wooden leg, she at that time walking without even the aid of a cane. The Allopath then denied ever having given an unfavorable prognosis, but was particular to enquire how I treated her leg, but the lady did not give him the desired information. However, he has never sent a bill for his services, although nearly one year has expired since her sickness.

In November, Mrs. G. was left by a train, and walked from an adjoining town to her town, a distance of three miles, and without any inconvenience or trouble. At the present time she is perfectly well and remarks that she should not know that she ever had a lame knee. I did not examine the fluid secreted by the disease, as it had already been examined by my Allopathic brother, he reporting that under the microscope were found blood corpuscles and pus.



## Psychological Department.

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### *THE PRACTICAL VS. THE VISIONARY IN THE PRACTICE OF MEDICINE.*

At the opening of the session of the St. Louis College of Homœopathic Physicians and Surgeons, Dr. J. Martine Kershaw delivered the following interesting address :

GENTLEMEN: I open my subject with the following paragraph from the book of a notable woman : "If you could make pudding wi' thinking of the batter, it 'ud be easy getting dinner." George Eliot put these words into the mouth of Mrs. Powser, and she told a truth worthy the attention of all those who hope to get three square meals every day of their lives, and who are otherwise desirous of getting through the world comfortably. Our good friend very sensibly believed that thinking was one thing and work another, and there are a number of plain people in the world who quite agree with her. There are numerous individuals to be found everywhere who think powerfully, so to speak, but do little else. Their brains are so overcrowded with ideas, and all struggling violently to be heard, that no single one comes to fruition. Here and there you hear a "pop" as one of them for the moment gets to the top of the heap. It has "gone off," to state it plainly, and, like some other things that "go off," it never comes back. This condition of things begins at a very early age with some people, and in bad cases continues until the end of life. In those of an extreme character it is currently reported that, as little babes, they have been frequently observed to gaze steadily for several hours at the ball on the top of the bed post, and never move a muscle during the entire time. With increase of years and stature the thinking is still kept up. Their bodies do little in the way of exercise, but their minds are constantly active—so active, indeed, that if their physical did as much as their mental, something might possibly come of it. Now, these people, as they move out into the world, become, in the course of time, blacksmiths, carpenters, merchants, lawyers, and some of them essay to be physicians. These latter, having earned the title of M. D., and, following the bent of their minds, naturally begin to think. It is usually observed in the forms of speculation and theory. It never seems to occur to them



that, having obtained a medical education, it would not be improper to apply their knowledge on the same general principles as those that govern the merchant. They step into the professional ring with as little apparent knowledge of the business of their profession as though the world that had gone on before had left nothing in the way of experience behind it. A man of this class may have an excellent book knowledge of his profession, but his theoretical, speculative turn of mind prevents his making a practical application of it. He may be morally certain that he has a particular kind of disease in hand, but the slightest adverse expression will make him doubt his position. There is a lack of self-confidence shown in everything he says or does. He is a man who always "thinks," but never positively "knows." A man of this character is usually poetical. Sunbeams, stars, white doves, floating islands, rippling waters and smiling maidens take up a good deal of his attention, while the best way to get the baby out of a bad scrape is something to which he gives his time when not occupied with silver lakes and snow-capped mountains. He generally has some new idea just in process of development, and which is certain to startle the world as soon as it hears of it. It is hardly necessary to add that the world moves on in the same old way. If some public position is open to him, he is so slow, or, perhaps, incompetent, that he fails to get it. Everyone should so prepare himself that, when opportunity presents, it can be made use of to advantage. Mr. Dean says: "If I got places, sir, it was because I made myself fit for 'em. If you want to slip into a round hole, you must make a ball of yourself—that's where it is." To make a ball of one's self is a pretty good thing in this world of rough and tumble for existence; and the one who cannot fit himself snugly into the community in which he lives, will fail of success and suffer the poverty which failure entails. As a rule, too, our friend finds it difficult to do any amount of "thinking" in his office or place of business. The struggling multitude of ideas force him to move, so he walks to a neighboring corner, out to one of the parks, or to some other place a good way off from his office. Sometimes he selects moonlight nights, and wanders long distances from his headquarters, reflecting vigorously and thinking of the "by and by" that will be his sometime. The further he can get away from his office and the may-be patients, the better contented he appears to feel. He is one of the kind who can only see success in the distance. Up the river, down the street, or in some other town is where millions are to be made

as he sees it. The multitude of ideas before mentioned still crowd him, the powerful thinking is still kept up, and so he moves. And so it happens, in an odd kind of a way, that whenever you run across him he has just moved, or is about to do so. His massive brow is uncovered to the breeze, his right arm moves correctly and at the right time as he explains in the most plausible manner the whys and wherefores of medical life, and his particular good luck in just hitting the place at which his fortune is sure to be made. Men of this class, who dream instead of work, never succeed. Dreams do not command a very high market price at this particular age of the world, and are generally a poor investment any way you take them. The world will not pay you for speculation and theory if it knows you keep that kind of stock on hand; and, as a rule, it does not require any length of time before it finds you out. The people deal in wheat, cotton and iron, which rank good, bad or indifferent, according to the qualities they possess; and as they deal with merchandise, so you will find they will be inclined to deal with you when you get to the practice of physic. As they will only pay for a good article of wheat, so they will expect you, when called upon, to step up to the line with first-class medical qualities. In former times friendship and sympathy had a great deal to do with a physician's success, and they but too often took the place of professional ability. Nowadays the people would rather have the knowledge than the sympathy when the baby is dangerously sick. And so you will find, as you get out in life, that people want what they pay for, and if you cannot furnish the required article, they will look elsewhere for it. This business-like way of dealing with physicians may oftentimes prove unjust to them, but if the doctor knows his business well, and is man enough to stand up for and assert those rights which are properly his, as a gentleman and as a physician, he will get along. Do your duty well, but don't suffer wrong or injustice from the numerous would-be critics and character thieves who will attack you, sooner or later, if you are conspicuous enough in your profession to provoke it. Be courteous, dignified and just, but exact the same treatment from others. In a thousand different ways you will find that it requires, oftentimes, the talents of a statesman to deal with the sick person and the numerous people who are looking on at the patient and the doctor. It is just at this place and point in the doctor's life that the ignorance, maliciousness, meddlesomeness and innate wickedness of the people who are "looking on" creeps out. A battle must be fought just here, and the doctor

who won't fight will be crushed. With firmness, judgment, common sense and an indomitable will he crowd down and out of existence every attempt at unjust treatment on the part of the self-appointed critics who may know how to sell calicoes, or the best way to slaughter an ox, but who have scarcely had the same advantages in a medical way as yourself. Walk into the sick chamber with your head up, look every one clearly and fearlessly in the eye, and don't be frightened at names, titles or riches. Mean business from the moment you enter the doorway, and show it in every look, word and action. Don't "think," "perhaps," or "maybe" in a sick room. Talk little, but firmly and decidedly. Respect yourself and make others respect you. In the few words I have spoken to you this morning, I have given you the experience of physicians in every land and country, and wise is the man who gathers the results of work well done and makes them useful aids to his own comfort and success.

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## Gynecological Department.

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### *PHYTOLACCA IN MAMMARY ABSCESS.*

BY F. F. CASSEDAY, M. D., STEVENS POINT, WIS.

I wish to add my testimony to that of Dr. Boocock, of Coxsackie, N. Y., in praise of this drug in the condition named. Dr. Boocock reports a case in the August number of the *Obstetric Journal*, cured by *Phytolacca* tincture, one-half ounce to one pint of water applied locally. Drs. Hill and Burt recommend it for affections of the mammæ, and the latter insists it has cured cancer in those glands.

Dr. Hale in his *New Remedies* describes several very severe cases of inflammation and suppuration of the mammæ entirely cured by this drug. He has also found it useful where there is pain in the glands at the menstrual epoch, without inflammation, swelling and suppurations. My experience with it coincides entirely with the results gained by these gentlemen. In a recent case of mine occurring in a young woman of twenty-four years, the right mammæ had supplicated, poultices had been improperly applied, causing the abscesses to discharge large quantities of very offensive pus. This

left the breast full of painful nodosities and fistulous ulcers, which discharged fetid pus. The pain in the breast was so intense as to prevent sleep. I directed that cloths wet in two drachms of *Phytolacca* tincture to one-half pint of water be kept on the breast continually. The result was a complete cessation of pain in a few moments, and a rapid healing of the gland. This case had been treated by Allopathic and Homœopathic physicians, previous to my service, with no success.

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*ECLAMPSIA.*

BY J. S. NEAR, M. D., WATSEKA, ILL.

December 28, 1879.—At 2 A. M., was summoned to go and see a girl aged eighteen, whom they said was having "fits."

Upon my arrival (which was at 3 A. M.), found her just emerging from a convulsion, which, upon inquiry, I learned occurred every twenty or twenty-five minutes. Was told she had already had seven since 11 o'clock. Was also told, by the mother, that she had been complaining of a severe headache in the occipital region, and pains running up and down the spine, the day before. Just before she took the first convulsion she complained of some nausea, and vomited once or twice. When I first saw her she was not able to answer any questions. Could not be roused to consciousness, even during the interval between the convulsions. On examination, found the pupils largely dilated and the eye insensible to the touch. The breathing was short and irregular, with a sort of hissing sound on expiration. The pulse about ninety during the intervals, and would run as high as 155 during the paroxysm. The first indication of an approaching convulsion was a slight elevation of the eyelids. The eyes would then turn upwards, the corners of the mouth begin to twitch, then the muscles of the face; the fingers would then begin to tremble, and twitch from thence to the hands and arms, and shortly the whole body would be convulsed in the most horrible manner. Froth and bloody saliva would issue from her mouth; the lips and face would then turn a livid color. Respiration was greatly interfered with, and deglutition utterly impossible, owing to spasms of the muscles of the pharynx. (It was with great difficulty she could swallow between the parox-

ysms.) There were involuntary discharges of urine and fæces during the spasms. The paroxysms would last from one to five minutes.

Upon inquiry, was informed by the mother that she was *enciente*, and about seven months advanced. I immediately prescribed *Verat. vir.* tincture, two drop doses, in alternation with *Bell.* 2x dil., to be given as often as we could get her to swallow it. Also had ice applied to the head, and a sinapism to the cervical region. Made an examination per vaginum, and found the os closed. No discharge of any kind from the uterus. Staid with her three hours, and seeing no improvement, I returned home. Sent the *Bromide of Potassium*, ten grain doses to be given in alternation with five grain doses of *Gels.* tincture, every hour; with explicit orders to send for me by 11 o'clock if no better. At eleven I was sent for, the messenger stating that she was no better, but growing worse.

I then took Dr. Beckner with me. On our arrival we found the convulsions occurring every twenty minutes, and of longer duration.

Immediately gave *Chloroform* by inhalation. Commenced to dilate os with my fingers, as we did not have any dilators with us. In about an hour and a half I had succeeded in producing enough dilation so as to introduce my hand into the uterus. The convulsions were very alarming now, and lasted from ten to twenty minutes. She now had thirty convulsions since first taken. I saw very plainly that if she was not delivered in a very short time we would lose our patient. I therefore introduced my hand into the uterus and sought for the feet, thinking perhaps could deliver sooner in that way by bringing the feet down. After working for about fifteen minutes I failed to find the feet. We then carried her to the edge of the bed, and I introduced a pair of Comstock's forceps, but the head would recede so far towards the fundus of the womb that I found it impossible to lock them. Then used the blunt hook, thinking we could effect a delivery in that way, but again failed. We then resorted to another method. (It may be rather a novel one.) I conceived the idea that if I could get my fingers around the child's neck I could make sufficient traction to bring it out of the womb. That plan was adopted, and with excellent success. The child in that way was easily extracted (still-born). The placenta was quickly removed without any difficulty. The pulse was now 140; patient unconscious. Had no convulsion during process of delivery. Made her as comfortable as possible, put on the bandage, and immediately gave her five drops of the tincture of *Verat vir.*, alternating it with *Bell.* 2x dil. every half hour for about

two hours. The pupils were now dilated to their utmost capacity, the breathing irregular and inclined to be stertorous, with a low moan with every expiration; the pulse was also weak and irregular. This was about 4 P. M. At 5:30 P. M. the pulse was 110; the breathing about the same. Now prescribed the *Bromide potassium* and *Bell.* 2x dil., ten grains of the former at a dose; gave them every hour in alternation. At 7:30 pulse 120, still unconscious; swallows medicine better than before delivery. Took several spoonfuls of toast water.

At 8 P. M. very uneasy. Throwing her arms about, winking of the eyelids, distortions of the mouth, etc. Fearing a return of convulsions, immediately gave five drops of *Gels.* tincture. Fell asleep soon after; slept until 9:30. Pulse down to ninety, but still unconscious; cannot be aroused, even by loud talking. Gave a dose of *Bromide of Potassium*, after which she again fell asleep.

Monday, 29, 8 A. M. Patient rested well all night. No spasms since delivery; partially conscious, tries to answer questions. Complains of headache; pupils dilated, but contract when exposed to the light. Pulse eighty-eight. Tongue very much swollen from the wounds it received during the convulsions. Took some light gruel at 7:30 this morning. Took the *Bromide*, and *Bell.* every hour, in alternation, during the night; continued the same medicine during the day.

Monday, 7 P. M. Patient rational, answers questions correctly. Complains of a very severe headache; says her eyes ache and burn, difficult to keep them open; light increases the pain; a roaring in the head. Abdomen very tender to pressure. Passed her urine to-day. Tongue swollen, and covered with a white coating. Pupils largely dilated. Lochia had ceased. Continued the *Bromide of Potassium* and *Bell.* over night. Ordered a hot *hop* compress to the abdomen.

Tuesday, 30, 10 A. M. Patient seems a great deal better. Rested well during the night. Says her head and eyes do not ache so much. Has pain, on pressure, over the abdomen. Voided her urine four times during the night; bowels moved this morning. Very thirsty. Pulse 112, rather quick; lips inclined to be dry; tongue still swollen and covered with a white coating. Pupils nearly normal, dilate and contract when exposed to light. Takes some nourishment. Head not so hot as yesterday. Lochia has started. Prescribed *Verat vir.* tincture, two grains every two hours, alternate with *Bell.* 2x dilution. Continue the ice-bags to the head. Also had a *Belladonna* plaster applied to the abdomen.

Wednesday, 31, 9 A. M. Patient rested well during the night.

Fever ran high until after midnight. Pulse 105 ; nearly free from headache ; pupils normal. The ringing and roaring in the head has disappeared ; tongue covered with a white mucus coating ; abdomen not so tender as yesterday. Is perspiring nicely.

From this date on the patient gradually improved on the same medicines, viz., *Verat. vir.* and *Bell.* In a week from this date she was able to sit up, and January 12, 1880, she was up and around the house.

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## Society Proceedings.

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### THE CHICAGO ACADEMY SESSIONS.

#### SEPTEMBER REPORT.

The Academy of Homœopathic Physicians and Surgeons met September 2d, at the Tremont House, Vice-President C. A. Wilbur in the chair. Members present, Drs. Wilbur, Buffum, Mitchell, Newman, Adams, Dal, Duncan, Colton, Wilkins, Pratt, Gilman, and Williams.

#### STRICTURE OF THE URETHRA.

Dr. C. A. Wilbur presented and read a paper entitled "Some cases of Stricture of the Urethra treated with *Gelsemium*." The doctor stated that in his belief dilatation was oftentimes unnecessary, and cited cases to show that the internal use of *Gelsemium* accomplished more. Nervous impressions, causing spasm of the urethra, readily yield to the action of this remedy. Permanent stricture is sometimes relieved by this remedy, also by the use of *Erigeron*. Retention of urine caused by contraction at the neck of the bladder is, in the doctor's opinion, likewise relieved by *Gelsemium*. His experience had been that *Gelsemium* lessened muscular contraction ; he had successfully used it in cases of rigid os of parturient women as well as in cases of neuralgic dysmenorrhœa, oftentimes giving prompt relief.

Dr. Colton stated "that he had used bougies ; that he had not had any experience in the use of remedies."

Dr. Pratt asked Dr. Wilbur "if in every case he gave the remedy." The doctor replied "yes ; in forty-grain doses repeated as often as



every two or three hours." Dr. Pratt remarked "that he usually depended upon *Cantharis*; in one case he was only obliged to give a dose once in two or three days." Dr. Pratt said, "he did not believe that the morbid deposits could be removed by the internal use of *Gelsemium*, although other remedies like *Arnica*, *Iodine*, etc., might accomplish their removal." Dr. Wilbur answered, "that *Gelsemium* invariably proved beneficial, even efficacious in the earlier stages." Dr. Dal remarked, "that he had relieved a few cases of stricture by the use of the remedy named by Dr. Wilbur." Dr. Buffum suggested, "that Dr. Wilbur did not mean that his remedy successfully treated organic stricture, only when administered in the earlier stages." Dr. Adams "thought it only acted upon the muscular fibres sufficient to relieve the spasm, not relieving the stricture proper." Dr. Gilman asked, "how long the remedy should be continued in this size, four grain doses before stopping it." Dr. Wilbur said that he had never known of any bad effects arising from four grain doses, although he had given it repeatedly at shorter intervals." Dr. Adams said, "no aggravation had ever been reported in the many cases located at the hospital; the doses in the treatment of gonorrhœa, where the patient governed the dose himself, was oftentimes unquestionably large." Dr. Wilbur said, "he had given it in gonorrhœa in ten grain doses without any aggravation."

#### ORGANIC STRICTURES.

At this juncture a paper was presented by Dr. Chas. Adams, entitled "Our Present Methods of Treatment of Organic Strictures." Speaking of uncomplicated stricture, the doctor defined it as being a fibrous contraction induced by deposits. He said that during the past two or three years some advance had been made in the treatment of strictures. In 1873 Otis established a new gauge, governing the dilatation of the urethra; the bougies used being from No. 1 to No. 42 (French). Obstructions existing, preventing the free passage of a bougie for the purpose of dilatation, the treatment then was by cutting. It had been demonstrated that in health the urethra could be distended to a great degree; hence physiological strictures do not always require surgical (cutting) treatment. The doctor designated small strictures as those being above the measurement of the diameter of a No. 10 bougie, and large strictures, those requiring the passing of a bougie smaller than a No. 10. In cases of small strictures, after dilatation, the cure may be made permanent by the occasional

introduction of the sound, once in two or three months. The resilient strictures invariably need cutting to break contractility; no other treatment is thought to be good. As to location, a stricture may be at or near the meatus, at the penis-scrotal angle, or at the bulbo-membranous juncture. The meatus stricture gives more trouble than either of the other forms. A small stricture at the meatus will often keep up spasmodic action causing the patient to think he has a deep organic stricture. The meatus brought to the size of the urethra is the proper treatment; this is best accomplished by cutting. The two methods of treatment, cutting and dilatation, when done together, is not good treatment, there should be no further tampering with the parts after cutting. The doctor further stated that cutting from three to four times (cases) a week that he had witnessed no evil results. In the treatment of strictures of large calibre the method of gradual dilatation is best; it should be attempted at regular intervals not less than one-half hour apart. The best instrument is the English bougie up to No. 10. For the operation of divulsion the best instrument is the one invented by Dr. Gross, of Philadelphia. The operation should be with this instrument and not with Holtz or a Zantmeyer as they do not tare regularly or cut clearly and so break the contractility of the fibrous structure. Cutting is not necessary with divulsion; if divulsion is done properly, cutting is oftentimes wholly unnecessary. Dr. Adams said that he did not think that any method of treatment would permit one to prognose within thirty days favorable results to the extent that the patient again would not be troubled. He said in the generality of cases he was in favor of gradual dilatation rather than cutting.

In the discussion Dr. Pratt said, "that he agreed with Dr. Adams in reference to dilatation."

Dr. Colton said, "that he had acted upon the one idea, namely, that the muscular fibre is just like the will of the individual attacked, faithfully it will give away." He favors the use of bougies. He had treated one case over three years ago having (3) three fistulous openings, since which, not a symptom of the trouble had been made manifest. One case he said he had operated upon over (60) sixty times. The doctor believes that dilating to *stay* is all that is necessary.

Dr. Mitchell suggested "that as Homœopaths we should endeavor to learn how often we are obliged to interfere surgically, either by gradual dilatation or by cutting." The doctor asked "if we could not accomplish just as much from internal medication as from

the use of instruments, even though we had a pretty hard fibrous band?" Dr. Wilbur replied, "that in his paper he had answered the question so far as it referred to the spasmodic form, or to the early stages of stricture." Dr. Mitchell thought *Silecia 30* a good remedy, as its tendency would be to soften the fibrous structure. Dr. Adams said, "that he had seen remedies relieve the discharge, but the stricture remained permanent." He cited a case to point, where the stricture was marked by the gonorrhœal discharge. Dr. Buffum, speaking of stricture of the laryngeal canal, said, "that more study had been put upon these cases than upon cases of stricture of the urethra."

RESOLUTIONS OF RESPECT.

On motion of Dr. Mitchell, Dr. Duncan was appointed by the chair to draft resolutions to the memory of Drs. C. H. Von Tagen and Constantine Hering. He presented the following:

WHEREAS, since our last meeting, we have been called upon to pay the last respects to an honored member of this body, Dr. C. H. Von Tagen;

*Resolved*, that we bow in quiet submission at the decree of Divine Providence, and kindly remember the active work of our brother as a physician and surgeon, and member of this society.

*Resolved*, that we extend to the bereaved widow our warmest sympathy.

WHEREAS, with the Homœopathic profession of this nation, we were startled and grieved to learn of the death [August 23d] of the Nestor of Homœopathy in America, Constantine Hering,

*Resolved*, that we accord to his memory the proud distinction that he was the oldest, brightest, and most active worker in our ranks; that we point with pride to his contributions to medical literature as well as science, and will ever remember with gratitude his grand deeds for the advancement of Homœopathy, and

*Resolved*, that we extend our heart-felt sympathy to the family in this their great bereavement.

T. D. WILLIAMS, Secy.

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## Microscopical Department.

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### *HINTS ON THE SELECTION OF A PHYSICIAN'S MICROSCOPE.\**

During the past twelve years, the author has received hundreds of letters from as many individuals commencing the study and the use of the microscope, desiring such information as to the

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\* From the forthcoming work "How to See With the Microscope." By J. Edwards Smith, M. D. Duncan Bros., Publishers.

best way of making an investment as may pertain to the selection of stand, objectives, etc. The said letters have met with a prompt response, and, as has before been stated, perhaps no two of these have been alike. In each and every case there has been some dissimilarity of circumstance, or, on the other hand, we have suffered some change in our own views. Be all this as it may, the experience of the last two years enables us to speak more precisely to the point than before, and we now endeavor to respond to the interrogatory, "What shall I procure for an outfit?" There can be no general rule that will apply to all. Let us take the following as a typical letter for consideration:

"Dear Sir: I have read some of your contributions to the *American Journal of Microscopy*. \* \* \* \* I am a physician of ten years practice; am located in a town of some ten thousand inhabitants. I am satisfied that I ought to know enough about microscopy to enable me to examine intelligently urinary deposits, cancerous growths, etc., and to this end do I propose to purchase the necessary equipment. Any information that you may be pleased to give me will be with pleasure received," etc.

Now, I would answer this letter, and did answer it, thus: When you buy a stand, get one that you will have no occasion to sell at a ruinous sacrifice. I recommend that you purchase one of the cheap and moderate priced instruments, and at the same time one that will do any and all work. Such a stand ought not to cost, with one eye-piece, more than \$35 (and such are described in this little book). Now, as to objectives; you can do all the work named with a one inch of tolerably low angle, costing you, say, some \$7; and a real good three-tenths of 70° aperture, which will cost you say, \$11. The chances are, however, that as you become familiar with the use of the instrument, thereby learning its value to you in your daily professional practice, you will feel an inclination to dip somewhat deeper into the problems which will most assuredly surround you. In your examination of urines, you will get glimpses of bacteria; you may meet with structures which you are almost assured are "pale hyaline" tube casts, and you naturally desire a little more amplification and definition thereon, to enable you to pronounce with certainty. In fact, you now want such a

glass as a dry one-fourth of  $110^\circ$  or  $120^\circ$ , and adjustable. Now, to use this glass to advantage, you have first to become familiar with its manipulations. It will be requisite that you arrive at some knowledge of this before such an objective can be of much avail to you. Now, if you purchase the one-fourth recommended, you will still have room for the employment of the three-tenths, but you will have to study the use of the one-fourth, just the same as if you had never seen an object-glass; hence I had rather recommend that you purchase the one-fourth at the start, and thus get *early* accustomed to the use of adjustable glasses; and in this latter case it will almost assuredly occur that you will eventually desire to employ glasses of the widest apertures, and the experience you have gained with the use of the one-fourth will be of the utmost value to you. Moreover, the one-fourth, too, will continue to be a useful intermediate glass.

And thus, in replying to all my correspondents, I recognize the importance that all shall early become acquainted with the manipulations of adjusting glasses. To accomplish this they must use objectives of the first class and which are reliable *i. e.*, which will respond promptly to change of collar adjustment, keeping well in mind the importance of buying nothing to be discarded, or thrown out of use in the future. In the case under consideration it will happen, in nine cases out of ten, that in less than two years the buyer will feel that he needs a first-class inch, or perhaps a two-thirds, in which event the old inch will be of great service as a sub-stage condenser, providing that the stand has been selected with this end in view.

It may further happen, in truth it will be likely to happen, that, in the course of one or two years, my correspondent will either push his own observations, or desire to keep pace with those of others, and over structures of the most delicate and "difficult" character and now he will need a one-sixth or a one-tenth of the widest possible aperture. Allowing this to occur he will have expended but \$110, which is less than the usual cost of a nominally first-class one-sixteenth, and all the glasses on hand will still be of service. Besides all this, he is well armed and equipped for any work requiring powers from 50 to 5,000 diameters, and there will be no objectives on hand that will not be worth their cost.

## Children's Department.

### *HEREDITARY SYPHILIS AND RACHITIS.*

A CLINICAL LECTURE BY M. J. PARROT. \*

Minute and continued observations have taught me that, in the external and clinical manifestations, as well as in those conditions which an autopsy alone reveals to us, hereditary syphilis often follows a well determined course, and undergoes a regular series of transformations, which are in a constant direct relation with the age of the subject; and that there exists a parallelism between the succession of these periods and the different ages of infantile life; so that the age of the child attacked being given we are able, without seeing it, to describe the eruptions, which it may have, with almost a degree of certainty; or seeing a portion of the diseased integuments, we can tell, in the same degree, what is the age of the child. If death follows, in either case, it is easy to predict the lesions which the autopsy will reveal; and, inversely, we can reconstruct the clinical phenomena from an investigation of the cadaver.

I do not know any other disease in regard to which a similar statement can be made.

With this certainty and this regularity in the morbid process, there is no part of the organic system which carries an impress more constant, profound, or characteristic, than the bones. We find engravened there, with an almost mathematical regularity, the dates of the evil, or, better the forms which it assumes, either at the onset, or by means of the series of transformations which are habitual to it. Among these pathological modalities, the last, chronologically, is *rachitis*. Now my aim is to demonstrate to you that *rachitis recognizes one only source, viz., hereditary syphilis*.

I have already on other occasions noted the syphilitic origin in a certain number of cases of rachitis; and, to-day, this is generally admitted. It is different, however, with the present proposition. To say that rachitis has hereditary syphilis as an only cause; that it does not exist outside of this, since it is in reality but one of its steps; and that, consequently, it is necessarily considered as a distinct disease, a

\* Translated from *Le Progres Med.*, No. 31 et seq., by J. M. Strong, M. D.

morbid species, to strike it from the nosological list, is to go contrary to public opinion and to attack a medical dogma.

When I assumed control of this medical service, I was convinced, according to the standard authorities, that rachitis was a free, independent, specific, disease. Nevertheless, by degrees, and in a number of cases, at first very reservedly, I have been led to admit its syphilitic origin; but I tried to find peculiarities in its appearance permitting of a differentiation from the others. This was an undertaking rendered legitimate by the prevailing medical opinions, which attentive and prolonged observations failed to support. To-day I am convinced of the opinion already expressed. I wish, however, to call your attention especially to the fact, in order to give a greater weight to my assertion, that this opinion, which clinical and anatomico-pathological facts each day confirm, have been impressed but slowly upon my mind.

I have told you recently that hereditary syphilis is a *disease of evolution*. Its study, made day by day, followed step by step, if I may say so, does not permit of any doubt upon this question. Beyond this fact, its history remains obscure and without connection. It is certain that the virulent cause is the chief factor, since, without it, nothing would exist. But at a certain period, which I shall endeavor to determine, a period which, considering the duration of the life of man, comes very quick, this cause lessens and disappears little by little; and, finally, is absorbed in the great work of evolution. I have asserted this before, and I again repeat it to-day; for it is from this point of physiological observation that it is necessary to consider all the pathological manifestations of infancy, or labor under the difficulty of not understanding that which in reality exists. Yes! it is the age of childhood, that is to say the organic and functional age in which it actually exists, which constitutes its physiological personality, and which in pathological order, provokes certain affections which are characteristic of it, and modifies, in a marked manner, those which are common to all ages. These epochs of infantile life, these morbid occasions, succeed each other rapidly, from the day the infant utters its first cry, until the day in which it enters upon adolescence; and upon this we cannot bestow too much attention.

Permit me, then, to-day, to enumerate to you the principal organic and functional modifications of the early period of life.

As we cannot proceed on such a subject without the means of com-

parison, I will take the adult which I will suppose known, and will compare the child with him. He will be the standard to which we will refer, if you wish, all the details of anatomy and physiology which follow. As time will not permit us to give attention to the entire body, I will confine my examination to the cephalic extremity, well worthy of our interest, the continued and considerable modifications of which, give us the measure of those which take place elsewhere.

Here are three crania : The one is of an infant of the age of fifteen days, the second is of a child of three years, and the third is of an adult. You will notice how disproportionate are their constituent parts. In the new born, the face overshadowed by the cranium, disappears under its mass as if it was buried ; while in the adult it holds a prominent place. Frorick has attempted to determine the proportion which the face bears to the cranium at different ages, and states them as follows : it is one-eighth in the new born ; one-third in the child of ten years of age ; and one-half in the adult.

The cranium of the adult is definitely fixed in its form, and its different parts solidly indented together, nor does it yield to any movement of expansion or retraction. From three to five years of age, and even later, limited motion is permitted to these bony pieces, but in a very slight degree, as compared with the first period of life.

Owing to the laxity of the sutures and the membranous interspaces which exist at certain points, the bones of the cranium admit of considerable and varied displacements. Normally they move in a continuous and regular manner, according to the necessities of the encephalic expansion. But under certain pathological influences, at one time they approach each other, when disease has produced a decrease in their contents and a consequent void in the cavity which they enclose ; while at another time the bones of the cranium become separated to a considerable extent whenever the contents of the cranial cavity are increased, two well-known morbid states show us these opposite movements in all their intensity. The one is *athrepsia* in which the last limits of retraction are attained ; the other is chronic *hydrocephalus*, in which the distension of the cranium does not appear to have any boundaries. But it is not necessary always to ascribe to a morbid influence the displacement of the bones of the cranium ; this may happen from the habit of constantly lying upon the same side ; to this cause is to be referred those cases of *plagio-cephalus*, where one-half of the cranium seems to have glided



over the other, from before backwards. They are very common in the early months of life, and are sometimes ineffaceable. Wishing to know their frequency, I have examined with this object in view, for several months in succession, all the children under two years of age received into the hospital, and have noticed this asymmetry to occur in one-half of the cases.

From the cranium let us descend to the face ; you see how much there is of the animal in the new-born ; it seems reduced to the maxillaries, and shows us that in it, everything is summed up in the function which has the mouth for the principal organ. Later, the face is raised more ; and in the adult, it presents a certain nobleness from the fullness of the orbital cavities which harmonizes so well with the frontal region of the cranial vault. Leaving now the skeleton, we will turn our attention to the viscera, and will commence with that, of which we have just examined the protective envelope, the brain. It presents at different ages, greater differences than those we have seen in the case of the cranium.

In the infant the brain is soft, friable, watery, of apparent homogeneity, of a nearly uniform color in all its parts, and is wanting a well defined contour and solidity ; the folds are superficial and not yet plainly limited ; instead of preserving its form, it easily assumes that which is impressed upon it.

The nerve cells, those noble elements, from which are developed the will, and, later, the intellectual life of man. are few in number and very imperfectly developed ; the nerve tubules without which their work would remain unproductive, are rare, rudimentary, and deprived of medullary matter. The brain seems constituted especially of a mass of soft nerve tissue, overrun with numerous vessels. How marked the difference between this and the brain of the adult, with its typical and adhesive form, its projecting and fixed folds, its deep winding grooves, with the distinct coloring of its two substances. These two conditions so different, are due to the evolution which is accomplished with a slowness proportionate to the perfection and importance of the viscera. If we should rely on appearances only, this act of perfecting is not prolonged beyond eighteen months ; but, in reality, its duration is much longer ; and, following the opinions of Mur, Sims, Wagner, and Broca, it is not terminated before the fortieth year.

The heart presents differences much less marked, but still worthy of interest. Contrary to that which takes place in the brain, the

heart of the adult, deformed, flattened, soft, burdened with fat, broader than long at the ventricular region, is inferior to that of the infant which, by its firmness, its resistance, its conical form approaches that of some animals. But, by degrees, the supremacy of the left ventricle which, in youth, possesses power, becomes weakened; the right cavities assume a more prominent role, and in a manner the viscera exchanges its natural animal form for a perfection proper to the human species, but not without paying for this elevation with a part of its force.

The intestines in the infant, where are elaborated the elements of its growth, have, relatively, a considerable length, since it is nine times the length of the body; while in the adult the proportion is only six times.

After this rapid survey of the organs, allow me to say a few words in regard to their functions, during the first period of existence.

The cerebral mass, so soft and imperfect, receives only a few impressions, and is not able to dwell upon them; there is, also, neither remembrance nor will. and we might say that it is played into a half-sleeping state, leaving to the bulb and spinal cord the acts of innervation. Reflex phenomena predominate, and the role of the brain is still so obscure, its intervention so little needed, that grave lesions may attack and destroy it, without any perceptible damage resulting to the functional processes of the organism.

The movements of the muscles of animal functions are feeble and badly co-ordinated. This is not because the fibres are powerless, but the order is wanting which the brain is incapable of imparting. The infant does not begin to raise its head except towards the sixth or eighth week, and its trunk does not acquire any stability in the vertical position except towards the middle of the first year. He is able to stretch his arms towards objects, even if they are beyond his reach at the end of the second month, but he is not able to seize an article with any certainty before the fourth month. For many months he has no means of expressing his desires, needs, or sufferings, except by the cry; and, in this, there is nothing to distinguish him from other mammiferæ, or even the birds. Then the vocal function is developed, and, finally, but sometimes very late, education gives him speech by means of which his place in the animal kingdom becomes so high and so exceptional.

The hearing and sight sleep for some time after birth. In the hours which follow this event, just as in the fœtus, the sub-epithelial layer

of the mucous membrane of the tympanic cavity, is in a state of tumefaction so that the cavity is completely filled; but this constitutes but one very transient obstacle to the action of sound, for it is soon invaded by air. Another condition very unfavorable to the transmission of sonorous vibrations, is the almost horizontal position of the tympanum. However it may be, the acute and high sounds are the first to be perceived, and towards the fourth month, the infant begins to turn its head to the side whence they come. It would seem that the action of light is at first painful, so that there may be in the first days, even until the end of the first month, a certain degree of photophobia, and the eyes of the child are kept closed. The reflex contraction of the pupils, under the influence of sudden light, can be produced, according to Kussmaul, even in the first hour, but the infant does not begin to fix his sight until the third or sixth week; at first he easily loses the object looked at, if it is at a distance of more than two metres (six feet), or when the object is moved. According to M. Soltmann, winking is not consecutive to a rapid movement towards the eye, until near the seventh week.

The beating of the heart is very frequent in the new-born; having an average of 122 beats per minute during sleep, and 140 beats when awake. An unexpected sound, any excitement, or tossing by the nurse may cause it to increase even as high as 192 beats per minute.

The respiratory movements vary in very much the same manner during the course of the first year, viz., from twenty-eight to thirty-eight respirations per minute, while those of the adult have an average of sixteen respirations per minute.

The new-born is in an almost constant sleeping state, and he scarcely awakes at shorter intervals than four or five hours. In a word he sleeps and eats. He sleeps because the senses are still inactive and the brain inert; and the nutrition very active, very imperious, governs all the other functions, because it is indispensable to the development, in which is summed up the life of the infant. Moreover, that which astonishes us in him is the great inequality of the organs, and an instability in the functions not less marked. I have told you what variations the pulse and respiratory movements may undergo almost instantaneously; the digestion is exposed to troubles as prompt and as frequent. At the same time nutrition is in danger, and, at times, in unexpected proportions, for in less than twenty-four hours an infant which weighs two or three kilos (five to seven and one-half pounds), may lose more than two hundred

grammes (six ounces), and life is suddenly and dangerously menaced. Thus, by the inversion of the nutritive movements, the force which presides over its development, or, if you please, over its elevation, tends to destroy it and bring about its fall. Here you have the whole history of athrepsia.

By the aid of some sign-posts a long distance apart, perhaps I have shown you the route by which the infant advances towards the last steps of life. In this march how many additions, retrenchments, substitutions, metamorphoses! The organism in a perpetual state of tumult, presents the side to all attacks; and is exposed to the most varied morbid causes. When disease has once entered the system, the rapid movements of life tend to generalize it, to impress upon it a wonderful activity. But at the same time the excitement which it arouses, the conflicts which it undergoes, impress upon its manifestations and upon its results, particular characters which, under the influence of a determined age appear in all the subjects in the same order with an identical and characteristic physiognomy. Besides, this morbid activity manifests itself with an equal intensity both to form and to destroy, showing itself sometimes under these two modalities, in the same subject, at the same time, and upon the same organ.

The force of evolution is constantly manifested in the history of hereditary syphilis; I wish, then, to teach you to recognize it before we enter upon the principal subject of these lectures.

#### DIAGNOSIS OF SYPHILIS.

1. Rachitis is not a disease but simply one of the affections of the osseous system which is produced by hereditary syphilis. This I shall try to demonstrate to you, but in order to do it, it will be necessary to study the prognosis and successive transformations of syphilis, this, however, does not require a complete history of the disease, but only the precise determination of its steps, its clinical manifestations, and the lesions revealed by post-mortem examinations.

The question is, really, one of diagnosis, and is much more extensive and complex than at first view it seems to be, for the disease ought to be recognized, not only during its period of activity, when under an acute or chronic modality, it presents diverse appearances; but, also, when it has ceased to exist and when the organism carries only the traces of it. The diagnosis of the disease during the eruption is the only point of consideration which, with some exceptions,

perhaps, has hitherto occupied the attention of practitioners ; but the attempt to recognize it when it has subsided is almost ignored, although it is of great importance. It will be easy to convince you of this when by the aid of some scars or morbid impression, I shall evoke in all their details the eruptive scenes which may have taken place a number of years before the present moment. It is in consequence of being occupied with the active manifestations of the disease, and neglecting its debris, its remnants, its ashes, if I may so call them, that we forget its remote consequences and its pathogenetic influence.

I shall not neglect the disease during its active state, I shall insist on a still closer attention to it, but I shall especially consider the suppressed period, because, as I have already said, it is very little known and I ought to find in it the most valuable proofs for the purpose I have in view.

2. I agree with the greater number of authors in calling that condition *hereditary syphilis*, which dates from the intra-uterine life, whatever may be the moment in which the product has been infected whether at the time of conception or later. I do not accept the distinction which some have tried to establish, as for example, M. Bœck, by assigning the term *hereditary* to the disease when it is transmitted from a mother who was syphilitic before conception ; and *congenital* when it is received from the mother who has become infected during the course of pregnancy.

It is sufficient to give you the definition of hereditary syphilis ; I do not wish to refer to the ætiology, which has no place here. Its diagnosis rests upon rules as absolute as those governing in natural sciences, the necessary enquiries for their establishment have been made, and I will not stop to reproduce them in each case. Knowing these rules, you will apply them without hesitation, and nothing will prevail against them. The most obstinate denials, whether sincere or not ; the social condition of the family ; the morality, as it may be called, of the father or mother ; all these should leave you firmly assured in the presence of a case where, after a close examination, you recognize the existence of hereditary syphilis. Firm in your conviction, you will maintain your opinion and act accordingly.

Let me give the influence of two examples to these important counsels. They are not rare occurrences ; you will certainly encounter similar ones in your practice ; and it is there, precisely, where the utility of my statement will be recognized.

Some years ago, I was called by two of my associates to see an infant about six weeks old, of whose health they were greatly concerned. Its profound cachexia had given rise to the idea of syphilis, but they had not been able to find any evidences of this disease upon the integuments to justify their fears, and they believed the family to be above suspicion.

The case was a grave one and a decision had to be taken immediately, since the child had a nurse, who, if it was in reality syphilis was liable to be infected at any moment. A minute examination of the little patient enabled me to detect two lesions which I have learned to regard as the products of hereditary syphilis only, these were: Fissures in the lips, not very deep, it is true, but very plain; and an eruption of small patches (plagues), slightly indurated around the anus and upon the adjacent portions of the buttocks. These patches were shining and differed from the erythema of athrepsia, which is characterized by small vesicles which sink down, desquamate, and leave no induration.

Convinced of the existence of these lesions I affirmed that the infant was attacked with hereditary syphilis, and that it should be immediately separated from the nurse, raised upon the bottle, and placed under a specific treatment. My associates wished to accept my opinion, but not without a reservation, since the father, in apparent good faith, when interrogated by us, denied, as he had done before, all syphilitic taint.

The consultation finished and proper directions given, the father desired us to examine his throat, which had pained him for some time. Now he had upon the tonsils four mucous patches of unmistakable character. It seems to me unnecessary to insist upon the importance of this fact. The positive detection of the disease in the child, led to the discovery of the disease in the father, who, undergoing a specific treatment has been cured probably, and has been enabled to produce healthy children, while so long as he was in ignorance of the trouble, it was, perhaps, irremediably impressed upon his person and in his descendants.

The second case is that of a child, three years of age, seized with violent attacks of epilepsy, in regard to which the family physician wished my advice. There was an ecthymatous eruption on the calves of the legs, which, ever since its appearance now eight months, had received all the treatment which is usually successful in these classes of cases outside, of course, of all specific taint.

The circumscribed location of the pustules in the regions mentioned, their appearances, the deep cicatrices resulting, left no other alternative than to affirm their syphilitic origin. The father, an intelligent and well educated man, asserted that he had never had a chancre, and that the child had never had any other nurse but its mother. All this caused my associate to hesitate, but impressed, nevertheless, with my opinion, accepted the anti-syphilitic treatment which was proposed. In less than three weeks, the ecthyma disappeared, not, however, without leaving deep traces of its presence; it has not reappeared as yet, now eighteen months since the cessation of treatment.

This cure had not entirely removed all doubts in the mind of my associate, when a daughter was born, who, at the end of a few weeks showed upon the buttocks and thighs a most characteristic lenticular syphilide. There was no further doubt in regard to the syphilitic infection by the parents. The father, interrogated anew, denied, as before, all infection. Some time after this I was called to see the mother of the child, who was suffering from a trouble of the breast, and I noticed the unmistakable mucous patches around one of the nostrils, and thus determined the source of the evil.

3. Before entering upon the study of the diagnosis in detail, I desire to present some general considerations upon this subject, which will shorten our task and render it easier.

I commence, then, with the typography, since it plays a considerable role in the whole clinical history of hereditary syphilis, especially so far as it concerns the cutaneous manifestations; the seat of the eruption being, in some cases, the most certain index of its nature.

The entire surface of the skin may be attacked, in different degrees but it is rare that this happens, since in the greater number of cases the evil is limited to certain points, always the same. They are, in the order of frequency: the buttocks; the posterior and part of the inner surface of the thighs and legs; around the anus; the sacrococcygeal regions; the labia majora; the scrotum; the face; the soles of the feet; the palms of the hands. In regard to the relative intensity of the lesions, the order is the same as for their frequency. This predilection of the syphilides for certain parts, and the intensity with which they affect them, are due to two causes, which we see, constantly, manifesting their influence in the pathology of young infants. The first, is the tendency which all the eruptions, whether acute or chronic, febrile or non-febrile, possess of appearing upon those parts

subject to continued irritations. Now it is indisputable that the regions of which I have given you the list, are those possessing these conditions. Notice, for a moment, what happens upon the posterior surface of the inferior members, especially in infants, even when the most assiduous care is exercised. The urine and fecal matter soil them and in consequence irritate; in those in whom the digestive functions are regular the contact is less frequent; but when digestive troubles supervene it is continuous, and if the stools are frequent, watery, greenish or composed of undigested milk, as we so often see them in these cases, the integuments which are exposed to this contact, constantly irritated, become a very favorable field for the outgrowth of diathetic products. The same thing occurs in the face, certain parts of which are exposed to a continued irritation. The border of the mouth and the neighboring skin are also affected. When the lips, at the moment of suction are applied to the breast, the orbicular muscle contracts them and forms furrows, at which point the epidermis has a tendency to crack, and, in fact, we may consider this as the origin of labial fissure, so frequent in children suffering from hereditary syphilis. You see how important, then, these fissures become in a diagnostic or contagious point of view. The saliva and milk escaping upon the neighboring skin, predispose it to eruptions.

(To be continued.)

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## Book Department.

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**TEETHING AND CROUP AND THEIR HOMOEOPATHIC TREATMENT.** BY W. V. DRURY, M. D. London: Leath & Ross. Chicago: Duncan Bros.; 24mo.; pp. 48; price, 25 cts.

This is a valuable little brochure by a veteran observer that will well repay perusal.

**MEDICAL AND HYGIENIC HINTS ON THE REPRODUCTION AND MANAGEMENT OF THE SINGING VOICE.** BY L. BROWNE, M. D., New York: M. L. Holbrook. Chicago: Duncan Bros.; 12mo.; pp. 77; 25 cts.

This is a popular practical putting of an interesting subject. G.

**AN EPITOME OF DOMESTIC MEDICINE.** BY J. LAURIE, M. D. London: Leath & Ross. Chicago: Duncan Bros. 12mo.; pp. 688. Price, \$1.50.

This portly little work has far outrun the parent work, having reached its *thirtieth* edition. This is convincing proof that Homoeopathy is fast dying out in Europe!

**PAINLESS CHILD-BIRTH.** A book for women. BY J. H. DYE, M. D., Buffalo. Chicago: Duncan Brothers. pp. 200, 8vo. \$1.00.

This work is semi-popular, and deals in glittering generalities. The pith of the whole work is that acid fruits and *Chloroform* will render child-birth painless. The treatment is Eclectic. Some valuable hints may be gathered from it notwithstanding.



**CONGRESS INTERNATIONAL D'HOMŒOPATHIE 1878.**

The official report of the congress, printed by the government of France, taken by official reporters, makes a volume of 200 royal octavo pages of valuable matter. This work is number thirteen of a series of volumes of reports of some thirty-two or more congresses that were held during the Paris exposition. This is a good evidence of the status Homœopathy occupies in liberal France. The gist of the proceedings our readers received months ago from our American delegation.

**TUMORS OF THE MAMMARY GLAND.** BY S. W. GROSS, A. M., M. D. New York: D. Appleton & Company. Chicago: Duncan Brothers. 8vo. pp. 246. \$2.50.

This is a practical treatise on the tumors of this gland, including their histology, pathology, diagnosis, and treatment, from a surgical and Allopathic standpoint. The author is the son of the famous surgeon, Gross, and brings to his work a studious zeal, and also having an extensive literature to draw from, the work is exhaustive and valuable, scholarly and elaborate, and is profusely illustrated by twenty-nine engravings.

**LA ERISIPELA y sus Tratamientos Medicos especialmente el Homeopatico.** Consideraciones criticas sobre el valor respectivo de las dos escuelas radicales que se disputan actualmente el dominio de la medicina. Por el decano de los Homœopatas Espanoles Dr. D. Pedro Rino y Hurtado. Barcelona, Spain. Chicago: Duncan Bros. \$1.50.

The title of the work indicates its character and scope. It is beligerent and semi-popular. The Allopathic treatment of erysipelas gets a broadside of sixty-five pages. Appended is a view of the public opinion of Homœopathy. Such works are interesting and valuable.

**THE PRINCIPAL USES OF THE SIXTEEN MOST IMPORTANT AND FOURTEEN SUPPLEMENTARY HOMŒOPATHIC MEDICINES ARRANGED ACCORDING TO THE PLAN ADOPTED IN PHYSICIAN'S MANUALS AND DESIGNED FOR THOSE WHO REQUIRE A FULL AND COMPREHENSIVE GUIDE IN A CONDENSED AND EASY FORM.** London: E. Gould & Son. Chicago: Duncan Bros.; 18mo.; pp. 264. Price, \$1.00. Fourteenth thousand edition.

This is a compact little work arranged on the plan of a repertory and materia medica, and thus differs from ordinary domestic works. It is not a stepping stone, but sort of advanced lessons in Homœopathy that an intelligent layman will relish.

**THE HOMŒOPATHIC DOMESTIC MEDICINE.** BY J. LAURIE, M. D.

Edited by R. S. Gutteridge. London: Leath & Ross. Chicago: Duncan Brothers. 8vo., pp. 1,082. Price, \$4.00.

This is a royal work that has steadily grown until this twenty-fifth edition is truly a magnificent volume, comprehensive enough for the most intelligent layman and still plain enough for common people. The fact that this work has had such a large sale is an index of the strong under-current towards Homœopathy in Great Britain. This is without question the leading domestic work published by our school.

**A TREATISE ON SEA-SICKNESS, ITS SYMPTOMS, NATURE AND TREATMENT.** BY GEORGE M. BEARD, A. M., M. D. New York: E. B. Treat. Chicago: Duncan Bros.; price, 50 cts.

The theory advocated in this work is that sea-sickness is a *functional disease of the central nervous system*. The treatment (*Bromide of Soda*) proposed is based on this theory, and has already been tested not only by Dr. Beard, but by a number of other medical observers, with most satisfactory results. The position taken is that sea-sickness, like any other form of sickness, is an evil to be avoided, and that by the plan of treatment here proposed it can, in the majority of cases, be fully prevented or very greatly relieved. The value of our Homœopathic remedies should be added.

**THE BRAIN AS AN ORGAN OF MIND.** BY H. C. BASTIAN, A. M.

M. D., F. R. S. New York: D. Appleton & Co. Chicago: Duncan Brothers. 12mo., pp. 708.

This work is practically valuable in that it contains the most recent experimental researches into the localization of brain function. But the author's part does not seem clear, unless it is an attempt to befool and to maintain some previous views of the author. Ferrier's experiments on the brain seems to have shaken some of the old foggy ideas, *e. g.*, unity of the brain as opposed to "local organs" of the phrenologists. The book however will repay careful perusal by any interested in psychology or the brain and its diseases. The work is profusely illustrated and is a typographical model.

**MUSCLE-BEATING: OR ACTIVE AND PASSIVE HOME GYMNASTICS FOR HEALTHY AND UNHEALTHY PEOPLE.** By C. Klemm, Manager of the Gymnastic Institution in Riga. With ten illustrations. New York: Holbrook & Co. Chicago: Duncan Brothers. 30 cents.

This book contains the following interesting chapters: Introduction—Historical Review—Value of Muscle-beating as an In-door Gymnastic—Directions for the Special Use of Muscle-beating—The Muscle-Beater—Cold Hands and Feet, Morbid Concentrations—Excessive

Fatness—Muscular Debility—The Weakness of Advanced Years and Infirmities of Old Age—Lameness and Stiff Articulations—Morbid Mental Excitements—Sleeplessness—Incipient Diseases of the Spinal Cords Paralysis—Rheumatism—Cold—Gouty Tumors—Neuralgic Headache—Vertigo—Loss of Hair—Muscular Curvature of the Spine—Muscle-Beating as a means of Sustaining the Health—Summary of Directions for the use of Muscle-Beating.

The work is a novelty, and very suggestive. We should not wonder if it would prove a valuable addition to the numerous modes of exercise, especially for chronic invalids and sedentary persons. It is in the movement cure line.

CLINICAL THERAPEUTICS. BY T. S. HOYNE, M. D., Chicago. Parts IX. and X.

This work has been so often noticed that we now only remark here that we have the concluding parts of Volume II. These parts include *Apis*, *Arnica*, *Argentum*, *Asarum*, *Arum*, *Alum*, *Baptisia*, *Benzoic acid*, *Berberis*, *Bismuth*, *Borax*, *Bovista*, *Bromine*, *Cactus*, *Calcarea phos.*, *Calendula*, *Cannabis sat.*, *Capsicum*, *Carbo. an.*, *Cina*, *Coffea*, *Colchicum*, *Colocynthis*, *Corrallium*, *Kreasotum*, *Crocus*, *Croton tig.*, *Cyclamen*, *Digitalis*, *Dolichos*, *Dulcamara*, *Euphrasia*, *Fluoric acid*, *Glonoine* and *Helleborus.*

But a page or two are devoted to many of the remedies, consequently the plan of the work is more apparent than in any previous part. "Dr. — says so and so," or "recommends this in." Dr. N. "uses this remedy in," are hardly safe therapeutical guides when we have a law to go by. It would be expected that the cases would be selected to illustrate the characteristic symptoms. But the latter are not often given (they may be found in the same author's cards). If this author had chosen the nosological arrangement, the departure from strict similia would not have been so apparent. It is however valuable as showing what our remedies have done, and can do. Without being too critical, we are surprised at the remarks under *Baptisia*. "*Baptisia* has been highly praised in this affection, but it is in our opinion, very rarely called for." What has opinion to do with indications! In Europe it is the principal remedy indicated, and of course, used. Typhoid in the city, and country, are almost two distinct diseases. Here, it is chiefly brought on by overwork mentally in bad hygienic surroundings; there, it is by physical exhaustion and telluric effluvia. *Bry.* or *Ars.* may be needed for the first, while *Bapt.* or *Rhus.* may be demanded for the latter cases. In either, similia

guides, and no man's "opinion." Other defects might be noticed, but we do not expect perfection in the first edition. These two volumes should be revised before another volume is thought of. S.

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## Medical News.

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*Esther W. Taylor, M. D.*, has removed from Freeport, Ill., to Boston, Mass.

*J. H. Enloe, M. D.*, has removed from Jackson, Tennessee, to Rome, Georgia.

*Herbert C. Clapp, M. D.*, of Boston, has just written a new book entitled "*Is Consumption Contagious, and can it be Transmitted by Means of Food?*" Otis Clapp & Son will publish it in Nov.

*New York Ophthalmic Hospital* report for the month ending Sept. 30, 1890: Number of prescriptions, 3,385; number of new patients 502; number of patients resident in the hospital, twelve; average daily attendance, 130; largest daily attendance, 167.

*An Index of Comparative Therapeutics* has been prepared with great care by Dr. S. Potter. We have secured the publication of this work as will be seen. It is in the binder's hands and will soon be ready for delivery. Price, in Cloth, \$2.00. Tuck Morocco, \$2.50.

*Charge the Clergy!* Please state that the North-Western Ohio Homœopathic Medical Society fully indorses A. M. Piersons' article, "Charge the Clergy: Why Not!" in *THE UNITED STATES MEDICAL INVESTIGATOR*, of Sept. 15, 1890. Sent in by order of Society.

*Dr. Samuel Potter*, late of Milwaukee, was in our office last week. He goes to Cincinnati, on a visit with Mrs. Potter, to Prof. MacDermott, of Pulte College, and thence to eastern cities for the purpose of perfecting himself in ophthalmic surgery. Success to him.

*The Vis Medicatrix Naturæ* is explained in the October 1 number. It took a good deal of space, but will repay careful perusal and thought. Theoretical articles are not relished, but when one gets to the bottom of things, we can afford to receive it. Give us cases, gentlemen and ladies.

*The Homœopathic Mutual Life Insurance Company* of New York has thus far this year paid six losses by death among the profession, amounting to \$14,000. The last loss was Dr. Benjamin Lansing, of Rhinebeck, New York, who died on September 21st. The Company received the "proofs of death" on October 9th, and on October 13th paid the full amount of his insurance to his widow. All its losses have been paid, on an average, within fifteen days after receipt of proofs, we are told: an unequalled record for promptness. That is business. Our profession should be proud of this company.

THE  
UNITED STATES  
MEDICAL INVESTIGATOR

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New Series. VOL. XII., No. 9.—NOVEMBER 1, 1880.—Whole No. 273.

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Children's Department.

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HEREDITARY SYPHILIS AND RACHITIS.

A CLINICAL LECTURE BY M. J. PARROT, M. D.\*

(Continued from page 344.)

The second cause is the age of the subjects. The preceding statements apply, in reality, to very young infants and those who still nurse. In those who are older, the stools and the urine are less frequent and the intestinal troubles more rare. Nevertheless the eruptions have a constant tendency to show themselves upon the parts which I have mentioned, since the inevitable irritation of early life have fixed upon them, so to speak, the provoking cause of the eruptions.<sup>1</sup>

1. I have told you and insisted upon it, that we should be able to recognize hereditary syphilis, not only during its period of activity, but also at any moment of life, among those who have preserved some of its marks. We shall give our first attention to the former condition. Among the characteristic signs of a disease, the face often holds an important place. Some observers have wished to give to it a corresponding place in the diagnosis of hereditary syphilis, as may be seen from the description which they have left us.

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\*Translated from *Le Progrès Méd.*, No. 31, *et seq.*, by T. M. Strong, M. D.

Lamauve in the supplement to the treatise of Mahon (p. 452), says : " Syphilitic infants have the appearance of old people ; they are feeble, wrinkled, the epidermis is soft as though rotten, while sometimes it does not exist at all, or scarcely exists. The head is without hair. The body is œdematous, the lymphatic glands swollen, the skin is of a livid or violet color ; the hairs which cover the body, with the exception of those of the head, are more numerous and longer." " In more than one case," says Trousseau, (Clin. Med., third edition, t. III., p. 303), " the physician educated by long practice, will diagnose syphilis almost at a glance, or by a single look at the visage of the child, and yet this coloration can only be coarsely defined by description. The countenance has a peculiar sooty color, and appears as if some one had passed over the features a light coat of coffee-grounds or soot mixed in a large quantity of water. It has neither the pallor nor the jaundice, nor the yellow, straw-color of other cachexias. This taint, much less dark, but of the same color as the mask of the lying-in woman, does not extend, or but seldom extends to the rest of the body. . . . The pitiable little figure of the child presents, in addition to the peculiar color spoken of, some other characteristic traits. The eyelashes are not developed or have fallen out, the eyelids are often everted, etc."

I affirm that there is nothing worthy of our attention in these descriptions of Lamauve and Trousseau, so far as they relate to this disease. In very exceptional cases, you will encounter upon aborted children several of the characteristics which are here mentioned ; but considered in their totality, these pictures do not correspond to the true condition of affairs. The evidence of all the infirmities of the earliest stage of infancy has been accumulated here, but there is nothing to recall syphilis. We cannot too carefully guard ourselves against these descriptive exaggerations, particularly when they bear the impress of the clinic, since frequent and deplorable errors may be the consequences.

In this way, all idea of syphilis has been more than once abandoned because this hideous mask was not found upon the visage of the little sufferer, or it has not been thought of until an accurate diagnosis of the case had become absolutely necessary.

I again affirm that in the majority of cases, infants attacked with hereditary syphilis have nothing particularly diagnostic about the face ; and when they have passed beyond the first months of life, they have often the appearance of perfect health. If the syphilitic new

born are frequently emaciated, it is athrepsia which should be held responsible and not syphilis.

In reality then, the syphilitic face, such as we have just described, does not exist; at the same time, among some patients, the face may be attacked in a manner so marked, and even in some cases so severely, that it only needs to be seen in order to recognize syphilis. Such is the case with certain children, who may be very young, rather fleshy than thin, whose skin especially on the face, is of a yellow-straw color, as in anæmia, chlorosis or cancer. Their lips are fissured, and all around them are seen yellowish or sooty colored spots covered with thick epidermis, which is fissured and in process of desquamation. But there is here only an exaggerated condition of that which exists upon other parts of the body. The face is attacked in a more apparent form, that is all, and it is from this that a valuable diagnostic index is deduced.

Among other subjects, generally a little more advanced in age than those of whom I have just now spoken, the picture changes, but it is in consequence of the accumulations of lesions upon the face, that this peculiarity is especially noticed by the observer. It assumes, as in the two cases presented to you, a hideous and repulsive aspect, which only syphilis is capable of producing. There is no point that the disease may not attack. The skin is covered with patches and oozing fissures, deep ulcerations, or an ichorous matter escapes, and spreads over the neighboring parts, or it dries into yellow or brownish crusts, which cover a large extent of surface, and thus mask the countenance, and gives a mishappen appearance to it. This very striking appearance, is only seen in hereditary syphilis, but it is very rare, entirely accidental; we should know, however, to assign it to the syphilitic cause.

2. Of all the manifestations of hereditary syphilis, the alterations of the skin during its period of activity are those which are most useful for the purposes of diagnosis. A knowledge of them merits all our attention.

Before studying each in detail, I wish to call your attention to one common characteristic, which is seldom contradictory. It consists in a coloration of which the tints may vary to a very great degree but which remain essentially the same. Our language is inadequate to translate it, under its varied respects; the common terms of "copper," "lean ham," etc., adopted in the syphilography of the adult, give but a feeble idea of that which really exists; and, at

times, are very far from the truth. I will not try then to enter into a descriptive detail of the variations, sometimes so diverse, which the cutaneous manifestations of hereditary syphilis present; but you should remember that, very generally they have a violet color, which close attention will almost always discern even when other eruptive elements contribute to the masking of it. It is a consequence of the disease, that is to say truly specific, and does not depend upon the declivity of the parts as we might think. When the buttocks and thighs of the new-born present at the same time an occurrence which is not a rare one, a syphilide of patches and an athreptic erythema, and although these two eruptions exist upon the same sloping regions and may be completely mingled the one with the other, yet the first is of a violet, and the second of a bright rose-color. The color is not the only bond of union which exists between the cutaneous manifestations of hereditary syphilis, as I will have occasion to show you later. In a morphological point of view we can consider four principal syphilides: The *bullæ*, the *macula*, that appearing in patches (en plaques), and the vesiculo-pustular or ecthymatous.

The bullous, or, as it is generally known, the *syphilitic pemphigus*, is the earliest in its manifestations, appearing sometimes as early as the sixth or seventh month of intra-uterine life, but ordinarily it appears in the first few days following birth. It rarely appears after the tenth or twelfth week, and where it has been said to have appeared later than this, the diagnosis is questionable. Its location is remarkable, and, in this particular it differs notably from all other syphilides.

It is, in fact, on the soles of the feet and the palms of the hands, where it first appears. In many subjects it invades little by little the upper surface of the foot and hand, the leg and forearm. In this region it remains almost always limited; nevertheless, there is no portion of the skin which is sheltered from its attack.

It consists of bullæ, or a puffing up of the epidermis, under which accumulates a thick liquid, which, when it escapes, has all the appearance of pus. These bullæ, the diameter of which exceeds at times a centimetre, and which are surrounded by a large violet zone, are sometimes full, at other times not more than half full, in which case the liquid accumulates in the lower portion of the blister. In some cases this liquid may be entirely wanting, and by a sort of abortion of the eruption, the epidermis is simply raised.

The microscopic examination of the liquid matter should be noticed,



there are present: leucocytes, some red globules, and especially debris, of the mucous bodies of malpighi, which form whitish flakes visible to the naked eye. It is difficult to determine the duration of the eruption. It varies from fifteen days to three weeks. In some cases the blister opens, and, after the escape of the liquid, an ulceration remains which in favorable cases cicatrizes, but always in a slow manner. In other cases the desiccation of the exudation takes place under the epidermis, and after the falling off of the crust, the skin shows slight alteration. These fortunate terminations! are exceptional, more frequently, the patients rapidly succumb, on account of the concomitant visceral affections; or they pass into an advanced state of cachexia, with deep ulcerations.

The bullous eruption which I have just described is always syphilitic. Simple pemphigus has neither the same location nor appearance; it very seldom appears before the second month, but generally during the course of the first year; while it may attack those from four to five years of age. Exceptionally in the usual places for the syphilide, the bullæ of simple pemphigus are developed especially in those regions where the skin is in folds, that is to say in the neck, axilla, and groin. As a general thing, their diameter is considerable, they contain a serous, rarely a puriform liquid, and there is no epithelial debris. The cure is accomplished without ulceration, and in a prompt manner.

It will, nearly always, be easy to distinguish the bullous syphilide from simple pemphigus; but occasionally it may be difficult. As an example of this we have the following: A new-born child of a healthy appearance, had bullæ all over the skin, some being large; others, and the most numerous, were from one to two millimetres in diameter; while the remainder were only visible by means of a glass. At a number of points, especially upon the palm of the hands and the soles of the feet where a small number could be seen, their contents were thick and puriform. After a close examination, I was convinced that the case was one of simple pemphigus, from the fact that, the eruption had certainly not commenced, as in syphilis, on the hands and feet; the few bullæ which were there, were so, not on account of a primitive or specific localization, but in consequence of the extent of the disease, which had not spared any region of the integument. The skin which surrounded the bullæ was of a white or light rose color, and not a violet; finally, notwithstanding the generalization and the abundance of the eruption, the child retained the

appearance of health, and was speedily cured; a termination which rendered inadmissible the hypothesis of a specific nature.

The *maculous* syphilide is usually described under the name of roseola. I have not thought it best to follow this usage, wishing rather to point out the difference which marks the separation of this syphilitic manifestation of the adults, from that of young children. Although it predominates upon the elective places which I have pointed out to you, yet it very often attacks the entire tegumentary surface; and this tendency to a generalization, at least in the beginning, might be called one of the most marked characteristics. It consists of circular spots which may attain a diameter of from one to one and a half centimetres; the spots are not raised in the beginning but are liable to become so, although it is true in a very slight degree. At first the eruption is isolated, but afterwards it forms groups at various points, and the irregular surfaces which it covers are limited in form to segments of a circle. The coloration which is very diverse and changeable, varies according to its age, and at this point of view they differ very sensibly from the rule which I have stated above. They are in the beginning of a clear rose-salmon or wheat color, with a violet circumference. But after a time they become brown in the centre, while the circumference grows paler, the whole being followed by a desquamation which takes place in an eccentric manner. They appear successively and not suddenly, as Trousseau and M. le professeur Lasègue have wrongly said. Their opinions are the result of a clinical error due to the observation of that roseola of the newborn of which I see here every year a dozen cases, and which is constituted of confluent spots, of a bright rose-color without elevation, recalling to the mind the eruption of measles. It is unaccompanied with fever, and, in appearance at least, does not inconvenience in any way the health of the children. This eruption, like the one mentioned by Trousseau, appears in a few hours, and after a very short duration, disappears in the same manner, leaving no trace of its passage. You see how every trait of the syphilitic macula is wanting. In regard to the vaccination roseola, I would simply call your attention to the fact that it rarely appears in any other spot than in the neighborhood of the pustules, and that it consists of large circular patches, slightly raised and of a very bright rose-color.

The syphilide *en plaques* or *papulous* is, undoubtedly, of all the syphilitic eruptions, the most frequent, the most tenacious, and the one which most frequently relapses. Almost always more tardy in

appearance than the preceding, it may, exceptionally, appear on children of two years of age and sometimes even later. Its morphological character which, in a general way, recalls those of the mucous patches in the adult, are nevertheless so plain that they can be easily recognized. They are in circular patches or discs, whose elevation, although at times scarcely noticeable, as in the cases of very young subjects, may exceed four or even five millimetres. If the centre is depressed the eruption has the appearance of small capsules; if, on the contrary, it is elevated it has a lenticular appearance. The diameter of the patches otherwise are very variable, rarely exceeds fifteen millimetres. The epidermis covering them is ordinarily very thin, shining, and forms very light folds; its color is a violet or reddish violet. Very frequently, there is a slight desquamation; at other times, they are covered, especially over the centre, with a thick crust, under which there may be an ulceration. Usually isolated, they may be able by aggregation to form large patches, whose surface and outline are irregular. There is no eruption upon which topography has so marked an influence. Friction modifies it very perceptibly. Thus, while they possess, usually, a flat surface upon the trunk and certain regions of the limbs, they are raised and often lenticular upon the buttocks, and the posterior region of the thighs and legs; and while their confluence is very apparent at the points of the segments already described, especially in the cases of fat children, yet the skin of the furrows, which are sometimes very deep, separating these segments, may be entirely clear of these eruptions. But the influence of an habitual irritation, appear especially in the inferior region of the scrotum and the labia majora, where they appear, in certain subjects, under the form of tubercles. It is not unusual to see them form a raised crown around the anus. In the genito-crural folds, the patches are large, flat, with a moist surface, and often of a grayish color, the latter often giving them a strong resemblance to the mucous patches of the adult. They very seldom have the sprouting form. I have, however, seen some examples of this variety in the vicinity of the anus.

During the period of decline, the patches disappear, by degrees, and their surfaces are often the seat of an active desquamation. The skin remains of a violet color for a long time after the disappearance of the rash, and, as I will show you later, it is very rare that a depression or a true cicatrix is not found.

The *vesicular pustulous* or *ecthymatous syphilide* is the rarest in

form, the most tardy in appearing, and the most difficult to diagnose. In its lighter forms it resembles very closely the erythema of the new born, but the vesicles which are more numerous, are rapidly replaced by ulcerations. In the greater number of cases it is formed of vesicles whose contents quickly become purulent, and of ecthymatous pustules, which appear upon the red patches and develop successively and with great rapidity. The color around them is of a violet hue, and their tendency to ulceration is most marked. In no one of the cases which I have observed was the eruption general; it occupied a considerable extent of surface and was circumscribed in locality. The abdomen seems to be one of its favorite locations.

I have cited to you the case of a little boy, three years of age, who had the calves of the legs covered with this eruption. I have told you that the diagnosis of this syphilide is very difficult; but, in reality, it can only be confounded, either with impetigo, properly so called or in a less degree with simple ecthyma, which although very rare in infancy, has been, nevertheless, observed. Simple ecthyma is ordinarily generalized; it does not limit itself or form a group, like the specific eruption, upon certain points of the integument; above all there is no tendency to the ulceration upon which I have insisted, and which is one of the distinctive traits of the specific infection. Nevertheless the diagnosis is difficult, unless aided by other symptoms, even in a large clinical experience.

Considered in their progress, these syphilides whose characters I have thus rapidly outlined, present a marked analogy to each other. I have already spoken of their mode of cure, and will not return to it. I will not, at present, speak further of the traces which they leave behind, but will give at another time all the details which belong to it. But you know that with the exception of the maculæ, they have a marked tendency to ulceration. Whether it may be a bulla, a plaque, or a pustule of ecthyma, the loss of substance generally remains circumscribed at the original location of the disease. More rarely it exceeds these limits, and when it attacks several points, it ceases to increase only after the invasion of large spaces. It is generally superficial, so, when we see destructive work going on in the deeper structures, we should expect the existence of a tuberculosis.

This latter diathesis produces sometimes, by itself alone, ulceration of the skin and the sub-adjacent tissues; but under these circumstances the loss of substance is less frequent, is isolated, and presents a deep appearance as if cut with a punch.

Two or more syphilides may appear simultaneously, but the bulla and the pustule are the ones most often isolated. The former is, indeed, very active, and is almost always the index of a condition upon which death rapidly follows. Ecthyma, on the contrary, appears later, when the disease appears to have exhausted its tendency to produce other eruptions.

There is nothing less surprising than this co-existence of the syphilides, when we have been able to follow the patients during a sufficiently long period; for, then, we see them at certain points, and in consequence of the pathogenetic rules which I have shown you, transform themselves one into the other. You have seen in our wards, in the case of a very young child, a generalized maculous eruption become lenticular upon the buttocks and upon the postero-superior region of the thighs. But there is nothing which will give us a better idea of these facts, of which I might multiply the number, than the histological study of the affected skin. This shows us, indeed, that the fundamental lesions are always the same, whether it is a bulla, a macula or an elevated plaque; and that the clinical variety of the eruption depends upon secondary circumstances, whose influence can generally be pointed out.

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## Society Proceedings.

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### *THE WORLD'S HOMŒOPATHIC CONVENTION OF 1881.*

Dr. Hughes read the report of the committee of arrangements for the Inter-National Homœopathic Convention of 1881:

“ At the meeting of our congress in Bristol, in 1876, it was determined to invite the Homœopathic practitioners of the world to a convention, to be held in London in 1881, as a quinquennial anniversary of that which had just terminated in Philadelphia; and the present reporters were appointed a committee to make arrangements for the same.

In 1877 we made a series of recommendations, embodying a scheme for the convention, which were presented at and accepted by the congress meeting in Liverpool in that year.

At the Malvern congress of 1879, we reported the progress made in

obtaining adhesions and contributions, and recommended that the title of the gathering should be the "Inter-National Homœopathic Convention," and the month of July the time of its assembling. We further proposed that a circular letter, containing all information as to the scheme, should be sent to the representatives of Homœopathy throughout the world, soliciting their interest and co-operation. All these suggestions were adopted by the meeting.

We have now to report that, in pursuance of your decision, the circular now before you, enclosing our Liverpool recommendations, has been sent to all editors of journals, secretaries of societies, and deans of colleges throughout the Homœopathic world. From several of these, sympathetic answers have been received, and the editors have inserted our communication, in whole or in substance, in their journals. Among the societies addressed was the American Institute of Homœopathy, and at its meeting in June last, when some two hundred members were present, our proposed gathering was cordially welcomed, and a committee appointed, consisting of Dr. Talbot (of Boston), Dr. Kellogg (of New York), and Dr. Bushrod James (of Philadelphia), to co-operate with us.

We have thus every reason to believe that the intended convention has been made known to all whom it concerns. We are glad also to inform you that there is a good prospect of contribution: being forthcoming, which will make its discussions interesting and its transactions of permanent value. Our *cadres* are not yet complete, but we may say that they bid fair to contain the names of most of the men who stand foremost in the Homœopathic ranks of the present day.

As it is the duty of the present congress to make the final dispositions for the convention, as well as to elect its officers, we now lay before you our recommendations on the points as yet left open.

You have already decided 'That the convention shall assemble in London, at such time and during such number of days as may hereafter be determined;' and that July shall be the month of gathering. We now ask you to fix the second whole week of that month — *viz.*, that beginning with Monday, the 11th—as the precise time of meeting. This date has been named in accordance with the expressed wishes of our American colleagues, and it is believed to be not unacceptable to our own practitioners and those of the Continent.

We also invite your assent to the following recommendations:

1. That on the Monday evening the president shall hold a reception at the hall of meeting, or some other suitable place, to which all mem-

bers of the convention, with the ladies of their family, shall be invited.

2. That the general meetings of the convention shall be held on the Tuesday, Wednesday, Thursday, and Friday afternoons, from 2:30 to 5:30 o'clock; sectional meetings being held on the following forenoons by those specially interested in the subject of the day, for its further discussion.

3. That on the Tuesday the president's address shall be delivered, and followed by a discussion on the present state and future prospects of Homœopathy, with the best means of furthering its cause, as suggested by the reports sent from the various countries of the world.

4. That the business of the Wednesday shall be the Institutes of Homœopathy and *materia medica*; of the Thursday, practical medicine and gynecology; and of the Friday, surgical therapeutics, with those of diseases of the eye and ear.

5. That on the Saturday, at 2 o'clock, a concluding meeting shall be held for the transaction of any supplementary business; and after this the British members present shall determine the time and place, and elect the officers, of their next annual congress.

It only remains for you to determine the exact locality of our gathering, and therewith our financial arrangements. We find that we can obtain suitable rooms at the west end of London, at a charge of from three to five guineas a day, and that this, with the expenses of refreshments at the reception, and of printing, postage, stenography, etc., will be covered by a sum of from seventy-five to one hundred pounds. You have already decided '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.' It will now be for you to determine what that amount shall be.

We propose that a circular should be sent, in the name of the congress, to all the Homœopathic practitioners of Great Britain, informing them of the full plans for the convention, and asking for their subscriptions."

Dr. Hayward suggested that it would be convenient if early in August could be fixed for the meeting of the congress, owing to the convention or meeting of the general body of practitioners being fixed for the first week in that month. He also desired to ask if the proposed subscription was intended to be fixed or voluntary.

Dr. Hughes replied that, of course, as a congress, they could not

bind their brethren, but they could name a sum, and invite them to contribute that sum. As regards the time of meeting, they were obliged to choose the time named in consequence of a communication received from the president of the American Institute of Homœopathy, begging that they should, for the convenience of the American members of the profession, hold it not later than the second week in July, otherwise they would find great difficulties in attending. They thought that that outweighed the other consideration which was before them.

In reply to Dr. Gibbs Blake

Dr. Hughes stated that the committee had seen some rooms at the Criterion restaurant in Piccadilly, which would exactly suit them, but thought it better to leave that as a detail to be managed by the officers of the congress; subsequently, simply suggesting "the West End of London."

Upon the motion of Dr. Gibbs Blake, seconded by Dr. Hughes, the report was adopted, subject to the subsequent discussion on the several subjects contained in it.

Dr. Pope then moved, in accordance with the suggestion contained in the report that each Homœopathic practitioner in the country should be requested to contribute by subscription to the expenses of the meeting the sum of one guinea. The expenses would be somewhat considerable; the meeting would extend over a week, and there would be certain entertainments in connection with it which would, he was quite sure, absorb the whole of that sum, and he was also sure that they would, as a body, show a liberal spirit in the whole of the details, and give their friends a good reception.

Dr. Moore begged to second the motion. He was not quite sure whether it would be possible to cover the expenses with a subscription of one guinea. It might be left open for anyone to supplement that by a larger subscription if he thought proper; he would suggest that it should be "a guinea or more."

Dr. Pope said: he thought they would find out in the course of the spring what their expenses would be. If they found a guinea was not sufficient, they would probably ask for a guarantee fund.

Dr. Gibbs Blake said: he had a list of subscriptions for the International Medical Congress, and they varied from one to twenty guineas.

Dr. Dyce Brown suggested that arrangements should be made for ascertaining those who were able and willing to offer the hospitality of their houses to visitors from abroad.



Dr. Hughes said that had been borne in mind. The committee had asked one prominent physician in each country to act as their representative in the matter of the convention, to collect from his colleagues the names and addresses of all who purpose attending the meeting, to let them have those names and addresses some two or three months before the meeting. Then they propose to ask all who were willing to receive visitors into their houses to choose amongst those they knew, or allow the committee to billet those they thought fit upon them. Although they could not hope to entertain all their guests, they should hope to entertain a good many of them.

Dr. Nankivell suggested that laymen might be found glad to invite some of them.

Dr. Hughes (in reply to Dr. Owens) said: they spoke of coming a hundred strong from America, but thought they might count upon fifty.

Dr. Owens would be happy to receive all the Americans at his establishment, if they did not come all at once, but by installments, as they would probably think of paying a visit to Stratford.

Dr. Hughes suggested that Dr. Owens should make that statement at the congress.

The resolution as to the subscription of one guinea was then put from the chair and carried.

The election of a president for the convention was then proceeded with by ballot. In announcing the result

The president said: Gentlemen, I have the honor to inform you that Dr. Edward Hamilton, of London, has been elected president of the congress to be held next year, by a very large majority. Now, gentlemen, we will proceed to elect a vice-president. The vice-president on this occasion will be a very important personage. As it is a matter of considerable importance, I think it better to give it the weight and authority of a ballot.

The vote having been taken,

The president said: I have the pleasure to inform you, gentlemen, that Dr. Richard Hughes has been unanimously elected to the important post of vice-president. (Applause.)

Dr. Hughes: Gentlemen, I am very much obliged to you for the the honor you have done me, and I hope by active work in that department to justify your choice of me.

It was then resolved, upon the motion of Dr. Hughes, seconded by Dr. Pope, "that the following gentlemen be appointed to the respective offices named, viz.:

Dr. Bayes, treasurer; Dr. Gibbs Blake, general secretary; Dr. Hayward, Liverpool, Dr. Burnett, London, local secretaries.

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#### *THE NEBRASKA HOMŒOPATHIC MEDICAL SOCIETY.*

This society met at Omaha, September 22d, President C. L. Hart in the chair. Members present, Drs. Wood, Dinsmore, Gifford, Walker, Poulson, Montgomery, Stillman, Gifford, Borghlum, Righter, and Paine. The principal object of the meeting being to take action regarding a petition to be presented to the coming legislature by the several schools of medicine, asking them to enact a law to prevent the invasion into our state, of the large number of quacks driven west by the stringent laws of eastern states. A committee on legislation was appointed to bring the matter before the legislature at its coming session, and it is to be hoped that Nebraska will be the next to fall into line with the other states who have passed similar laws. The annual address of President Hart teemed with valuable suggestions, bearing upon this subject.\*

The election of officers for the ensuing year, resulted as follows :

PRESIDENT.—Dr. F. B. Righter, Lincoln.

FIRST VICE-PRESIDENT.—Dr. C. M. Dinsmore, Omaha.

SECOND VICE-PRESIDENT.—Dr. P. J. Montgomery, Council Bluffs.

SECRETARY.—Dr. W. B. Gifford, Omaha.

TREASURER.—Dr. O. S. Wood, Omaha.

The society adjourned to the second week in May 1881, when a joint session with the Northwestern Academy of Medicine will be held at Omaha.

W. B. GIFFORD, Sec'y.

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#### *BI-CARBONATE OF SODA IN BURNS.*

*Bi-Carbonate of Soda* is being frequently used in the treatment of burns. Half a pound of *Bi-Carbonate of Soda* is dissolved in a quart of water. This solution is made to saturate patent lint or old linen laid upon the injured surface. This should be kept constantly wet, and no attempt made to remove it for several days.

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\* President Hart's address will appear in our next journal—Nov. 15, 1880.

## Consultation Department.

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### ANSWER TO CASE FOR COUNSEL.

In THE MEDICAL INVESTIGATOR of October 1, page 297, "case for counsel," signed S. A. N., *Aurum tryph.* 3x, 30x, or 200x, if necessary, will cure. W. MOORE.

### ANSWER TO CASES FOR COUNSEL.

On page 276 of THE INVESTIGATOR, I find the case of "spasmodic laugh." If Dr. Waggoner will give *Quinea sulphate* 2x, a powder every two hours during the apyrexia will cure the case. I have had a like case.

On page 296 is reported the cases of "cankers of the mouth;" the cause is due to an irritation of the stomach, and with it an acid diathesis. *Piper nig.* 4x is the remedy.

In relation to the question of a Pharmacopœia, the language of Dr. Williams is in my judgment none too strong in urging the completion of such a work, and my hope is that you will have enough of the views of the profession on the question to induce you to publish the same. S. B. TOMPKINS.

### TWO CASES OF "WHAT IS IT?"

I. Woman, aged forty-three, sudden severe pain inner side left thigh, upper third, so severe as to make her spring from bed, hold the parts with both hands and call for assistance. Lasted a few minutes. Several months later, same process repeated; thinks it comes from overwork. Has had severe attack of inflammatory rheumatism every seven years since childhood. Last one controlled by *Salicylate of Soda*—a real miracle.

II. Man, aged thirty-eight, good health, no rheumatism, sudden pain 5 P. M., left gluteal region; severe, iron-like drawing, lasted five hours, stopping gradually after using St. Jacob's Oil externally and internally. Next day, great soreness at insertion of *gluteus maximus*, and utter impossibility of going up a step with that foot ahead. During the pain, the whole limb seemed involved, but no soreness remained except the one small spot.

Ague pervades everything here. I have repeatedly found myself in trouble, and been helped out by selecting an "anti-periodic." Rheumatism also thrives. Have rheumatism and intermittent fever been married, and is this pain one of the children ? O. B. BIRD.

## CASE FOR COUNSEL.

Lady, aged thirty-five, nine years ago confinement ; incompetent doctor ; pains forty-eight hours, until complete exhaustion and no pains, then the doctor crawled in and performed what he called turning upon a breech presentation, bringing out a child feet first. Refused to believe in twins, as the patient told him, and after waiting more than an hour, went in again and brought out another child. No forceps, no *Chloroform*. Altogether the most murderous and pitiful case I ever heard of. It was followed by a severe case of milk-leg. Three months later she noticed a heaviness of the left eyelid. One year after the confinement the left eye became so sensitive to light as to necessitate colored glasses. This continued for a year, the right eye sympathizing, when, during an overland trip from the east to Oregon, the eyes became gradually better, and glasses were discarded. About a month after arrival the photophobia returned and grew gradually worse. Several months later she took *Strychnia* (3. probably), and was better. Then pregnancy occurred, bringing great improvement, the eyes getting *entirely well*. They continued well until the child was eighteen months old, and another pregnancy was 00 months advanced, when a terrible earthquake occurred, causing great fright, after which a very intense daily headache appeared, accompanied by pain in the region of the uterus. These continued for two months, disappearing with the first labor pains, which latter resulted in miscarriage at four months. One month afterwards the photophobia returned, and has continued for nearly three years. During this time she took *Kali brom.* for four months (drug doses), and used her eyes, but her general health was so much affected that she preferred blindness. So sensitive are the eyes, that she wears a heavy bandage fitted to the face, and in addition to this, must have the room as dark as possible. She is therefore a prisoner except at night, and so great is her nervous sensibility that even a short walk produces pain and restlessness. Following are some of the symptoms and conditions : Congestions of retina (examined by Kellogg, Walla Walla), left eye first affected and now worse ; pain in region of left ovary, *comes and goes suddenly*, and seems to be the starting point

of all trouble, including the eyes, and probably preceded the photophobia chronologically. The whole left side is affected more than the right; flashes of heat to the head; hands and feet always cold; great sensitiveness, a numb soreness along the whole spine, left side of processes. Sore spot near sternum on fourth or fifth rib; if touched, hurts through the shoulder. First sign of menses, soreness of left side of nape of neck, a week before, growing less as time comes. *All symptoms worse during menses*; twice after fright menses suppressed for three months, during which there was great improvement. (Thinks another pregnancy impossible on account of great sensitiveness of organs). Breasts extremely sore a week before menses, well during flow; stomach delicate; costive for three years; stool in hard, round balls. Once in two or three months has a day of profuse and very prostrating diarrhoea, producing great exhaustion; great pain in rectum after ordinary stool; takes several injections every second day. Has used Old School treatment and given it all up. Has also had a year or less of Homœopathic treatment. I cannot at present give the remedies used. The patient is also subject to attacks of hoarseness and dyspnoea, in one of which the Old School physicians prepared for tracheotomy. In one attack Dr. Kellogg used *Brom.* 2c with good effect. I obtained slow benefit from *Aconite* 1 during six hours, then prompt and full relief by alternating with *Kali brom.* 5x, (the only low preparation I had). The history of the case leads one to suppose that *Strychnia* might do good, but this would rather be given for anæmia of the spine than congestion. Am giving *Glonoine* 2c, one dose a day; stop when better. Shall try *Strychnia* and *Kali brom.* if necessary. The patient has a lovely, Christian character, and remarkable self-control. Will some one please help me?

O. B. BIRD.

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GALENIC OPERATION.—M. Panas, of Paris, has contributed a paper in which he revives the Galenic operation of tattooing the cornea to conceal large and conspicuous opacities. This is done with a fine needle and Chinese ink. It materially improves the appearance of the patient, although in some instances it has resulted in iritis and irido-cyclitis.—*London Lancet.*

## Therapeutical Department.

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### CLINICAL OBSERVATIONS.

#### REPORTS FROM THE FIELD OF PRACTICE.

VILLISCA, Iowa, Oct. 25.—Prevailing diseases are: Typhoid fever and malignant diphtheria. Remedies used. For the former, *Bapt.*, *Bru.*, *Arsen.*, *Hyos.*, *Rhus tox.* and *Bell.*; for the latter, *Iod. merc.*, *Kali bich.*, *Bromine*, *Bell.* and *Arsen.*

D. PITTMAN.

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### THE TEMPERAMENTS AND MENTAL SYMPTOMS AS GUIDES IN SELECTING THE REMEDY.

BY F. A. BENHAM, M. D., ELKHART, IND.

A late writer in this journal upon the above heading, seems to leave the subject in a rather confused state, or perhaps, he only intended to define in a very general way. The subject is of immense importance in our system of medical practice, for it enables us to answer definitely and affirmatively the question, "Canst thou minister to a mind diseased?" and hence it should receive the fullest amplification.

The term from which temperament is derived, implies to mix, mingle, or unite in due proportion; to adjust, as parts to each other; to mix, so that one part qualifies the other; hence the physiological definition; mental constitution; the general state, frame, or disposition of the mind as regards the combination, or blending of qualities, interests, or passions; that peculiarity of organization which influences man's thoughts and actions.

Now in order to understand the applicability of the term to man's organization, and to derive practical knowledge therefrom, we must conceive an organized or living body as one having its parts so formed and arranged as to be capable of maintaining a constant adjustment of internal to external relations, and, in its mature condition, reproducing another body like itself.

This adjustment of relations constitutes its life. In a state of health, every change of external conditions is instantly responded to

by the internal ones. Thus, to maintain the process of thinking; the brain must constantly change and consume the materials of its structure, and new materials must be supplied through the lungs and as food. Muscular movements must procure the food; it must be digested in the bowels and oxydized in the lungs before it can be sent to the brain to supply the loss that has occurred there. The bodily movements must be rightly adjusted to procure the food, and the force of the digestive organs must be properly adapted to its solution.

A series of internal relations is thus seen to be adjusted to the external relations, and the higher the type of the organism the more complex are these changes. To make these adjustments it is necessary to have certain definite structures, called organs, and these organs must possess certain definite functions.

Now the exercise of these definite functions constitute animal life; and they are susceptible of division into three great classes, viz., those of nervation, of nutrition, and of musculation.

Now the nervous, the nutritive, or the muscular system may predominate in an individual, and this gives a certain cast to the mental and physical character, and this cast, or peculiarity, is designated by the term temperament.

Hence, there very naturally appears to be three primary temperaments, viz., the mental, the vital, and the motive; while the equal blending of the three primaries might be denominated the harmonic.

To maintain life in its highest forms, it is necessary that all parts of the body should act in sympathy and unison, that all muscular movements should be under the control of a central power; and there should be a special mechanism for the manifestation of thought, feeling and volition. All this is provided for in the nervous system, upon which the mental temperament depends.

Persons with this cast of organization have a rather slight frame, with the head relatively large, the forehead well developed, the face pyriform, the features delicate and finely chiseled; hair fine, soft, and not abundant. In such the character is marked by vivid ideas, intense feelings and refined tastes.

The vital temperament depends upon a large development of the organs of nutrition. The organs of this system are directly concerned in the work of building up and repairing the various tissues of the body, as well as in removing the waste materials of these tissues as they are worn out in vital activity. Persons in whom this

temperament incline to breadth and thickness of the body ; the stature is short rather than tall, and the limbs are plump but tapering ; the face is round and full, the complexion florid, and the hair light in color. The character is lively, genial, versatile and impulsive.

The motive temperament depends upon a dominance of the bony framework and muscles of the body. Persons of this temperament are generally tall, the muscles are tough and wiry, and there is great bodily strength. The face oval or oblong, the features prominent, the hair strong, abundant and usually dark. The character is energetic, determined and persevering, constituting the human steam engine. The temperaments are seldom, or never found pure, but are combined in various degrees, thus giving greater variety to human character. Now, as prescribers for the sick, the question, what is the relation of the intellectual to the physical man, becomes of immense importance to us.

The brain, consisting of a congeries of organs, each organ possessing and exercising its own definite function, is, nevertheless, in action a unit ; and in its unity, it is the organ of the mind, the seat of sensation, of thought and intelligence.

Now the brain, in that it is composed of different organs, corresponds in this respect with the body ; for it, too, is composed of different organs, exercising different functions, yet all mental and physical, acting in complete unison ; and when we have learned the law, governing the relations which exist between the brain and the body, we have taken our first lesson in the interpretation and utilization of mental symptoms.

Dr. J. R. Buchanan—defines a science of corporal development, which recognizes the indications of mind in the bodily frame, and traces the entire correspondence of the body with the brain and mind. He says. "The correspondence between the body and the brain is such that we may say the upper portion of the brain and body correspond, and the basilar portion of the brain corresponds with the lower half of the body. The organs of the anterior half of the brain correspond with the anterior surface of the body, and the posterior half coincides with the arms and posterior surface. The organs of the neck coincide with those of the lower limbs, and the corresponding region of the arms is found on the median line of the occiput. When the basilar organs of the brain predominate there is more of *fibrin*, *urea*, and *bile* in the blood, than when the coronal organs predominate."



In passing, and as apropos to the subject, we will here give his views of the relation existing between temperament and diseased action. "Persons of pride, firmness, prudence, and self-control, will have but little liability to disease, and their circulation will be regular and tranquil.

Persons of violent and selfish passions will have great force of circulation, especially in the limbs and lower part of the body, and will be liable to diseases of active sthenic character, in which the phenomena of disease will be violent, but life will seldom be endangered. Rheumatism, gout, inflammation, and convulsions, will be their tendency.

Persons of indolent and unprincipled habits—of but little integrity, self-control, fortitude, or industry (a very large class), will have a circulation of but little regularity, and will be predisposed to active disorders of the abdominal region. Cholera, diarrhoea, dysentery, congestion of the liver, and typhoid prostration.

Persons of amiable, mild, feeble character, will have but a languid circulation in the limbs and lower part of the body, and will be predisposed to pulmonary disorders. Consumption, bronchitis, pneumonia, and pulmonary congestion."

The body constitutes the foundation on which the mind is built, and each division of the bodily functions corresponds in its character with a division of the mental functions.

In the lowest animals, as we know, the functions of mind are carried on more in the body than in the brain; but as we ascend the scale of animal life, the mental functions are exercised more and more by the brain; they are specialized there, but still retain a close sympathy of action with the corresponding parts of the body.

How well we know that love may make the heart beat faster; that grief or sympathy may excite a flow of tears, or a fit of anger may cause indigestion. How universally we speak of the heart as the "seat of love and affection," and of the bosom, as "thrilling with emotions of love and friendship;" and how close we recognize the relation of the lungs to intellect, when we call the reception of knowledge inspiration.

Appetite arises from the wants of the system and condition of the stomach, but only the organ of appetite in the brain makes us conscious of hunger.

We might give pages of examples, showing conclusively that the organs of the brain and those of the body mutually act and react

upon each other in a well defined way, and in strict accordance with physical law.

Now, we believe that health is the result of obedience to natural laws; that sickness is the effect of violated law, and that restoration to health can be secured only by invoking the aid of natural law,—nothing whatever left to caprice.

Hahnemann says, *Organon*, section 212, “The Creator of medicinal agents has been singularly attentive to this principle element of all diseases—the changes in the state of mind and disposition: for there is not a single operative medicine that does not effect a notable change in the temper and manner of thinking of a healthy individual to whom it is administered; and each medicinal substance produces a different modification.

Section 213. No cure, then, can ever be performed according to nature—that is to say in a Homœopathic manner—without paying attention, at the same time, in every disease, and even in those which are acute, to the change that has taken place in the mind and disposition, and selecting a remedy capable in itself of producing not only similar symptoms to those of the malady, but also a similar disposition and state of mind.”

Every one who has studied Homœopathy experimentally, and to any purpose, is doubtless ready to concede the great importance of mental symptoms, in the selection of the remedy.

Many in our School have attained a high degree of perfection in prescribing,—being able to cure everything curable—and their success is in exact proportion to their fidelity to the teaching of Hahnemann as above.

If we study temperaments and mental symptoms from a physiological standpoint, we shall obtain a closer and more correct view of the relations existing between mind and body; and also better enabled to interpret the law governing those relations; and so shall we increase our success as prescribers.

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Dr. T. Gaillard Thomas (*American Practitioner*, May, 1877) strongly advocates the induction of premature delivery in cases of placenta prævia. He says he cannot resist the conviction that when this becomes the recognized and universal practice, the statistics of the present day will be replaced by others of a far more satisfactory kind.

## FAITH VS. THEORY.

REMARKS BY J. E. WINANS, M. D., LYONS FARM, N. J., UPON A FEW PREVALENT ERRORS REGARDING HOMŒOPATHY AND DRUG POTENTIZATION.

A paper read at the semi-annual meeting of the New Jersey State Homœopathic Medical Society, held at Trenton, N. J.

MR. PRESIDENT AND FELLOW MEMBERS OF THE NEW JERSEY STATE HOMŒOPATHIC MEDICAL SOCIETY: In this sceptical age of ours, when the universal tendency of thought everywhere is to free itself from the shackles which have served to confine the normal exercise of its powers, and to narrow the scope of its action and influence in the now historic past, it were well to bear in mind that even though truth as it has been revealed to us in this nineteenth century is found to conflict with much that was *formerly considered* such in the immediate past, that nevertheless this widespread element of radicalism has yet its proper sphere, and although we would not limit the domain of science or hamper the honest investigator in his efforts to unveil the hidden mysteries of nature, we still reserve the right to exercise our undoubted prerogative of subjecting to the most rigid scrutiny, the *means* and *methods* employed by him in arriving at his so-called "facts," not only, but *also* in viewing before the bar of our individual judgment such *deductions* and *inferences* as may be sought to be established as the resultant outcome of such experimentation. Such reviewal has been found to not infrequently inure to the benefit of the older and more conservative institutions whose final overthrow has been the avowed intention of their more radical opponents, while engaged in conducting said experiments. And just here let me say, in passing, that the earnest thinker of to-day has frequently to deal—no less than in the days of St. Paul—with "science falsely so-called" as it exists in a multitude of shapes and forms familiar to us all. Its very existence in fact, coupled with the almost universal prevalence of an eagerness to accept without hesitation the conclusions of many of these "would be scientists" whenever said conclusions have been found to accord with one's own "pet theories" or cherished hopes and inclinations, and thus preventing them from observing otherwise apparent methodical or logical defects, should render us the more cautious about deserting (if not, entirely rejecting) such time-honored beliefs and customs as have withstood the

test of actual experience, no less in the past than in the present, for some newly reported discovery or scientific assumption which remains yet to be verified by a more extended research. The habit of "believing only what you are forced to believe" — which a member of the society stated at our last meeting he had adopted for his motto — is one especially to be encouraged in dealing with all such unverified assumptions of modern science, and if serviceable anywhere will be found especially valuable in this connection. But again, it were also well for us to remember that, in a certain sense, a man is *not forced* to believe *anything*, but is at entire liberty to reject whatever he may see fit to make such disposition of. At the same time, the mere fact of his rejection of a truth goes for nothing in itself, as tending to establish either the truth or falsity of the point under discussion. There are two classes of doubters in the world and always have been; the sincere, honest doubter, who is what he is simply from a want of better information, but who yet remains open to conviction, and then there is the insincere sceptic who is sceptical on all points which he considers as affecting his own immediate interests, and which from one cause and another would be exceedingly inconvenient for him to believe. Such an one while he will contemptuously reject some fanciful gnat of error in the statements of those individuals with whom he chooses to differ, will yet on the other hand swallow quite readily and greedily a much greater camel of inconsistency when proceeding from their recognized opponents. The very same facts which serve to strengthen and confirm the faith of an honest enquirer, will, when viewed through the distorted medium of a biased mind, present so many angularities and other forms of unattractiveness to the observer as will tend rather to confirm and establish *him* in his former unbelief. There has never been, we contend, in the history of the world, an error, whether of doctrine or practice, which had not originally its foundation in false or illogical premises. Such being the case, it becomes us to examine a few having a more especial relation to our immediate subject. And first as to the confounding of the two terms "faith and theory," so common among our opponents. They are *not synonymous* terms by any means. Faith may not inaptly be defined as "belief based upon evidence," without necessarily involving either the kind of evidence offered, its form, shape, or other characteristic. Therefore, from the moment the evidential proofs of any given statement are accepted as satisfactorily establishing its claims to credibility by any individual, from that moment such individual may be said "to have faith" in the same.

If you proceed no farther than this, you have merely referred to a common ground upon which possibly thousands may be found to unite, but when we come to speak of "theory," we mean by that a mere hypothetical opinion or deduction of our own, drawn from some given fact, real or supposed, and which will necessarily be found to differ with different persons being subject to all those natural modifications arising from well known differences in mind and temperament.

A dozen men may agree substantially in one common faith, and yet no two of them possibly hold the *same theories* regarding the same. Therefore it is that neither faith in the "law of similia," nor in drug potentization, can properly be called "a theory," as applied to their respective subjects, since in each case it is "a belief founded upon evidence"—evidence abundant, incontestable, overwhelming and satisfactorily conclusive to all but such narrow minds as refuse to accept anything which does not accord with their own previously conceived notions as to probability, reasonability, etc.

To distinguish what is true in science from what is merely denominated such, we have simply to keep this one important fact before our eyes, viz., that all observations and conclusions which are *truly scientific* are capable of being demonstrated indefinitely, if not at will at least whenever the same conditions are present, as permitted of their exhibition in the first instance. But, in order that after imitations shall be possessed of any positive affirmative or negative influence in determining the value of previously announced discoveries, it is absolutely essential that all such later researches shall be conducted under *precisely the same conditions* as obtained in the former instance, or else, from the very nature of things, they are rendered more or less valueless by reason of their incompleteness or dissimilarity.

Homœopathy consequently, since it answers to the above requirements, is entitled to be considered not only as "a science" but as *the* only true "science of therapeutics" because it is the only one capable of such illimitable demonstration with such unvarying testimony to its efficacy as is exhibited whenever its unalterable principles are faithfully carried out. But as we before intimated they must be *strictly* carried out. An imperfectly conducted test is equivalent to no test at all. Neither are the frequent apparent failures of those who strive to apply this law of nature to the relief of diseased conditions any valid objection to either the truth or practical utility of

the law itself. Nor would it be so considered when occurring in anything to which men were pleased to give in their unqualified adhesion. What objection is it to the law of gravitation for instance that all men are not able therefrom to compute stellar distances? Will any intelligent person adjudge that therefore Newton was deceived, and the entire astronomical system as at present constituted a most egregious blunder? But let it be something towards which a certain class of men are found to have some deeply-rooted prejudice—either mental or moral—and you need seek no further for an explanation of their inconsistency. With a zeal equal to the Pharisees of old, who would “compass sea and land to make one proselyte,” they will “leave no stone unturned” which offers them anything in the way of refutation of what they are pleased to consider as unreasonable, as nothing more than the veriest superstition or humbuggery.

It matters not how many or how numerous may be the examples offered or instances adduced attesting to the value or superiority of any given truth, an occasional instance wherein it may have been either imperfectly applied or insufficiently tested will have more weight with them than ninety and nine other cases, when it had proven an entire and undoubted success. Such men remind one very much of the common house-fly, which will wander all over the sound part of a man’s hand in order to find a sore on one of his fingers. It is the misfortune of almost every system which is the embodiment of some great good for the human race, that it is so entrusted to the keeping of “earthen vessels,” and that men are all too prone to judge of the merits of any given system, more by the practice of its nominally professed adherents than by the distinctive claims of the system itself, be they never so well founded. Because forsooth men in the exercise of their fallible judgment, do oftentimes err in their attempts at applying some eternal principle of truth or justice, how eagerly do their adversaries catch up all such instances as affording an occasion for disparaging or otherwise injuriously affecting the aforesaid principles themselves.

As applied to Homœopathic therapeutics—by which we mean what are literally and truly such, in fact as well as in name—we find several popular misconceptions to be quite commonly prevalent. Of these we will consider two of the more common. One has to do with the correct recognition of the disease to be treated, or in other words the “diagnosis;” the other, with the Homœopathic prescriber himself. First then as to the diagnosis, upon which so great stress has

been laid by the majority of physicians both within and without our own school. Though of undoubted value from a scientific standpoint, it is—with the exception of those disorders which have their origin in either mechanical presence or obstruction—practically valueless as affecting the choice of the truly Homœopathic remedy. Its chief value lies in its enabling the medical attendant to make known to the immediate friends of the patient the malady from which he or she appears to be suffering, together with a general statement as to its probable course, duration, etc., and later, in its enabling him upon its conclusion to correctly report the same before an assemblage of his fellows, or in the pages of the medical journal, as the case may be. But as to its materially affecting the choice of the internally administered remedy in the practice of any true follower of Hahnemann, to believe this were to totally misapprehend the true character of that basis upon which our great and glorious system is founded. How could it affect our prescriptions—except in a minor way, perhaps, as touching the attenuation employed, repetition of the dose, etc.—when we remember that we are prescribing not for pathological conditions (of what name soever they be) but for sick individuals? Out of the whole nosological category of diseases you can take any disease you choose and you will find that upon collecting together a given number of sufferers from that disease, there not only *may* but most certainly *will be* characteristic points of difference existing between them all which will go to distinguish each individual present from the others, and will also convey to the mind of the intelligent Homœopathic practitioner the remedy suitable for each. Of course, we do not claim by this that he will always be able to recognize the appropriate remedy upon the first prescription, but only that this is the only plan of prescribing that is based upon truly scientific principles which are well worth our following.

As evidence that this therapeutic rule is one that is both eminently true and practical, we have only to note what is an everyday experience with all such as make use of it in the selection of their remedial agents, which is this: A remedy which is strictly Homœopathic to any given set of symptoms in one disease is just as truly indicated in anyone of a hundred other diseases in which such symptoms occur, although *the diseases per se* may be ever so diverse as to their nature and origin! When this simple medical aphorism shall have become universally recognized and acted upon by the members of the Homœopathic profession, there will be a diminution in the death certificates

issued, and less opportunities afforded the ardent votaries of pathology for pursuing their favorite line of study. While we claim that too much prominence has been assigned to diagnosis in the estimation of many as affecting the therapeutics of disease, on the other hand we resent as maliciously false and absurd the frequently encountered imputations and asseverations that Hahnemannians are therefore less skilled in diagnosis than their adversaries who are more or less given to Eclecticism. Because the results of faithful individualization, and the employment of the more highly dynamized remedies exceed anything that can be set up in defense of a more routine treatment and the employment in general of the lower and lowest attenuations of drugs, their recital is made the signal for a general onslaught upon the statements of the narrator, with the evident intention of either impugning his veracity or of questioning his diagnostic ability, or of seeking to establish the occurrence of a "spontaneous" cure. The exhibition of such discourtesy as this should be discouraged—as we may hope it will be in the near future—by every one who professes to be guided by the law of "similia" in his treatment of the sick.

While upon the subject of diagnosis, a few other thoughts suggest themselves to us. We have endeavored to show you that when diseases are treated strictly Homœopathically, our own patients may be cured (of all but the more advanced organic changes that we meet with) without regard to the name of the disease with which they may chance to be afflicted. As a corollary to this and in consequence thereof, we claim the injustice frequently done us as physicians in requiring that we shall always be able to state in advance the particular disease from which a given patient may be suffering, since a disease at its inception may present many points in common with other equally well known diseases, by reason of which analogy—especially where complicated by the implication of several widely separated tissues and organs—a certain lapse of time is frequently indispensable to a correct differentiation. To assert consequently that an inability to promptly recognize the diseased condition present according to its nosological classification necessarily implies an incapacity for treating the same is a most unwarrantable assumption which is not justified by experience, for many a diseased condition has been cured Homœopathically for which it would be difficult to assign a name, while many another has likewise been cured in which the original diagnosis eventually proved to have been incorrect, herein



showing the immense advantage this plan has over any other system of treatment wherein an error of diagnosis would be much more likely to be attended with a fatal result when occurring in the more serious forms of disease. Neither, as many have supposed, does the gravity of any given case regulate the amount of the dose to be administered, but, on the contrary, the more alarming the condition and the more numerous the symptoms present, the more readily can the appropriate remedy be selected from among a group of analogous remedies, while moreover the fact that the patient is in a precarious condition should suggest to every thoughtful mind the urgent necessity and propriety of accordingly reducing the amount of the administered drug. This would seem to be but the dictates of common prudence, but strange as it may seem the more exhausted the vitality of the patient, the greater the temptation with many of having recourse to the "heroic" plan which has so long characterized the dominant school of medicine. They cannot—if it were for their lives—bring any better argument for sustaining them in this senseless course of procedure than that given by the poor Indian, who, after having been bitten by a large rattlesnake, applied to one of our western frontier posts for a gallon of whisky, and upon being questioned wherefore he required such an unusual amount of the alcoholic stimulant, replied, "Ugh! he bigee snake."

We now come to consider some erroneous ideas entertained by many respecting the Homœopathic prescriber himself in connection both with his practice in general and the failures (both real and apparent) with which he is popularly accredited. While the general public are accustomed to discriminate against those who are (for the time being at least) without either wealth or social position, and are inclined to give a decided preference to such as are of commanding presence over those of comparatively diminutive stature or who are possessed of some other physical defect, entirely ignoring their comparative abilities or other mental qualifications, there does not therefore exist any relative connection between the amount of practice in the one case or the other as tending to establish the value of one's conclusions, or of nullifying the recounted experience of the other.

What the world especially needs at the present day is more men, who, when they *know* they are right, would *rather* be *right* than be popular. Now as to the aforesaid failures themselves, or what appear to others to be such. These may be divided into two classes: Those which are so in reality, and those which are only in appearance. For

the former, the profession in general is frequently jointly responsible with the immediate prescriber in that a majority of its members either do not practice in accordance with true Homœopathic principles, or doing so, withhold from their professional brethren the results of their united experiences, one or both. Let those who decry the value of such communications as we are accustomed to meet with in the journals of our school, "put their own shoulder to the wheel," and priding themselves upon their superior diagnostic abilities, let them accordingly impart to *their* reported observations that additional advantage of absolute certainty in physical diagnosis which they consider many of those now currently reported may lack. Let them but do this, and so long as they adhere to the administration of the single remedy (which alone can give their observations any therapeutic value from a Homœopathic standpoint) they may employ any strength of that remedy they see fit, and we will be but too glad to hear from them.

The *apparent* failures may in turn be again sub-divided into two classes: First into those cases in which the appropriate remedy was insufficiently tested from one cause or another, and secondly where a failure to recognize the remedy which should *properly follow* the primary prescription has had the effect of neutralizing what could not have been bettered in the first instance. This class of failures are often but "blessings in disguise" as they lead us to more carefully individualize in the future, and by their negative results, teach us at least what to avoid, which is frequently of no inconsiderable importance. Hence it is that the strict Homœopathician is enabled to profit even by his so-called "failures," which in itself is an immense advantage obtaining over that arising from any other system of practice whatsoever. Having thus disposed of a few of the more common errors respecting Homœopathy and some of its more devoted adherents, we will next briefly consider the subject of drug attenuation, potentization, or dynamization, as it has been variously designated, and we will perhaps find that there is not so much "moonshine" about it after all.

In a little pamphlet entitled "Radiant Matter," (to which you are referred for all further information) which was distributed among members of the American Institute at its late meeting in Milwaukee, are to be found some remarkable statements. They are the final outcome of a series of experiments conducted by that eminent physicist, Prof. Crookes, the inventor of the radiometer. The sum and sub-

stance of these experiments may be found in the following statements which we will now give you :

As a result of his experiments, he recognized in the minute molecular subdivision of matter a fourth form either the solid, fluid, or gaseous and possessing properties and powers peculiar to itself. To this form was given the appellation of "radiant matter," concerning which it seems even Faraday had spoken more than sixty years ago. Among other things it was found that matter in this infinitesimal condition within the vacuum tube when intercepted by a solid body will still cast a shadow ; that heat is evolved when the motion of its particles is inhibited ; and that a powerful mechanical and phosphorogenous action is exercised by it wherever it strikes. When to this is superadded the announcement that Prof. Jager has found by actual test with the neurometer that the rapidity of perception was increased by the inhalation of *Aconite* in an ascending ratio from the 8d to the 200th, in the face of this aggregation of facts gathered from the observations of our opponents, we may indeed say to all those doubting Thomases (of the past and of the future) "blessed is he that hath not seen and yet hath believed."

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## Book Department.

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All books for review must be sent to the Publishers.

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**FOOD ADULTERATION, OR WHAT WE EAT AND WHAT WE SHOULD EAT.** Chicago : American Publishing Company.; Duncan Bros. Price, \$1.00.

This is a systematic and scientific attempt to expose the nefarious practice of adulteration of our foods. It contains facts that every physician should be familiar with.

**LINDSAY & BLAKISTON'S PHYSICIAN'S VISITING LIST** is in its thirtieth year of publication. It is arranged for twenty-five to one hundred patients and contains the metric or French decimal system of weights and measures, posological tables, showing the relations of our present system of apothecaries weights and measures to that of the metric system. It continues popular with the profession. For sale by Duncan Bros.; price, \$1.00 to \$2.00.

DIPHTHERIA, ITS CAUSE, NATURE AND TREATMENT. BY R. B. GREGG, M. D. Chicago: Duncan Bros.; 12mo pp. 184; \$1.50.

The feature of this book is the claim that spherical bacteria or micrococci of diphtheria are only molecular granules of fibrin; and rod like bacteria are molecular granules of fibrin united into fibrils or "fine thread-like prolongations." The argument for this occupies more than half of the book. It is reiterated in an appendix of about thirty pages, and appears as a frontispiece. Fibrin in excess is the poison that causes diphtheria, is the assigned cause. This is said to be brought about by the loss of albumen, but what causes the loss of albumen is not given. How fibrin can be in excess when it is generally conceded that fibrin is simply organized albumen is not very clear. Possibly bacteria is broken down cells of fibrin, etc., but they are not the cause, only a result of decay. The cause is back of these phenomena. The cause seems to us to be the bile elements in excess being reabsorbed and acting on the saliva, so changing it as to give rise to the poisonous symptoms we style diphtheria. That is our theory, but as neither can be proved as yet we turn from theory to fact. The claim that the author has not lost a case (or only one) of diphtheria in fifteen years will arrest attention. His reliance has been upon the similar single remedy and on only one or two doses. The question arises, is diphtheria a self-limited disease? In the majority of cases it undoubtedly is. No doubt the author is able to differentiate diphtheria from follicular tonsillitis, but the statement that "it is rare that diphtheria commences as a truly phlegmonous inflammation" of the throat will be news to our readers. To call cases with spots on the tonsils or ulceration of the nose and pharynx, diphtheria seems to us an error in diagnosis. The analysis of the remedy indications are, however, well given. The author gives three classes of remedies: The first includes *Lachesis* and *Lycopodium*. The first to be given "when the disease commences in the left tonsil," and the second "in the right." We presume the author means when the *exudation appears* on the left or right tonsil. When it appears *in the tonsil* it is follicular tonsillitis, according to accurate diagnosis. The second class include *Apis*, *Arum. Bell.*, *Bry.*, *Kali bich.*, *Lac caninum*, *Merc. iod.*, *Merc. sol.* and *Phytolacca*. While the third class include *Aconite*, *Arsenicum*, *Brom.*, *Canth.*, *Lachnanthes* and *Sulphur*.

The effect of this work will be either to create doubt or to secure less dosing of medicine, but a more free use of alcohol and sugar of

milk in water, "dose alternately every hour." No credit is given to these *local* measures but all to the single dose—once in twelve hours. This we must say, however, that water (H O<sub>2</sub>) is a most important element in the cure of diphtheria, and it should be freely given—as well as nourishing liquid food. This work will well repay careful perusal and thoughtful study.

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## Surgical Department.

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### STRICTURE OF THE URETHRA.

BY C. A. WILBUR M. D., CHICAGO.

Read before the Chicago Academy of Homœopathic Physicians and Surgeons at the September session.

I present a history of a few cases of stricture of the urethra treated with *Gelsemium*, thinking it a remedy worthy of faithful trial in a great many cases, even when organic stricture exists. According to Bumstead, strictures may be classified as *transitory* and *permanent*. A transitory stricture, as the name implies, signifies a contraction of the urethra capable of undergoing complete resolution through the action of natural forces. A permanent stricture is one dependent upon an organized and consequently durable change in the tissue composing the urethral walls. Sir Chas. Bell says, "Any loss of dilatibility may be termed a stricture." It is customary with many to resort at once to dilatation in cases of organic stricture. This, I believe, in numerous cases, is a mistake, as I shall endeavor to demonstrate by the history of some of the following cases:

CASE I. Mr. W., aged twenty, single, had gonorrhœa for some time which had passed into a gleet. Had much difficulty in urinating, stream small, and the act painful. A No. 8 catheter was passed with difficulty, and the operation painful. Was sent to me for treatment by a physician leaving town, and I was advised to dilate the urethra. Instead of doing so I gave him *Gels.* and in a short time all the symptoms of stricture were relieved.

CASE II. Mr. C. W., aged forty, single, much debilitated. Had had venereal abscesses in the perineum. Had had gonorrhœa followed by gleet of several months duration. Had a stricture four inches

within the urethra. A No. 8 catheter would pass the stricture, but by attaching a sound to the negative pole of a battery a No. 10 could be passed. The patient fainting every time, *Gelsemium* was given and dilatation abandoned. The treatment was effectual so far as, the stricture was concerned. *Chloride of Iron* cured the gleet.

CASE III. Mr. F., aged thirty-five, married, had been under Allopathic treatment for six months for gonorrhœa. Beginning to have much difficulty in passing urine; stream small, and a good deal of urging required at times. *Gelsemium* relieved the symptoms of stricture, and *Oil of Erigeron* the gonorrhœa.

CASE IV. Mr. J., aged thirty, single, had had gonorrhœa for several months and had been treated by several Allopaths. Nervous temperament; had a great deal of trouble in urinating. At times could not pass water at all; stream small and forked; complained of a very sore place in the tract of the urethra. Was in the habit of urinating in a shed which stood on an alley. If a team was passing or he heard boys playing near, he could not urinate at all. *Gelsemium* relieved him promptly; *Oil of Santalum* finished the case.

CASE V. Mr. S. B. W., aged fifty, never had gonorrhœa; at times he found difficulty in urinating, often could not urinate at all and would have to leave the closet waiting an hour or more before getting relief. Had become impotent also; had been my patient for fifteen years, and I knew that he had had the best of health until within a year past, at which time he contracted intermittent fever from the effects of which he was still suffering when the difficulty under consideration appeared. *Gelsemium* relieved him very soon; after several months he had a relapse, also a return of the impotence. *Gelsemium* relieved him again; *Phos.* one-fiftieth grain was given for the impotence.

In all these cases *Gels.* was given in four-drop doses of the tincture. These are not cases of permanent stricture resulting from a previous inflammation; yet in the first two cases there had been, undoubtedly, an inflammatory effusion of lymph, which in a short time would have resulted in a stricture capable of being relieved only by being forcibly broken up.

We all know how frequently, after a stricture has been dilated by mechanical means, the patient returns as bad, or worse than ever. the tendency to inflammation being still kept up. Now if by means of medication we can subdue it or keep it in check, a great deal will have been accomplished.

We see *Gels.* acting in a similar manner to that in the cases quoted in the rigid os of parturient women and in neuralgic dysmenorrhœa, often relieving their cases very promptly and in a manner gratifying to both patient and physician.

In an article on *Gelsemium*, by A. G. Hobbs, M. D., he speaks of its action in certain cases as follows: "Knowing the physiological action of *Gelsemium* upon muscular fibres, I administered it in a case of retention of urine from spasmodic contractions of the mouth of the bladder. The catheter could not be introduced and *Chloroform* was not at hand; I was then driven to try *Gelsemium*, and, to my surprise, with the happiest results. After a few hours, before I had returned with the *Chloroform*, the urine passed off naturally, and by continuing its use [for a few days the spasm did not return. I have since seen that others have used it as I have since done for the same purpose, nearly always obviating the necessity of catheterization under *Chloroform*."

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## Medical News.

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*Correction.*—In case of tetanus reported on page 291, Vol. XII, should read drop instead of grain.

*The Organon* threatens to retire from the field if its subscription list is not doubled next year. A serious reflection on the Legion of Honor. ✓

*The Lippe Society* is a new organization set on foot while Dr. Bertridg was on American soil. They endorsed Dr. B.'s paper before the Institute but do not endorse his critics. ✓

*Students.*—More and more. All the colleges heard from report a great increase in the number of students—and still they come—exact number not ascertained.

*The Organon.*—"There have been sold in America only about six hundred copies of Hahnemann's *Organon*." So says the *Organon*, and argues that this work is neglected. It looks very much like it. ✓

*Removals.*—R. O. Chambers, M. D., from Bentonville, Ark., to Rockville, Mo.

H. Noah Martin, M. D., has removed to 1431 Chestnut St., Philadelphia, Pa.

*Ignorant Scribblers.*—"I read and I pondered why you perpetrated such a 'venal' joke on us. I solved it at last: 'The quickest way to expose an —— was to let it bray.' Turning from that picture I

saw: "Shame on you lazy fellows who can report instructive cases and don't. I am awake to duty now."

GREYBEARD.

*Some College Rules.*—Every student is expected to report himself at every lecture. *No proxies allowed.* Any student who shies paper balls at the bald-headed professor will be suspended—for a manikin. Every student is expected to dissect individually. Students are hereafter expected to clap instead of stamp, as a new floor has been put into the general lecture room for the third time.

*Have you all voted* who wish to? Shall it be a weekly or a semi-monthly? The polls will close and with our next issue we shall announce the result. We shall be *governed solely by the voice of our many readers.* "With a multitude of counselors there is wisdom." However the decision may be, we have some decided improvements in contemplation. Vote early, gentlemen and ladies.

*Dr. A. O. H. Hardenstein*, of Vicksburg, Miss., after a short illness, died on the 15th inst., from gastro-enteritis, aged seventy-four years. He was one of the most successful Homœopathic physicians in the south, and enjoyed a very large and lucrative practice. This leaves Dr. Thos. Harper the only representative of our school in Vicksburg, and he is already past three score years and ten, and unable to attend to any outdoor patients. A better opening for a good Homœopathic physician cannot be found.

B. & T.

*Locations.*—Dr. W. B. Gifford, of Omaha, writes: "There are a number of good locations for energetic men in Nebraska. I will be pleased to give information to any who may inquire."

Dr. F. E. Caldwell, of Fort Benton, Montana, says: "There are a number of good chances for anyone with pluck and perseverance in Montana."

Dr. W. L. Breyfogle, of Louisville, writes, that there are a number of good points in Kentucky for Homœopathic physicians.

Dr. C. E. Fisher, of Corsicana, urges physicians to come to Texas to occupy fine fields.

Our readers knowing of good locations for Homœopathic physicians will please send them in. We are preparing a list for publication. We hope to give as many facts as possible.

*Dr. F. Seeger*, of New York, has been elected an honorary member of the Royal Adelphotes Sylogues of Athens, Greece, a society for the amelioration of the condition of the oppressed Christians in Turkey. The society was organized by Her Majesty, the Queen of Greece, and is under her direct presidency and patronage. Dr. Seeger's reply after acknowledging his sense of the honor conferred, concludes by saying: "It is quite unnecessary, I think, for an American to say that his sympathies are on the side of freedom and justice, nor that American sympathy has been deeply stirred by the reports of cruelties and barbarities inflicted upon the oppressed Christians in Turkey. God speed, I say, the noble work of the Adelphotes Sylogues, and may heaven shower its most bounteous blessings upon



Her Majesty, the Queen, for the nobleness which prompts her to inspire and animate its labors." He has also been elected Physician to the Imperial Russian Benevolent Society of New York City.

*Tropical Fruit Laxative.*—"Well, what's new?" asked Dr. —, as he rushed into our sanctum. "The newest thing in my experience is Tropical Fruit Laxative." "How so?" "I've tried it!" "Well, with what effect?" "Enough to satisfy me. It's said to be good for women and children, so I thought I would prove it. I'm sensitive to medicine ever since *Æsculus* produced a crow's nest in my rectum. Well, I thought I would take a child's dose so as to tell that class of mothers who dose their children with the "latest things out." Eat a half one before dinner slowly to get the taste. It has a cool alkaline taste producing a flow of saliva and a slight nauseated feeling in the stomach. Some rumbling in the bowels in the afternoon which increased quietly and gradually, finally reached the descending colon about midnight. The evacuation came with a rush and a good deal of spasmodic action of the bowel with decided relaxation of the sphincter. In the morning another similar evacuation with more decided relaxation with burning and throbbing. On walking a decided ache was experienced with a slight desire to have another stool. This I restrained as I would in dysentery, believing that prolapsus ani and colitis would be the result. It is a laxative sure—yes a relaxative. When an Allopath promises a laxative effect you can count on the contract being fulfilled. As I told one of my patients, if you give that to your child, provide an extra large vessel and send for me to repair damages." "Did you take an antidote?" "No, but *Nux vomica* will match it, I think." "What do you think it is?" "Oh, I guess it is medicated fruit." "Well, you ought to publish your experience." "Think so?" "By all means." Well, here it is. T. C. D.

"The arrangements for the International Homœopathic Convention, so far as they were made at the (British) Congress, are such as give every promise of the meeting in London next July being a great success. Dr. Edward Hamilton, the consulting physician to the London Homœopathic Hospital, was, by a number of votes, closely approaching unanimity, elected to fill the office of president on that occasion. A better appointment could not possibly have been made. Of long experience in the practice of Homœopathy, intimately associated with the late Dr. Quin in the early years of his professional career, Dr. Hamilton has taken an active part in the work of the British Homœopathic Society, in the establishment and sustentation of the London Homœopathic Hospital, and in other efforts to further the development of Homœopathy. He is thus fully entitled to this mark of distinction at the hands of his professional brethren; while his well known courtesy, great tact, and capacity for business, will tend very considerably to add to the pleasure we, and our foreign guests, may derive from the gathering. Dr. Hughes, as Vice-President, will, we need not say, add greatly to the success which we are

hopeful the meeting will prove. In Dr. Bayes, as Treasurer, we have a most excellent man of business; of Dr. Gibbs Blake's efficiency as secretary we have had abundant evidence at the various congresses that have been held of late years; while Dr. Burnett, as local secretary in London, and Dr. Hayward, in Liverpool, will contribute much to the comfort and convenience of our guests from abroad. As will be seen from the report which appears in another part of our present number, we have every reason to anticipate that the International Homœopathic Convention of 1881 will be fruitful in results greatly gratifying to all who have the advantage of taking part in it.—*Review.*

*The Homœopathic College of Missouri.*—The twenty-second annual course of lectures in the Homœopathic Medical College of Missouri was opened with an introductory address delivered by Dr. R. A. Phelan. The doctor said that Homœopathy was wrongly designated as the new school of medicine. The fact of the matter was, that Hippocrates, the father of both schools of medicine, first promulgated the theory centuries ago, and at the same time that he advanced the theory of practice, *contraria contrarius curantur*, which controls the Allopathic branch of the profession. The system of Homœopathy, however, like many of the most valuable of the sciences and arts, was not thoroughly developed until the demands of the civilization of the nineteenth century imperiously brought it forth to supplant in educated and refined circles the crudities and uncertainties of Allopathic medicine. He next proceeded to show the method of action of drugs when given in accordance with the law of *similia similibus curentur* by instancing the well known fact that a burn is cured by application of heat, and that a frozen member is relieved by being placed in snow or ice water. He further showed how drugs were proven on the healthy and how their action was ascertained to a mathematical certainty, hence enabling the practitioner of Homœopathy to prescribe with an almost infallible precision. A high tribute was placed on the moral character as well as the scientific acquirements that go to make up the successful dispenser of the healing art. At the close of the address, the dean of the college, Dr. W. C. Richardson, recounted briefly the history of the institution, stating that it was first incorporated in 1857, and had always been foremost in the endeavor to elevate the standard of medical education, and that to this end the best efforts of the faculty were pledged for the future as well as in the past. The audience numbered forty or fifty seekers after medical lore and all seemed pleased with the exercises. The first regular lecture will be delivered this morning, and for the next five months there will be daily, Sundays excepted, from five to seven lectures, which, from the appearance of the faculty as seen on the rostrum, it is safe to say will make a vast amount of mental pabulum for the aspiring youth that have devoted themselves to the altar of Esculapius. W. C. R.

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Medico-Legal Department.

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MEDICAL LEGISLATION.

THE ADDRESS OF PRESIDENT C. L. HART, BEFORE THE NEBRASKA  
STATE HOMOEOPATHIC MEDICAL SOCIETY, SEPTEMBER 22, 1880.

LADIES AND GENTLEMEN: Believing this to be an important epoch in the history of our *State Society*, and that one of the most momentous subjects to be brought before the society at this session, is the position we shall take in regard to a bill—which I am credibly informed—is to be introduced into the next legislature, to regulate the practice of medicine. I deem it *apropos* to the present occasion to devote the major part of my remarks to a consideration of this subject referring to the relative value of legal protection to the medical profession and to the people at large. For while we must admit a modicum of benefit to the profession, the value to them holds no comparison to that furnished the people.

I shall give little or no attention to those subjects interesting us as the representatives of a particular school, but strive to be more general in my remarks, presenting matters interesting the *whole* profession rather than *one* branch of it, for when we consider medicine as a *science* it is liberal in its acceptance and almost limitless in extent

embracing everything tending to ameliorate the physical condition of the human race, and the alleviation of their physical suffering.

From time to time efforts have been made to introduce a bill into the legislatures of several of the states to regulate the practice of medicine and surgery and define the qualifications of the practitioner. The necessity of such a measure is patent to every intelligent man, for what community feels competent to pass judgment upon the qualifications of their physicians. No intelligent man—unacquainted with medicine—would undertake the task of catechising his medical attendant upon the various branches of medicine nor is he a competent judge of a physician's qualifications. No minister thinks of getting a position as pastor of a church until he has given evidence of qualifications and ability, nor does a teacher expect a position in our schools without passing the ordeal of an examining board, and why should a physician open an office and proffer his services to a community until he has exhibited credentials from a reputable medical college that the people may know that he is worthy their confidence.

Every community must expect to be burdened by a set of nomadic quacks until public opinion, or legal enactments makes it incumbent upon all physicians to give ample assurance of previous study and thorough preparation for the duties of their profession. A criminal indifference as to the evidences of a physician's qualification, has, to a great extent, discouraged young men from devoting the time and using the money necessary to become thoroughly versed in the intricacies of their profession, for they often see the charlatan who has invested his capital in a fine equipage in place of in books and medical lore, take the lead in practice and enjoy the confidence of a community, while the true physician whose integrity of purpose forbids his resorting to the chicanery which characterizes the quack.

Every physician who has enjoyed several years' practice can call to mind cases coming under his own observation where a large sum of money had been paid for a promise of cure in a case where an educated physician—if frank and honest—would have discouraged treatment and saved squandering money upon an illiterate, unprincipled protruder; or if the case was of a curable character, would by early and judicious treatment have saved much suffering, or perhaps a valuable life. How many hundred cases of disease of the eyes or ears, which if treated early and intelligibly by one versed in those diseases, would have saved the poor patient the loss of his vision or his hearing; or cases that have fallen victims of that fell destroyer, consumption, that might now be blessing us with their usefulness, had they had timely and intelligent treatment; or that goes down to an untimely grave from parenchymatous nephritis (*morbus brightii*), which early recognition by a thoroughly educated man, would have arrested in its incipency and prolonged the life of a beloved parent or a darling child.

When communities offer a premium on educated physicians rather than on traveling quacks and illiterate Indian doctors, we shall see medical colleges whose curriculum is adapted for post graduate courses, and find physicians who having graduated from a reputable college, and enjoyed a few years of experience, will take one or more post-graduate courses, and thus the more fully prepare themselves for those obscure cases which demand the skill and knowledge only to be had by special training in a certain class of disease; for the science of medicine is too extensive to be fully grasped by any one mind. But what encouragement does a physician get? What incentive to study, or a desire to excel while placed on a par with the most veritable quack, both in the confidence of the people and before the law. Let the cry for elevation of the standard of medical education come from the people of the several states in the shape of legal requirement before accession to the medical ranks will be allowed, and then we shall soon have a class of physicians in this country, which will be an honor to our nation, but total indifference to this subject will be rewarded by unmitigated quackery.

The necessity of several years of careful preparation under the tutorage of a thoroughly educated physician, followed by two or more terms in some reputable college, should be a *sine qua non* for admission into the medical ranks.

If the several schools of medicine would lay aside all prejudice against other schools, occupying the same intellectual plan, enjoying the same right, privilege, and immunities that they enjoy, guaranteed by charters emanating from the same legislative bodies as their own individuals in every respect their peers, where in all the collateral sciences forming the essential parts of the science of medicine, there is complete unity, and, who only differ in an honest conviction respecting the principles underlying the science of therapeutics; and unite their efforts in the praiseworthy attempt to rid the community of quacks, professional parasites, devoid of integrity of purpose or personal honor, possessed of no medical knowledge, but whose brazen indifference for the rights of others is only equaled by their avidity to prey upon the credulity of that portion of the community who are ever looking for some notorious Indian doctor, so self-styled medical prodigy, whom Dame Nature has created Minerva like a full fledged doctor. For, there are in every community, those who deem it a hardship not to enjoy an opportunity of gratifying their love of the marvelous by facing some nondescript Indian doctor or layer-on-of-hands.

But I believe the more intelligent part of every community in the state desire a *quid pro quo*, a value received when they part with their money; this they can only hope to have by employing industrious, educated physicians, those who have spent years in preparation and are possessed of proper credentials as evidence of qualification. This part of the community will lend their support to any law that will protect them from most flagrant quackery; for while honorable

members of the medical profession suffer an injustice by being brought in competition with professional mountebanks, as the worthy members of the legal profession are by the presence of parasite shysters in their fraternity; for while it is a significant fact that both professions are greatly injured in the esteem of the public by ignorant pretenders, the heaviest burdens, by far, rests upon the people, who unable to judge of the qualification of professional men, often fall victims to the rapacity of unprincipled sycophants.

One of the most encouraging signs of a reformation in the minds of the citizens of our commonwealth, is the commendable courage with which some of our leading secular papers have assailed the medical quack and refused to share in his ill-gotten gains, choosing rather to engage the confidence of an appreciative public whom they have protected from medical shysters, than fill their coffers by parading in their columns the peculiar qualifications of such questionable individuals. These newspapers—leading the vanguard in this reformation—are justly entitled to the support of the honorable members of the medical profession, as well as of every intelligent citizen, and there is no doubt but that they would get the support of the profession to a much greater extent, did not the honorable physician fear he would be branded as a quack if he resorted to the same means open to other business men and professions for reaching the public; for indiscriminate publishing of quack advertisements has debarred the medical profession.

The several schools of medicine should work in harmony for the advancement of our science, exercising the largest charity upon the question of therapeutics, which is a mooted question both in regard to the quantity of a drug and the universality of the principles underlying the application of drugs to the treatment of diseases.

There is no school claiming a law of universal applicability, so there should be liberty of opinion in the exercise of this prerogative by every physician, both in the selection of the remedy, the quantity given, and the form of administration; in each case adapting it to the peculiar idiosyncrasy of the individual. But the practitioner granted such latitude should not rest content with the dictum of bye-gone ages or the opinion of any one sect, set, or party, but should feel himself in duty bound in consideration of the freedom granted him to lay aside all preconceived notions and interrogate every principle that he may thereby be enabled to garner the grains of truth from the chaff of error, ever bearing in mind the old Latin adage, "*Magna est veritas, et prevalebit.*"

When the medical profession is actuated by this principle, we may hopefully look for the *medical millenium* and behold the lion and the lamb lying down together, without fear of their being concentrically arranged.

A most encouraging indication of a better and more tolerant feeling actuating the profession is manifested by the desire of the several schools to co-operate in promoting the interests of the profession, not

only in securing legislative enactments for the mutual benefit of the profession and the public, but in other ways showing a recognition of the rights of each other.

A few weeks since I was honored by the receipt of a letter from the secretary of the Nebraska State Medical Society (Allopathic) asking our co-operation in a memorial to be presented to the next legislature for the creation of a State Board of Health, consisting of seven members, five of which should be physicians, members of a State Medical Society. I cheerfully acquiesced in the movement and promised our active co-operation, provided each school was properly represented upon the State Board. The proposition of the Nebraska State Medical Society as conveyed by its secretary, was that the memorial to be supported, and if need be, circulated by the profession at large should be headed by the names of the presidents and secretaries of each state society, (the Allopathic, the Homœopathic, and the Eclectic) thus giving it a triple force and securing the co-operation of all true physicians irrespective of any ism, pathy, or peculiar therapeutical preference. In matters of common weal our distinctive therapeutical features should not crop out any more than our religious or political notions should be manifested.

In such matters we should meet on the common plain of medical men, irrespective of any distinctive traits. Thus we can advance the common cause, elevate the profession to a higher intellectual plain and confer a lasting benefit upon suffering humanity by ridding the state of medical pretenders or professional mountebanks. The practical workings of the Illinois law has demonstrated the efficiency of legal enactments to abate a crying nuisance which has been a rapacious vampire, sucking the life blood of most communities in the western states (for many years). Every honest citizen must feel to rejoice at the success of our sister state, Illinois, in freeing her borders of some twelve hundred quacks in one short year, but we should not forget that we have probably received our quota of these parasites who must seek fresh pastures in states not protected by law from their ravages. Our sister state of Iowa has been overrun by these vandals whom she, in the past, has vainly striven to shake off, but now is hopeful of success in her next legislative term. If the citizens of our fair state act the part of wisdom, they will not wait until Iowa has driven her quacks across the Missouri into our domain, but will anticipate her in the important work of medical reform.

There are some points in the Illinois law open to criticism, notably, the exemption of those who have been engaged in practice for ten consecutive years without qualifications, I cannot conceive the justice of a *wrong* becoming a *right* by continuance. I recognize the possibility of a man's becoming a good and successful practitioner by study and practice without college training, but from personal observation I have seen but few of those men actuated by a desire to qualify themselves, they usually slide along without any library or

study and are but little better qualified for the duties of their profession after many years than at the first. Such men should, in my opinion, be required to come up for examination, and if found qualified, licensed to practice, otherwise required to qualify or leave the field. But as it might be unwise to attempt too stringent enactments, I would be in favor of the Illinois law with but slight modification.

Besides Illinois, New York, Pennsylvania, California and some of the New England states have very efficient laws regulating the practice. Missouri, Kansas, Texas, and perhaps some other states are furnished more or less protection by law, and I regret to see our promising young state and her twin sister Iowa still without the ægis of legal protection.

. A favorable omen of the times is seen in the spirit actuating the new members of the profession, those who have recently entered our state. I am happy to say that I have met a goodly number of these men who are thoroughly qualified for the duties of their profession, and they desire admission to our society if we take the proper stand in regard to the requirements of applicants; if not they wish no fellowship with us. To these men I have said that I believed the society desired to take a position that would admit only men whose credentials were unquestionable. Whatever may have been the former custom of the society in regard to admission for membership I think the time has come when we should be most rigid in our requirements for membership, so that membership in our society would be a passport in any community in the state. Let us take such a position that any medical college, of whatever school, who shall open their doors for graduation to men unworthy admission in the medical ranks shall blush for very shame that their laxity had debarred their alumni from admission into our society. I fear some of the medical colleges of the United States need a little wholesome reproof. They are very ready to send a lecture to the practitioner upon the quality of the material sent to their colleges, while they forget their own duties in withholding diplomas until the applicant is thoroughly prepared for his credentials.

Among the most important duties of our society is the election or appointment of a legislative committee to whom could be entrusted our interests in legislative matters. Enough should be on this committee so that in the event of the absence of one or more members, there would always be a quorum for the transaction of business; two or more of this committee should reside at the seat of government and be active earnest men, alive to our interests and chary of our rights in all legislative matters.

The creation of bureaus upon the several branches of medicine is a necessity so well understood that no suggestions are necessary. Finally let us be ever mindful of our obligations to our noble profession and work in harmony for the advancement of our cause, feeling no petty strife mar our usefulness or alienate our fraternal feeling.



## Materia Medica Department.

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### ON OZONE.

It was with a great degree of satisfaction that I read Dr. Cook's article in *THE MEDICAL INVESTIGATOR* October 1, p. 370, on Ozone and its Advantages and Uses. Now if ozone occupies so important a place in hygiene, and if it exercises so wonderful an influence over disease and disease-producing elements (and there is little doubt on the question) it becomes a question of the greatest importance. How can ozone be produced in a cheap and safe manner, so as to be within the reach of everyone. Not alone the physician but in every household. The proposition being established, now let us have the practical.

Dr. Cook has well stated the unsatisfactory results of ordinary disinfectants. True, for want of better disinfectants we have all used them more or less, and the discovery of ozone is hailed with glad hearts by the physician and by suffering humanity. Then let our best chemists give us the best manner of its production and application, and they will place the profession and the world under lasting obligations.

I know we have its formula and mode of production, described in nearly all modern chemistries. But is there not some easier and more simple way of producing it? Now shall we hear from some of them? H.

[*Potassium permanganate* two parts, *Sulphuric acid* one part, mixed slowly, will generate Ozone in large quantities.—Ed.]

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### *BITE OF THE COPPERHEAD (TRIGONOCEPHALUS CONTORTRIX).*

In the evening of August 19, 1880, visited Harry G., aged nine years, who had been bitten in the left heel by a Copperhead. He had trodden upon the snake, and being barefooted was stung in the heel. I saw the boy about forty-five minutes after he had been bitten, and

found him scarcely able to walk and suffering severe pain in the entire limb which was much swollen, but particularly that part below the knee as well as the foot. The severe pain was confined principally to the muscles of the inner part of thigh and region of the inguinal glands, which were exceedingly sensitive and swollen, the slightest touch or pressure would cause him to cry out with pain.

I ordered a hot poultice to be made of equal parts of cornmeal and hops, wet with a strong mixture of home-made soft soap and water. (A strong solution of concentrated lye or washing soda would also answer) to be applied to the heel and to be renewed whenever it became cool. Internally, gave two grains of the tincture of *Iodine* (official preparation) every hour, to be continued until I called again.

On my next visit (about 10:30 A. M. of the following day), found the little fellow had not slept very well during the night on account of pain and nausea, but now was easier, although the swelling of the limb and foot remained about the same. On account of the *Iodine* irritating the air passages and producing cough, it was only given every two hours, and the poultice to the heel was continued.

Aug. 21. Found boy having less pain and the swelling diminished, and able to move the limb more easily. Ordered *Iodine*, two grains three times a day.

Aug. 22. Swelling decreasing, and could bear considerable pressure of the thigh, and also could walk about a little. Discontinued both poultice and *Iodine*.

About a week after the accident (Aug. 26) called at house and found him about again as usual, but his leg and especially the inner part of the thigh (where the severe pain had been) were of a dark greenish-blue color, as if it had been severely bruised, yet now it was not painful to touch. This in time gradually faded away, until the limb had a natural color and appearance again.

DANVILLE, Pa.

F. E. HARPEL.

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*Pedicularis canadensis* is a remedy worthy of trial. Dr. Leonard, at the meeting of the Western Academy, reported several provings in which symptoms of locomotor ataxy were prominent. It should be carefully proved, and will doubtless find a field in spinal irritation.

## Gynecological Department.

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### *EXPERIENCE WITH PUERPERAL CONVULSIONS.*

BY A. F. RANDALL, M. D., LEXINGTON, MICH.

In THE INVESTIGATOR of October 15th, I read a report of a case of eclampsia. I asked myself the question, why was this case reported? Most people when they read do so with the expectation of either learning something, or of being entertained; and the average doctor of this country is, I believe, intensely utilitarian; consequently when he reads a medical journal he is in search of something practical — “facts, solid facts.” But from this report, which occupies about three pages. I see nothing new, unless it be that tinctures are now measured by *grains*. After the delivery of the foetus the convulsions ceased is the sum and substance of the article. Now with the permission of our good editor, I will give you a report of four cases that I have seen in a practice of seven years.

CASE I. Was called to see a primipara farmer's wife in labor. She was so fidgety when the pains came on that they accomplished nothing, and after waiting about three hours, I administered enough *Chloroform* to take off the “sharp edge” of the pains, but not enough to produce unconsciousness. It acted nicely, labor was going on finely, when suddenly those convulsive movements (which, I fancy, the physician who has seen a case of eclampsia will never forget) that announce a fit came on. I turned to my pocket case and gave a good strong dose of *Veratrum vir.* In about half an hour labor was completed, and I was congratulating myself on the happy termination of my case, when lo! another fit, and they continued to recur about every hour or so in spite of *Verat.*, *Bell.*, and *Hyo.* Then I proposed to bleed her, but on tying up her arm not a vein could I see, so bloated was she from albumenuria. I became demoralized. Old Dr. Brown came in, walked straight past me, tied up her arm, plunged in the lancet hit or miss, and the blood flew. He left *Bromide of Potassium*, I judge; she had three more convulsions, then recovered.

CASE II. Was called one dark December night to wallow through

the mud to visit the wife of a Homœopathic practitioner. She was a primipara, daughter of a farmer, and had been delivered several hours when convulsions came on, and she had had five or six, I think, when I arrived, and one just after. We gave *Hyos. 3x* and 30 alternately, and she had no more spasms; all went well until three days and a half later, when I was summoned to see her again. This time, after consulting a good-natured Allopath, we gave the *Bromide of Potash* persistently, but with no benefit, as the fits would recur about every hour. She then received twenty grains of *Chloral*. Result, no more spasms.

CASE III. Was called to attend Mrs. R., farmer's wife, whom I had a little over a year previously delivered of a healthy child. On arriving was informed that a few minutes before she had a fainting fit, and one hour after she had a regular spasm. Sent for *Chloral*, *Bromide of Potash*, and Eclectic counsel; gave her *Bell.*, and, to appear to be doing something, bled her; which, however, as I had expected, had no effect. Dr. W. came and I proposed *Chloral*, but he seemed to know nothing of it, and so gave *Bromide of Potash*, artificially dilated the os, gave *Ergot* and accomplished delivery. She continued to have spasms just the same until the uterus was emptied and then they ceased.

CASE IV. Stout, young primipara was found on the floor in a semi-unconscious state. Had three or four convulsions before I saw her. I gave about fifteen grains of *Chloral*, and every two or three hours after about eight grains for twelve hours, when I substituted *Gels.* and left the patient for three hours. On my return, shortly before I reached the house, I met the husband, who stated that she had another spasm, was acting terribly, and wanted to know if I did not want counsel. I stated that I had no doubt that the case would terminate all right, that I understood it; but he "wanted to do his duty," so I consented, provided that he did not bring Dr. Brown. He promised to do as I requested, but returned shortly after with Brown. Meanwhile I learned that labor was progressing very satisfactorily, also that I had been called only as a jack-at-a-pinch. I again gave the *Chloral*. When Brown came he opened a vein, gave her something—either *Chloral* or *Bromide*—she was delivered shortly after and had no spasms after I administered the *Chloral*.

Now I have not written this report to show my skill as a Homœopathist, nor to show that I am distrustful of Homœopathic reme-

dies; but I think I can point out to young physicians a course that will nearly always control the convulsions, save their patients and their reputation, and spare themselves and their patrons much anxiety. While I believe most firmly in the power of Homœopathy to cure all curable diseases, I believe also that a doctor may have cases of convulsions when there will be neither time nor opportunity to make the comparison of remedies necessary to effect a cure, and if he spends hours in trying this and that remedy, his patient may sue-cumb, or the friends become impatient, dismiss him, and so he loses his reputation which he might save and add to by being a little less radical in his devotion to theories. Dr. N. says his patient had thirty spasms. My gracious! If my patrons did not discharge me before *that*, it would be because they were most blindly and devotedly my friends, such as *nothing* can separate.

I know of few things that will more try the reputation of a young M. D. than puerperal eclampsia, and you see how I lost mine on case No. 1. I would have lost it even in case No. 3 had it not been for the inherent "cussedness" of Dr. Brown, who never went near his patient, but sat in another room until after the child was born.

One swallow does not make a summer, nevertheless I deduce from these cases: 1. Primiparæ are more liable to eclampsia than the multiparous. 2. Strong, robust, hard-working women are most likely to be attacked. 3. The *Bromide of Potash* is a very unreliable remedy for these cases, and rarely controls them immediately, if at all. 4. *Chloral* uniformly stops the spasms at once, and is therefore the remedy *par excellence* on which to rely.

Now brethren, I may not be strictly orthodox in this matter, or I may be heterodox, but you may set it down as one accomplished fact, that if I ever have another case of the aforesaid nature, that patient will get from fifteen to thirty grains of *Chloral* at once, and eight to ten grains every two or three hours thereafter, until I think the danger over, and if there is any danger of Dr. Brown taking the patient there will be one thing that he will find done before he gets there, and that is the little venesection game.

Now you who have grown grey in the business of treating eclampsia parturientum, don't say that I am a graceless young scamp, for I am willing to learn, and if you can show a better way—*cases, please*—I will adopt it.

## Consultation Department.

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### DO THEY RECEIVE PATIENTS FROM OTHER STATES ?

We cannot take patients from outside of this state, except in very rare instances.

S. H. TALCOTT, M. D., Med. Sup't.

New York State Hom. Asylum for the Insane.

### A REPLY TO "CASE FOR COUNSEL."

Page 312, THE UNITED STATES MEDICAL INVESTIGATOR, October 15, 1880. Since this case was exposed to venereal disease on or about the time that he commenced to be troubled with the contraction, or "drawing up" of the penis, I think it would be well to assign this as the probable cause of such symptom. "A drawing pain in the penis and in the back and thighs" is characteristic of *Canth.* And then the constant desire to urinate, passing but little, with scalding, is especially indicative of *Canth.* The hard lumps or elevations are a consequence of the retraction and would be very likely to be cured by the same remedy that should cure the "drawing up," etc. But should it not, *Natrum m.* and *Thuja* have this condition of elevations of the penis. Your case will be cured by such remedies as *Canth.*, *Cannabis ind.*, *Thuja oc.*, *Merc. sol.* *Asarum* has this symptom of drawing in penis and many other drugs not worth while to mention for this particular case, as *Canth.* alone will undoubtedly cure it, catarrh and all.

E. L. ROBERTS.

### THE CAUSE OF HAY FEVER.

In THE UNITED STATES MEDICAL INVESTIGATOR for October 15, 1880, pp. 315 and 316 under "Success with Hay Fever," Dr. E. S. Evans says, "I do not believe it (hay fever) is caused by pollen from flowers, but I regard it as a purely nervous disease." Will the doctor give us his reason [why this *purely nervous disease* afflicts certain people always at about the same season of the year, usually beginning about the middle of August and lasting until the latter part of September. There must be some cause outside of general causes for this "purely nervous disease," else it might appear at any other season of the year than August and September. Why the name "hay fever" if a nervous affection? I admit that the nervous sys-

tem plays a great part in this as it does in catarrhal fevers; and in some persons as in thin, impressionable women, the morbid cause produced all the anomalies of a neurosis; but this is only an effect. Will the doctor please tell us what is the cause? E. L. ROBERTS.

FOR O. B. BIRD'S CASE.

I have good reasons to believe that Dr. Bird's patient is suffering from a laceration of the cervix uteri for which a surgical operation will be the only remedy. My opinion is based on the writing of Dr. Emmet Goodel, etc., and what is far better, my own experience. Some of these patient's are better during pregnancy and during the absence of the menses. I am sorry that Dr. Eaton's book is calculated to mislead. Let us hear again. C. BERNREUTER.

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## Therapeutical Department.

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### CLINICAL OBSERVATIONS.

#### REPORTS FROM THE FIELD OF PRACTICE.

FALL RIVER, Mass., Nov. 1.—Prevailing diseases are: 1. Dysentery; 2. Rheumatism; 3. Lung fever. Remedies used: 1. *Arsenicum alb.*, *Merc. sol.*, *Aloe*, *Verat. alb.*; 2. *Aconite*, *Bry.*, *Colch.*; *Rhus*. Locally, *Arnica*, *Aconite* and *Ham. v.* 3. *Aconite*, *Phos.*, *Verat. vir.*, *Bry.*, *Ipecac.* T. A. CAPEN.

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### DIPHTHERIA.

Have been treating quite a number of cases of late, and accept the theory as given by Oertel, Vol. I.. Ziemssen.

*Symptoms.*—Great prostration; aching of extremities, back, hips and head; the latter in the frontal and temporal regions. Vomiting obtained in about one-half the cases. Of course the breath was fetid.

*Treatment.*—*Belladonna* 3x in alternation with *Phytolacca* 2x every two hours. As a gargle used 95 per cent. alcohol, one part, water two

parts, fifteen minutes after every dose of medicine. The aching pains and vomiting soon passed off, also the membrane readily yielded to gargle. One case where there was a stringy condition of mucus from posterior nares, used *Kali bich.* 3x in alternation with *Phytolacca* 2x. Regard alcohol as an excellent gargle, also *Flower of Sulphur* locally, after membrane has largely disappeared, to prevent a return (of the same).

L. P. MARIAN.

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### CHARGE THE CLERGY. WHY NOT?

Dr. Pierson's article on the above subject has awakened a good deal of comment. It has met hearty approval and the severest denunciation. Some truth has been brought out on both sides, but more of error.

"No class of men," says the doctor, "are better paid than the average clergyman. There are no men who get so much money for so little work. There is no class of men who do so much growling about fatigue and hard work. The average physician who did no more work would die of *ennui*. The clergy have no financial responsibility nor even the payment of house rent. Their salaries are secured in advance."

Not a single one of these statements is true of the clergy as a class. Yet the Northwestern Homœopathic Medical Society says amen! The exact opposite of these statements would not be true. But I think it would be true to say there is no class of equal intellectual culture that receives so little for their labor. But this is by no means the point at issue. It is not a question of income or of "financial responsibility," or of "growling," etc. Physicians don't stop to ask a man how much his wages are before they charge him. The rich and the poor, the low and the high have as a rule the same rate of charges to pay. Dr. Pierson's language therefore is entirely uncalled for and foreign to the subject.

Years ago ministers as a general thing did not receive fixed salaries. Their charge supported them by whatsoever could be most easily given. The farmer gave a few bushels of potatoes, a side of bacon, etc. Carpenters, blacksmiths, etc., gave their labor. Physicians did likewise. To-day salaries are fixed and no class but physicians cling to the old custom of giving their services. They have



extended the old custom even, and not only treat their own pastor's family for nothing but every minister at home or abroad has equal claims upon him.

No one doubts the injustice of the old way of supporting the clergy. They are maintained like paupers and with much the same feeling, in many cases, on the part of the people. This old system was wrong because it engendered in the minds of the people erroneous ideas of the value of ministerial labor. Labor bestowed with little or no remuneration is not appreciated, nor will it accomplish its object. I think physicians can appreciate this statement even better than the clergy. My experience has been unfortunate, perhaps unusual, but the clergy with few exceptions have been my most ungrateful patrons. The reason for this, I have no doubt, is the false estimate of the value of our services. Thus we suffer and they are not really benefitted. Then let us charge the clergy, not for the reasons Dr. Piersons has given, but because it is just and right; because it will help to raise the salaries of clergymen and make them more self-assisting, independent men, because it will give the clergymen and people a truer idea of the value of our services; because our right to the rewards of our labors is as just as that of any other man; and because we are as little able to donate our resources as any other class of men. But let us not indulge in a wholesale denunciation and slander of a class of worthy men because they have received what we have insisted on giving them. Dr. Piersons has had bills against five clergymen this year, he says, and they were all paid promptly without reduction. Why then this tirade of abuse? Charge the clergy, certainly, but let us be gentlemen. E. T. CASSEL.

[Now let us give the clergy a rest—except to charge them promptly. Give us your experience in “charging” puerperal convulsions, please.—ED.]

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#### THE HOMŒOPATHIC MUTUAL LIFE INSURANCE COMPANY.

EDITOR MEDICAL INVESTIGATOR.—*Dear Sir:* To most of the questions concerning “The Homœopathic Mutual,” which you propounded to me some months ago, I have already replied in your columns. The last one, “*What is the present condition of the company, and what are the prospects of its permanence?*” would be, I have

thought, answered more satisfactorily to your readers, if some one familiar with the general principles of our business and conversant with the history and internal economy of our company, though unconnected with its management, could be found to give an unbiased opinion upon these two points. Accordingly I have submitted them, to Mr. D. P. Fackler, who has been for many years consulting actuary to various Life Companies, and whose calm judgment and ripe experience entitle him to be ranked as an expert in such matters. I have also requested him to send his reply to you direct for publication in connection with this explanation.

Yours truly,

E. M. KELLOGG, M. D., Pres.

EDITOR UNITED STATES MEDICAL INVESTIGATOR.—*Sir*: It gives me pleasure to answer your questions regarding the "*condition*" and "*Prospects*" of the Homœopathic Mutual Life. As to the first point the following facts are easily obtainable from the state report:

It has assets more than 18 per cent. in excess of its liabilities while the largest company in the country shows less than 15 per cent. of such excess.

Its investments are not so numerous as to make a thorough examination difficult and they have passed creditably a most searching scrutiny by the State Insurance Department (always specially rigorous with the smaller companies); their excellence is further shown by the fact that the income therefrom is larger in proportion than is obtained by any other New York Company (except one which is nearly the same).

Its insurances are upon such good lives that for the last seven years the death losses have been only three-fourths of what was to have been expected from the mortality tables.

These facts show that its *condition* is thoroughly sound; therefore doubts as to its "*prospects of permanence*" can be suggested only by its comparatively small size.

Experience shows that large size is no guarantee of permanence. Large assets are accompanied by large liabilities, and some of the worst failures have been those of companies claiming assets of several millions. There have been scarcely any cases of actual insolvency among the small companies.

There is no reason to fear that the directors of this company may transfer their policy-holders to another, as was done in many cases some years ago, for a recent law has made that impossible without the consent of the insured.

Some of the very oldest and in every way best American Companies are amongst the smallest; and in England there are five prosperous companies over forty years old whose assets, even now, are only from £130,000 to 500,000.

Failure has always been the result of inexperience, carelessness or dishonesty; but the officers of this company are able, very careful, singularly industrious, thoroughly experienced and honest beyond question; and the directors keep themselves intimately acquainted with its affairs.

These facts and considerations show that *there is no reason to doubt the company's permanence.*

The reverses experienced by the company in the past were all the results of the mismanagement of the first officers, from 1868 to 1871. Since the present officers took charge in 1871 there has been a steady improvement. They have been too modest to state these facts, but it is due to the company as well as to themselves that the truth should be known. My acquaintance with these matters began in 1871 when the original officers engaged me as actuarial adviser; after getting some knowledge of their way of doing business, I told the directors that it would surely end in ruin, and recommended an immediate and radical change; they decided to change the officers as well as the system. Ever since then I have had good opportunities to know about the company's circumstances, and I think that the steady improvement which has been effected despite the greatest competition, the greatest public distrust and the hardest times is a sure guarantee of permanence.

Very respectfully yours,

D. P. FACKLER, Consulting Actuary.

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#### HOW TO TREAT INTERMITTENT FEVER,

Let me direct the attention of your readers who have to treat intermittent fever to Hahnemann's *Organon*, last edition, page 167, *et seq.*, especially the advice to adapt the remedy to the symptoms not necessarily of all stages, but of "the *most prominent and peculiar stage of the disease*" and of the *apyrexia*. This advice, I am sure, will be "news" to some. I may add, treat the headache, and other collaterals, rather than the fever.

J. C. MORGAN.

## Society Proceedings.

### ACADEMY OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

A meeting of the Chicago Academy of Homœopathic Physicians and Surgeons was held at the Tremont House, Thursday evening, October 7, 1880.

The meeting was called to order by the president, C. A. Wilbur, M. D. The minutes of the last meeting of September 2d were read by the secretary.

The reading of the minutes was followed by an able and interesting essay from J. H. Buffum, M. D., on "Injuries of the Eye." After the presentation of this paper there was a spirited discussion on remedies most useful in injuries of the eye.

Dr. Foster asked what internal remedies were best in injuries of the eye.

Dr. Buffum replied that different injuries required different remedies, but the remedies he had found most useful were *Aconite*, *Calendula*, and *Arnica* in traumatic injuries. *Silicea*, *Mercury*, and *Hepar* and some other remedies may come in later if there is an excessive inflammatory action resulting in suppuration.

Dr. Mitchell said he had listened to the reading of the paper with great interest and profit, and was especially pleased with the reference to the value of Homœopathic remedies administered internally as hastening the cure of injuries, and their use in repairing the damage effected.

If Hahnemann had done nothing else than teach us how to use *Aconite* and *Arnica* in such injuries as well as in other classes of wounds, humanity has received a boon for which it can not sufficiently thank or repay him.

Dr. Buffum desired to say one thing in regard to the use of Homœopathic remedies. While in New York in charge of the New York Ophthalmic Hospital, where his patients were all eye and ear cases, comparing the results of the treatment there with the results of treatment in the Old School, he did not remember of a case, no matter how severe the injury of the eye was, where it was necessary

to give an opiate. The Homœopathic remedies administered seemed to control the inflammatory action, and relieve the patient in a great many cases, so that he is able to sleep. The same thing is true after operations upon the eye. *Aconite*, *Arnica*, *Calendula*, and *Rhus* was generally sufficient for the relief of all pain which arose from the operation.

Dr. Foster asked how strong a solution of *Atropine* he used.

Dr. Buffum replied, a four-grain to an ounce, and said that by the use of that solution a rapid action was gained; and, he thought, the fullest action. Thought nothing was gained by the use of crude *Atropine* in the eye. It is dangerous because if it passes down into the tear duct it causes toxic symptoms at once. Applying the solution with a camel's-hair brush to the lower lid will soon cause the pupil to dilate. For an injury to the iris use *Atropine*, and for the reflex neuralgia dependent upon the pressure of the engorged blood-vessels upon the nerves of the iris.

Dr. Foster arose, as he said, not for the purpose of criticising, but to return thanks for the abundant and valuable information contained in Dr. Buffum's essay, and to ask a few questions in regard to what strength of *Arnica* was used, and how often administered. Also liked to know whether the reference to the use of *Arnica* was in regard to its internal or external use. Said for himself *Arnica* had been as valuable used internally as externally. Thought that no one with any amount of experience could differ with what had been said concerning the value of *Aconite*, *Arnica* and *Calendula* in injuries, generally; no matter whether to the eye or elsewhere. Was in the habit of giving *Aconite* 3d decimal in drop doses in cases of severe injury, giving the doses less and less frequently as the patient improves. Had given *Arnica* 3x in cases of old wounds where active inflammation had ceased, with good results. Had never given *Calendula* internally, but would like to ask in regard to that and *Belladonna*.

Dr. Buffum responded that he used *Belladonna* in injuries of the eye though not as often as *Aconite*. Some cases seemed to require *Belladonna* more than *Aconite*. Did not know that he had ever used *Arnica* externally for the eye, because he had known of bad results on account of its impurity. Instead of *Arnica* he used *Calendula*. *Arnica* he used internally from the 3d to the 6th, repeating the dose as often as the case required, and after the first twelve or twenty-four hours lessening the frequency of the dose. *Rhus tox.* in a low potency

particularly in the 2d decimal he regarded as one of the best remedies for some inflammatory conditions of the eye, that is where the tissue inflames, and there is a tendency towards inflammation of the whole of the eyeball. *Rhus* will very often arrest it; in an inflammation of the orbit there is no remedy which equals *Rhus* in its action, relieving the inflammatory condition oftentimes in a few hours.

Dr. Duncan said that he had been particularly struck with the action of *Calendula* upon glandular swellings, and thought that in time Allopathists themselves would discover the wonderful action of Homœopathic remedies, *Calendula* especially upon the glands. It seemed to him that *Calendula* acted in this way; it increased the amount of fibrin in the blood, and increased the amount of connecting tissue so that wounds were sewed together by first intention, while *Aconite* acts upon the nervous system, and *Arnica* upon the circulation of the periphery giving us inflammation corresponding very closely to erysipelas. These remedies seem to me to be distinct in their action. *Arnica* comes nearer to *Helladonna* in its action.

This discussion was followed by a paper from Dr. Pratt, upon "Wounds and their Treatment." The doctor said he would like to discuss Prince's Lotion. The first necessity was to cleanse the wound thoroughly and to ascertain that there were no bits of clothing or other foreign substances adhering. Cited an instance of a wound in a lad of twelve years in which he found a piece of a cotton stocking, which if it had been allowed to remain would have caused serious trouble. He spoke of the use of wire and silk as sutures. Wire was best for the skillful and silk for the inexperienced. He then went on to the subject of Prince's Lotion which he had found of great value in wounds, as it had the power to prevent suppuration. He performed double ovariectomy upon a woman in August, and the wound healed by first intention, and the patient seemed likely to recover, but after the wound was healed six abscesses appeared upon which the lotion was used with good effect. A few weeks afterwards he performed a similar operation upon a lady, where the tumor was so immense that the abdomen was enlarged to a most unnatural degree, she could not eat, or breathe, or move with any degree of comfort. In this case an incision was made and a pailful of fluid removed, but there was left such a quantity that the absence of that amount was scarcely perceptible. In that case the lotion was used and the wound healed without the formation of an abscess. Used it in another case where a man was thrown from a carriage and struck

upon his head, applied the lotion and the result was a healthy healing without any suppuration. Performed an operation on an old gentleman in February with schirtus of the breast. He looked like a healthy man and the indications were that the wound would heal without the formation of pus, but it did not. It was fully a month before the wound was healed. After a period of five months four small tumors appeared, one in the centre of the breast, one below the old one, and two in the arm-pits. These were operated upon and the lotion applied. On the second day the patient was up; in four days the dressings were removed; in five days the straps taken off and the man was well. The formula for the lotion is: Four grains of the *Chloride of Zinc* to an ounce of equal parts of water and *Glycerine*. I use it in that strength. Take a syringe and throw it right on the wound whether the nerve is exposed or not. After closing the wound wet a compress with it and simply plaster it upon the wound. The doctor then exhibited the Gehring pessary which he regarded as a useful invention. Described its use. Said that it had an advantage over all other pessaries, in the fact that by its presence it did not check or limit the action of the adjoining parts. The vagina was not pressed upon or any discomfort experienced. If necessary, there is room for an enormous passage from the rectum. By its use prolapsus of the bladder can be cured. The usefulness of this instrument, he continued, was shown by this fact, that in the ring pessary you have to use continually larger and larger ones. With this the first instrument is the larger, and it grows smaller and smaller until you need none at all. Said he had used a number of them within the last two months. Cited two cases of ladies who were bed-ridden from inflammation of the womb. Both cases were helped by the use of this instrument.

Dr. Foster said the trouble was, in his own experience, to find the woman that wanted a pessary or needed one.

Dr. Pratt replied, he thought he had thrown a bomb-shell. In his own practice he used them occasionally, perhaps half a dozen a year.

Dr. Foster thought from Dr. Pratt's description, the pessary might be as good as any, and perhaps better, but considered there was always danger of causing inflammation by the use of such an instrument.

After some observations by Dr. Pratt upon the use of the speculum and a short discussion upon the true support of the uterus, Dr. Mitchell spoke a few words upon local treatment. Had no experience

with the lotion referred to, but was not prepared to deny the efficacy of local treatment. Had been using for throat trouble in his own practice the *Oil of Eucalyptus* and found it valuable as an adjuvant to treatment. Had no prejudice against the use of adjuvants, while he had the most unbounded faith in the efficacy of internal medication. Believed that in most instances they were unnecessary, where they were ordinarily supposed to be almost essential. His experience was similar to Dr. Foster's in regard to pessaries. Had not had occasion to insert one more than half a dozen times in fifteen years experience; and then only temporarily.

Dr. Pratt stated he did not wish to have the impression go out that it was his idea to leave the instrument in for any length of time, only for a few weeks at most, until the vaginal walls are restored to their normal strength, and the uterus is in place.

Announcement was made that the papers for the next meeting would be from Dr. Delamater on Lead Poisoning, and Dr. Mitchell on "*Petroleum in Phthisis.*"

On motion the meeting adjourned.

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#### VERMONT HOMŒOPATHIC MEDICAL SOCIETY

The annual meeting of the Vermont State Homœopathic Medical Society was held at Montpelier, Wednesday and Thursday, October 20 and 21. The meeting was called to order by President Brigham at 2 P. M. Journal read and approved. The following persons were presented by the board of censors and elected members: Drs. C. A. Gale, Rutland; Clara P. Reed, Bellows Falls; D. A. Whittlesey, West Randolph; C. J. Farley, Swanton; D. H. Roberts, Underhill; G. M. Ockford, Burlington, and C. P. Holden, Gaysville.

Some discussion followed in reference to the constitution.

The third Wednesday of October of each year was fixed as the time for the annual session.

The following were appointed a committee to prepare resolutions on the death of Dr. Constantine Hering, late of Philadelphia, Pa., Drs. Gale, Jones and Waugh.

Dr. Brigham, of Montpelier, presented an interesting case of surgery. Adjourned until 7 P. M. The evening to be spent in social discussion, after which society adjourned until 9 A. M.



Dr. Gale presented Dr. Pond's sphygmograph and called attention of the society to its many merits.

The board of censors, through Dr. Jones, chairman, reported upon a number of licenses granted since the last annual meeting.

The following were then elected officers for 1880-81 :

PRESIDENT.—Dr. T. R. Waugh, St. Albans.

VICE-PRESIDENT.—Dr. S. H. Sparhawk, St. Johnsbury.

RECORDING SECRETARY.—Dr. C. S. Hoag, Waterbury.

CORRESPONDING SECRETARY.—Dr. G. E. E. Sparhawk, Burlington.

TREASURER.—Dr. W. B. Mayo, Northfield.

CENSORS.—Drs. J. H. Jones, Bradford ; C. H. Chamberlain, Barre, and C. J. Farley, Swanton.

AUDITORS.—Drs. E. B. Whittaker, Hinesburg ; C. A. Gale, Rutland, and C. P. Holden, Gaysville.

Legislative committee, Drs. C. H. Chamberlain, Barre ; C. S. Hoag Waterbury ; H. C. Brigham, Montpelier ; J. M. Van Deusen, Waitsfield ; J. H. Jones, Bradford, and G. E. E. Sparhawk, Burlington.

Delegates from this to other state societies : Connecticut, Dr. H. E. Tucker, Brattleboro ; New Hampshire, Dr. J. H. Jones, Bradford, Massachusetts, Dr. G. E. E. Sparhawk, Burlington ; New York, Dr. G. M. Ockford, Burlington.

Delegates to American Institute of Homœopathy which meets at Long Branch, June, 1881 : Drs. J. R. Waugh, G. E. E. Sparhawk, and G. M. Ockford. Alternates, Drs. C. H. Chamberlain, H. C. Bingham, and S. H. Sparhawk.

The following bureaux were appointed by the president elect :

Materia medica and pharmacy, Drs. G. E. E. Sparhawk, J. H. Jones, and C. A. Gale.

Obstetrics and diseases of women and children, Drs. S. H. Sparhawk, J. Haylitt, J. M. Van Densen, and Miss C. P. Reed.

Clinical medicine, Drs. J. M. Sanborn, C. H. Chamberlain, C. J. Farley, and E. B. Whittaker.

Surgery, Drs. C. S. Hoag, Henry Tucker, and T. W. Halsey.

Psychological medicine, Drs. C. Woodhouse, H. W. Hamilton, and M. D. Smith.

High potencies, Drs. G. M. Ockford, N. H. Thomas and A. E. Horton.

The reports of the different bureaux were then taken up.

An interesting paper on Semiology and Pathology, by Dr. Waugh, was then read, also Dr. Farley read an instructive paper on Bacteria, Drs. Hoag and Hamilton then made remarks on cancers, which were followed by Dr. C. A. Belden, of Jamaica, N. Y., (delegate from the New York State Society) on cancers of the stomach, and interesting cases reported; one, a remarkable case of a man who lived three months without food, the pyloric orifice of the stomach being entirely closed. Adjourned until 1:30 P. M.

AFTERNOON SESSION.

Upon reassembling, papers were read by Dr. Haylitt, on *Caulophyllum*; by Dr. Van Densen on Topical Applications in Mastitis and on Internal Indicated Remedies; by Dr. Ockford, on *Phytolacca Decimal* in Mastitis, followed by remarks upon the same by Dr. Chamberlain. An interesting case was reported to the society by letter, from Dr. Halsey, of Middlebury, on Senile Gangrene.

I. T. Talbot, M. D. dean of Boston University of Medicine, sent to this meeting of the society an instructive paper on the Work of State Societies.

Thanks were voted to retiring President Brigham.

Adjourned to meet in semi-annual session at Burlington, on the third Wednesday of May, 1881. A preliminary meeting to be held the evening previous.

T. R. WAUGH, President.

C. S. HOAG, Secretary.

ILLINOIS HOMOEOPATHIC MEDICAL ASSOCIATION.

The Association held its twenty-sixth annual convention at the Grand Pacific Hotel, Chicago, on May 18th, 19th and 20th, 1880. There were present, officers: J. H. Beaumont, M. D., Freeport, president; Julia Holmes Smith, M. D., T. C. Duncan, M. D., Chicago, vice-presidents; E. A. Ballard, M. D., Chicago, secretary; A. G. Beebe, M. D., Chicago, treasurer; R. N. Foster, M. D., Chicago, M. C. Sturtevant, M. D., Morris, E. S. Bailey, M. D., Chicago, of the board of censors.

Members present. Mrs. E. Spork, W. H. Sanders, L. Bedford, H. N. Keener, J. E. Gross, W. M. Wilke, A. W. Burnside, J. S. Mitchell, M. C. Sturtevant, E. H. Pratt, L. Pratt, S. E. Willing, J. B.

Gulley, A. E. Small, R. Ludlam, E. M. P. Ludlam, C. F. Ely, C. H. Von Tagen, L. C. Grosvener, F. H. Van Liew, J. E. Gilman, N. B. Delamater, H. P. Cole, C. Adams, W. H. Burt, T. S. Hoyne, Mrs. J. N. Wilkin, Mrs. L. G. Bedell, Sue A. White, S. Leavitt, H. B. Fellows, F. L. Piero, R. N. Foster, F. H. Foster, W. C. Barker, S. P. Hedges, N. F. Cooke, Anna E. Bailey, C. H. Vilas, G. W. Foote, J. P. Mills, C. H. Evans, E. M. Holtz, J. Dal, C. Mitchell, L. Dodge, Sarah B. Wisner. Divine invocation by Dr. Willing.

The president read a very interesting address which was referred to a committee consisting of Drs. R. N. Foster, F. H. Van Liew, C. H. Vilas, who presented the following report:

Committee on president's address report verbally, endorsing address and offering the following resolution which aims to carry out the chief recommendation of that address:

*Resolved*, That a committee be appointed to report at the next meeting a plan for collecting and arranging a complete annual clinical report of the state.

This report was accepted, adopted, and the following were appointed as such committee: Drs. R. N. Foster, W. J. Hawkes and F. H. Van Liew.

The notice of a motion to change the bureaus given by Dr. Duncan at last meeting, was called up, and adopted as given herewith.

The following papers were read:

*Clinical Medicine*.—"Hepatic Abscess caused by Impacted Biliary Calculi," Dr. F. S. Whitman, Belvidere; "Why should Homœopathic Physicians be Afraid to Use *Quinine*?" Dr. H. N. Keener, Princeton; "Diphtheria," Dr. E. E. Holman, Warren; "Diphtheria," Dr. J. S. Mitchell, Chicago; "Clinical Observations in Inflammatory Rheumatism, with Therapeutic Hints," Dr. A. E. Small, Chicago.

*Psychology and Nervous Diseases*.—"Importance of Diagnosis of Diseases of the Nervous System," Dr. N. B. Delamater, Chicago.

*Obstetrics*.—"Female Perineum," Dr. R. N. Foster, Chicago. The essayist stated that in spite of all that can be done 33 per cent. of the cases of labor will show more or less laceration of the perineum that the reason so few cases were known of was due to improper or no examination of the parturient. He took a decided stand against surgical interference, believing, as experience had taught him, that cleansing and bringing the parts in apposition and applying thereto cloths saturated with dilute *Calendula* tincture is all that is necessary to get

a perfect union. When the injury is very slight no especial care is required; nature unaided will repair the damage.

In the discussion which followed, the physicians generally, especially the older ones, endorsed the treatment recommended, while the surgeons favored making "assurance doubly sure" by an immediate operation.

*Surgery.*—"Progress of Scientific Surgery," Dr. A. G. Beebe, Chicago; "Anæsthetics," Dr. Chas. Adams, Chicago; "Head Injuries," Dr. C. F. Ely, Chicago; "Bursitis," Dr. L. Pratt, Wheaton, with pathological specimen.

*Ophthalmology.*—"Headaches due to refractory anomalies of the eye," Dr. F. H. Foster, Chicago; "Lenses," Dr. C. H. Vilas, Chicago; "Hygiene," Dr. F. H. Van Liew, Aurora.

*Anatomy.*—Report by Dr. E. H. Pratt, Chicago.

*Diseases of Children.*—"Care of Newborn," Dr. Anna C. Bailey, Chicago; "Vulvitis of Children, Dr. Sue A. White, Chicago;" "Early Symptoms of Cholera Infantum," Dr. T. C. Duncan, Chicago; "Management of Constipation of Infants," Dr. S. P. Hedges, Chicago; "Preventive Treatment," Dr. H. M. Hobart, Chicago.

*Diseases of Women.*—"Displaced Ovaries," Dr. E. M. Hale, Chicago; "Hysteria," Dr. Lelia G. Bidell, Chicago; "Posture," Dr. Julia Holmes Smith, Chicago.

*Materia Medica.*—"Eucalyptus in Hemæturia." Dr. A. E. Small reports a case, in which he was giving this remedy with marked benefit. "Phyllocarpia," Dr. W. H. Burt, Chicago; "Therapeutic Indications for *Corallium* and other Remedies in Hooping Cough," T. S. Hoynes, Chicago.

*Pharmacy.*—"Preparation of Tinctures," Dr. F. H. Newman, Chicago.

*Necrology.*—Dr. A. E. Small reported the loss by death of three members, viz.: William H. Woodyatt, M. D., Chicago; John Moore, M. D., Quincy, Ill.; E. W. Currier, M. D., Sycamore, Ill. Drs. A. E. Small, S. P. Hedges, F. H. Van Lew, Committee, presented the following resolution:

*Resolved*, that in the death of Drs. W. H. Woodyatt, John Moore and E. W. Currier, this association has sustained an irreparable loss, and the society has been bereft of some of its most excellent members.

*Resolved*, that a copy of the above resolutions be sent by the secretary to each family of the deceased.

These resolutions were unanimously adopted by a standing vote.

Dr. J. S. Mitchell read an eloquent tribute to the memory of Dr Woodyatt.

Drs. Small, Delamater, Duncan, Keener, Hawkes, and others, spoke feelingly of each of the deceased.

Dr. W. P. Roberts, of Barrington, spoke of the ignorance and inhumanity shown in our County Court in trying cases of insanity, and suggested that steps be taken looking to a more proper management of these unfortunates. The subject was, on motion, referred to the Committee on Legislation.

#### MEDICAL COUNSEL.

Dr. Hawkes presented the following resolution and moved its adoption :

*Resolved*, that this association regards with disfavor the practice of Homœopathic physicians in cities and localities where good Homœopathic counsel may be had, of calling Allopathic physicians, except in accordance with the expressed desire of the patient, or his or her friends.

The above elicited a warm discussion for and against, some of the members taking the ground that the resolution "smacked of intolerance and denied our opponents the privilege that we have always regretted they refused us;" "that if a man can not be courteous without, he will not be so with advice;" that a physician should be allowed the privilege of choosing his companions," etc.

The resolution was lost.

Dr. Hale offered the following resolution, which was adopted :

*Resolved*, that the papers read before this association from the bureau of obstetrics, and Diseases of Women, be sent for publication in the "Journal of Obstetrics and Diseases of Women," published in New York.

Drs. Newman, Hawkes and Ballard were appointed a committee to present the subject of the preparation of Homœopathic tinctures and remedies to the American Institute of Homœopathy and urge the Institute to adopt a standard for preparing the same.

Dr. Ballard gave notice that at the next meeting he should propose a change in the Constitution limiting the time for reading any paper to fifteen minutes.

The meeting was largely attended and much interest was manifested. The following were elected to membership :

Drs. W. H. Sanders, S. E. Willing, Julia Caldwell, Jennie E. Smith,

Mrs. H. E. Stensbury, Mrs. Isabella S. Hotchkiss, J. H. Buffum, C. H. Evans, T. F. H. Spreng, E. E. Gwynne, Chas. H. Pennfield, H. C. Jessen, Chicago, M. L. Read, Farmer's City; F. B. Hoerman, St. Paul; M. J. Hill, Sterling; W. P. Roberts, Barrington.

An invitation from the Military Tract District Homœopathic Medical Society to hold the next convention of the association at Galesburg, was, on motion of Dr. Duncan, accepted.

The officers of the two societies were, on motion of Dr. Mitchell, constituted the Committee of Arrangements.

Election of officers resulted as follows:

PRESIDENT.—T. C. Duncan, M. D., Chicago.

FIRST VICE PRESIDENT.—H. N. Keener, M. D., Princeton.

SECOND VICE PRESIDENT.—M. C. Sturtevant, Morris.

THIRD VICE PRESIDENT.—Selia G. Bedell, M. D., Chicago.

SECRETARY.—E. A. Ballard, M. D., Chicago.

TREASURER.—A. G. Beebe, M. D., Chicago.

The President appointed the following members on the bureaux as here given.

#### MATERIA MEDICA.

Drs. W. H. Burt, Chicago, Chairman; E. A. Ballard, Chicago; A. W. Woodward, Chicago; T. S. Hoyne, Chicago; R. F. Hayes, Freeport; H. C. Jessen, Chicago; W. J. Hawkes, Chicago; M. C. Bragdon, Evanston.

#### CLINICAL MEDICINE.

Drs. H. N. Keener, Princeton, Chairman; W. J. Hawkes, Chicago; L. Bedford, Chicago; F. H. Newman, Chicago; J. C. Burbank, Freeport; W. C. Bartlett, Aurora; E. E. Holman, Warren; J. S. Mitchell, Chicago; W. D. McAfee, Rockford; J. L. Chapman, Polo; W. C. Barker, Waukegan; A. L. Van Patten, Mt. Carroll; M. L. Reed, Farmer City; J. P. Willard, Jacksonville.

#### PATHOLOGY, PHYSIOLOGY AND HISTOLOGY.

Drs. R. N. Tooker, Chicago, Chairman; F. H. Newman, Chicago; D. A. Colton, Chicago; M. Ayres, Rushville; M. C. Bragdon, Evanston; C. Mitchell, Chicago; E. Perkins, Peoria; C. H. Evans, Chicago.

#### OBSTETRICS.

Drs. Sheldon Leavitt, Chicago, Chairman; R. N. Foster, Chicago; M. C. Sturtevant, Morris; P. H. Crandall, Quincy; Lelia G. Bedell,

Chicago; Mrs. J. F. Wilkins, Chicago; A. L. Stockwell, El Paso; A. H. Potter, Maquon.

#### DISEASES OF WOMEN.

Drs. E. M. Hale, Chicago, Chairman; R. Ludlam, Chicago; Julia H. Smith, Chicago; J. A. Vincent, Springfield; F. L. Bartlett, Aurora; Isabella S. Hotchkiss, Chicago; Lelia G. Bedell, Chicago; S. P. Hedges, Chicago; J. W. Streeter, Chicago.

#### DISEASES OF CHILDREN.

Drs. S. P. Hedges, Chicago, Chairman; T. C. Duncan, Chicago; E. A. Ballard, Chicago; E. M. P. Ludlam, Chicago; Helen A. Heath, Chicago; R. N. Tooker, Chicago; E. W. Taylor, Boston; J. P. Mills, Chicago; Julia Caldwell, Chicago; Anna E. Bailey, Chicago; Sarah A. Wisner, Chicago; Sue A. White, Chicago.

#### SURGERY.

Drs. A. G. Beebe, Chicago, Chairman; G. A. Hall, Chicago; C. F. Ely, Chicago; Chas. Adams, Chicago; R. F. Hayes, Freeport; M. C. Campbell, Joliet.

#### OPHTHALMOLOGY.

Drs. F. H. Foster, Chicago, Chairman; M. B. Campbell, Joliet; C. H. Vilas, Chicago; J. H. Buffum, Chicago; J. F. Beaumont, Freeport.

#### ANATOMY.

Drs. E. H. Pratt, Chicago, Chairman; H. P. Cole, Chicago; H. N. Baldwin, Peoria; J. H. Miller, Abingdon; R. B. Johnson, Morrison.

#### NEUROLOGY, PSYCHOLOGY AND ELECTROLOGY.

Drs. H. B. Fellows, Chicago, Chairman; N. F. Cooke, Chicago; N. B. Delamater, Chicago; A. L. Van Patten, Mt. Carroll.

#### PHARMACY.

Drs. F. H. Newman, Chicago, Chairman; J. E. Gross, Chicago.

#### MEDICAL EDUCATION, JURISPRUDENCE AND LEGISLATION.

Drs. D. S. Smith, Chicago, Chairman; J. R. Kippax, Toronto; J. A. Vincent, Springfield.

#### MEDICAL LITERATURE.

Dr. J. P. Mills, Chicago.

## STATISTICS AND NECROLOGY.

Drs. R. N. Foster, Chicago, Chairman; F. H. Van Liew, Aurora;  
A. W. Burnside, Belvidere.

## HYGIENE.

Drs. F. H. Van Liew, Aurora; E. Perkins, Peoria.

A flow of soul is always a worthy accompaniment of a feast of reason. So thought Dr. and Mrs. J. S. Mitchell, who by their generous hospitality made the evening of May 19, 1880, one that will long be remembered by the members of the association. It was the pleasant episode of this very pleasant and instructive meeting.

After a hearty vote of thanks to the retiring officers and the press, the Convention adjourned to meet in Galesburg in May 1881.

E. A. BALLARD, Sec

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## Children's Department.

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### *FEEDING BABIES ON THE COAST.*

A few days ago I obtained a copy of your "Treatment of Children" and have been "looking it over." There are many good things in it, especially did I notice that portion upon the "Feeding of Infants." The hints and suggestions there are worth the reading of any physician, and if the laity extensively buy and read the book and afterwards apply the teachings, we shall have to say "Othello's occupation's gone," for we shall not be called to see sick babies very often. There is one point I would like to comment upon, and that is cow's milk. "One cow's milk" is all very nice if you own the cow and have a *proper* place to keep her, but if you buy it of a milkman, God help the baby. There is an "old saw" about an "honest lawyer," but the honest lawyer is to be found quite easily, compared with the honest milkman.

It is said many men are strictly honest until they want to sell a horse, so it may be true of milkmen *before* they went into the milk business. But I have wandered a little from what I intended saying about cow's milk. From careful observation and much experience I



have noticed a peculiarity on this coast, which I do not think exists in the east, certainly not to the same extent. You have touched upon it when speaking of the feed of cows late in the summer. Our seasons do not exactly correspond with yours, so a little allowance must be made. During the winter, (our rainy season) the feed for cows is fresh and green and the milk good, but in a few weeks after the rains have ceased the milk gets poor for children. There however remains a considerable amount of feed for the cattle, and of a highly nutritive form, but it is dry. Much of the feed is a kind of clover called "burr clover;" these little burrs of spiral shape contain nutritive seeds, of which the cattle are very fond. There may be other things which are eaten at this season, but whatever it is the milk during the dry season seems to be almost poison to a delicate or young babe. So much do I dread its use that after the middle of May I am careful to speak to mothers upon the subject, and recommend almost anything else.

We do not have much cholera infantum in this state, at least it is not epidemic, but what cases we do have I believe can nearly always be traced to the use of cow's milk during the dry season. Last year I had a noticeable case of the kind. When called I found the child so

I hardly thought there was any chance for it to live beyond a few hours. Gave a dose of *Apis* 20,000, symptoms improved. I learned what the food had been, and substituted condensed milk. The case improved very rapidly. A couple of days later, the can of condensed milk having been used, the mother thought she would give it a little of the old kind just for one feeding; result, I was sent for in haste, child being in convulsions. Upon learning the probable cause, I again cautioned the mother. Child improved again and gradually got about well, and was using several different styles of food. I had not seen it for several days, when upon being called again in haste, found her in convulsions. This time the mother said it was not from anything she had eaten as no cow's milk had been given; but I could not believe it and investigated thoroughly, when it came out that the mother wishing to go out for a little while, had instructed her sister to feed the child from a certain dish, but the sister had used milk from a similar dish and the result was as stated.

I relate this as an unusual case, because so quickly affected by the poison. Believing my theory correct, I ventured upon an experiment in giving the child a feeding of cow's milk from a cow that had been

"kept up" and fed upon wheat, hay and meal. The milk caused no trouble, and afterwards she was allowed an occasional feeding of this milk.

I am aware that one apparent fact does not prove a theory, but I could give you several similar cases. My excuse for rambling on in this style is that I thought you might be able to get a point that might be further worked up for somebody's advantage in the future.

G. M. PEASE.

[NOTE.—Mothers will be careless in spite of the best advice. Do not watchful, anxious mothers employ us more than others? If the doctor will test that milk for acidity, he will doubtless find the cause. Such cows should be slop-fed or have plenty of water "three times a day and between meals." These facts are valuable.—T. C. D.]

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## Book Department.

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All books for review must be sent to the Publishers.

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**A TREATISE ON THE COMMON FORMS OF FUNCTIONAL NERVOUS DISEASES.** BY L. PUTZEL, M. D. New York: W. Wood & Co.; Wood's Library, Vol. VIII.

This work discusses Chorea, Epilepsy, Neuralgia, Peripheral Paralysis of various kinds. This work is valuable, being up to date and modern, and deserves a more extended review.

**TREATISE ON THERAPEUTICS.** BY TROUSSEAU & PIDOUX. New York: Wm. Wood & Co.; Vol. I., II., and III.

These are volumes V., VII., and X. of Wood's Library of Standard Medical Authors. This work is well known to the older Homœopaths. We find it here revised by C. Paul, making the ninth edition up to date at all points it would seem. Compared with Philip's work it is a relic of antiquity and will suit the older members of the regular profession. There is here, however, much historical data and ideas that will profit the discriminating student. It should be remembered that this is not the complete work of Trousseau & Podieux, but that nearly 1,000 pages are omitted. This was necessary to the compression of the work into these three valuable volumes. We are thankful for them in this compact shape.

DISEASES OF THE PHARYNX, LARYNX AND TRACHEA. BY M. MACKENZIE, M. D. New York: W. Wood & Co. Wood's Library. Vol. IX.

This is a new edition of MacKenzie's work that appeared some years ago and makes a large, elegant volume of 440 pages. It is exhaustive on the subjects treated. We were curious to note that he makes "croup only a form of diphtheria," and includes spasmodic croup and spasm of the glottis under the same head. We are sorry to see this lack of diagnostic accuracy and can only explain it on the ground that the office specialists seeing only cases supposed to need operations, could easily confound these diseases. Under the head of tracheotomy we see no reference to "bent hair-pin retractors" recommended by Surgeon Gilchrist in *Diseases of Infants and Children*. We believe them superior to any silver canula. Notwithstanding this is a valuable work to the specialist.

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## Surgical Department.

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### *THE RADICAL CURE OF HERNIA.*

BY CHARLES M. THOMAS, M. D., PHILADELPHIA, PA.

In practically considering the question of operation for radical cure of hernia, it might be well to bear in mind that in all cases, most or all of the following conditions will be found to be present:

1. A weakness and enlargement of the so-called rings or canals through which the rupture passes. In inguinal and umbilical hernia especially, this enlargement is at times very great, even sufficient to allow the introduction of several fingers. It must be remembered, however, that this is not a real opening or breach from a mechanical lesion, but a simple stretching or protrusion of a naturally weak spot in the abdominal walls, and is often found as a congenital defect.

2. The formation of a covering or sac for the protruded viscera out of a stretched and displaced portion of the parietal peritoneum. It is now conceded by most modern surgeons, that a hernia is very rarely caused by a sudden or violent straining or pressing of the abdominal contents through a simply weakened ring. On the contrary, it is more than probable that the defect is either congenital or of comparatively slow formation through a gradual local relaxation of the

abdominal walls, and a correspondingly gradual stretching and pocketing of the peritoneum through the abdominal openings to form the hernial sac; the giving way of the rings being but a late manifestation of the lesion. Patients who suppose they have suddenly been ruptured are really deceived; the rupture with its peritoneal covering has been forming for some time before, and only becomes apparent externally at the moment of some unusual exertion of the abdominal compressors, which forces the mass farther outward.

3. An abnormal lengthening, and, at times, hypertrophy of the protruded viscera, and an elongation of their mesenteric attachment or support, by which a constant tendency to recurrence of the protrusion is favored, even after the most careful reposition.

4. In a large herniæ, which have for a long time remained unreduced, such a lessening in the capacity of the abdominal cavity that the herniated portions can with difficulty be accommodated.

This condition I found very pronounced in operating on a large scrotal hernia which had been unreduced for many months; and a second time in a case of large congenital umbilical hernia, the child being but a few days old. Here, after having divided the strangulating bands, although there was no obstacle at the opening to the return of the intestine, the greatest difficulty was experienced in finding room for it within the abdomen.

With these facts before us, it would seem that an open or weak ring plays by no means the most important part in the formation and continuance of a rupture. If, therefore, it be admitted that a rupture depends for a cause upon something more than a sudden forcing of viscera through a weakened portion of the abdominal walls, it is fair to conclude that, in order to accomplish a thoroughly permanent cure, it must be necessary to remedy all of these organic changes just mentioned, and yet since with our present knowledge we are able to cope with none but the first (enlarged rings, etc.), it remains a question whether the operations commonly known as radical, really deserve the name, inasmuch as they neither affect the tendency to sac formation nor shorten the lengthened mesentery, etc., and only aim at overcoming the lesser—perhaps secondary—causes of the ruptures, viz., the enlarged abdominal canals or rings through the building up of mechanical external barriers of greater or less strength at these points. Under such circumstances it can hardly be a matter of much surprise that these operations have not met with more success.

In spite, however, of the almost insurmountable difficulties in the

way of obtaining a really radical cure, cases will constantly arise in which an operation for the closure or narrowing of the hernial openings may be called for, and the only question then is, to what length we may go in our admission of cases to this class. At the present time most surgeons agree that a radical operation can only be recommended when the rupture is very annoying, and either not reducible, or, if reducible, cannot be held by a truss; or finally, when the hernia, in spite of every care, tends to increase rapidly in size.

It is for the future to decide whether these indications may or may not be increased through the employment of more effective methods than we now possess. The various ways in which cures have been attempted may be considered as follows :

*Posture—Natural Cures.*—A very necessary factor in any radical cure is, that the abdominal contents shall [not at any time enter the canals, and so long as the horizontal position and quiet is preserved, there is but little liability of this occurring.

Cases have been reported where patients, obliged on account of other illness to lie quiet for a long period have, upon their recovery, found their ruptures entirely cured.

*Pressure.*—In young people, and when the hernial passages are not large, a cure can occasionally be accomplished through the application of carefully adjusted pressure over the ring and sac by means of the hernia truss. The action of the truss upon the ring is not to bring its edges together, but simply to prevent any prolapse of the viscera, for if the protrusion is but once allowed to occur, the treatment is entirely thwarted, and must be again started from the very beginning. Hence the necessity, where a radical cure is expected, of insisting upon the wearing of the truss both by night and day.

The further action of the truss is upon the sac, particularly at its neck, where, by the constant and firm pressure of its serous surfaces against each other, an adhesive inflammation is finally set up sufficient to cause closure of its cavity.

In order that the pressure be effective, it is of course necessary that the truss pad be made of some hard though polished material, such as wood, ivory, or hard rubber, and that it be sufficiently large to overlap the edges of the hernial ring, for if it is smaller, the integuments will be pushed into the open ring, and, acting as a wedge, will tend rather to enlarge than contract the opening.

With children under ten years, in whom the prospects of cure are far surer than at any other age, the truss should be worn for at least

two years uninterruptedly, and for a third year leaving it off only at night or when lying. In adults a cure will sometimes take place in this way, but only when the truss is worn continuously for many years, and when the rupture has been small. After the removal of the truss, when a cure has apparently taken place, the greatest precaution should be taken against abdominal straining or sudden exertions.

*Operations.*—The object of all the more purely operative methods has been in a general way to obliterate by inflammatory action the hernial passages from the rings outward. Some, particularly the earlier operations, were directed mainly toward the obliteration of the hernial sac and the closure of its neck, while in the more modern procedures the aim has been to include the hernial ring in the operation.

The earliest accounts of the radical operation for hernia are found in the writings of Celsus, who advised that the tissues overlying the hernia be carefully cut through until the hernial sac was exposed, when, the ring being enlarged, the viscera were replaced and the wound allowed to heal by granulation. This would seem to have been simply our present operation for strangulation without opening the sac, as no mention is made of any interference with this, his object evidently being to produce a dense cicatrix, which was to act as a barrier to the recurrence of the prolapse. In others of his writing however, he mentions the cutting into and removal of a portion of the sac, and at times overlying integuments, for the purpose of producing a cicatricial shortening of the soft parts.

Heliodorus, in the time of Trajan, advised and practiced the extirpation of the sac at as high a point as possible.

Leonides, of Alexandria, in the beginning of the third century, believed that the formation of a tough scar through the application of the hot iron was the most favorable operation.

In the early part of the seventh century, Paul of Ægina, after laying bare the sac of a scrotal hernia, transfixed it near the neck with a double ligature and tied it tightly in halves. The sac below the ligature was then cut through and removed, *together with the testicle*. In other cases the sac was invaginated by means of a probe, and stitched fast inside the inguinal ring, there to act as a sort of plug. This idea was again revived in the operations of Gerdy, Wurtzer, and others in more recent times.

Following the teachings of Paul of Ægina, the method of castration was practiced by numbers of irresponsible traveling operators

(so-called rupture cutters) from those early times, up to within less than a hundred years ago, and singular as it may seem, not only did large numbers of the victims survive this barbarous operation, but many were permanently cured.

In one diocese in Germany there were found five hundred children and two hundred adults castrated.

In the early part of the eighteenth century, Freytag, of Zurich dissected down upon the sac, returned its contents, and tied the neck as high as possible. The ligature ends were brought out through the wound, and left till they came away by suppuration. Although this operation was said to be quite successful, and was practiced by a number of surgeons at that time, it soon fell into disuse, and was for some time replaced by crude endeavors to block the passages with an eschar formed by caustics or the hot iron.

Petit condemned such operations, and advised that the sac, after having been freed of all adhesions, should be pushed through the hernial ring, as high in the abdomen as possible, the wound being left to heal by granulation. As, however, his results were not satisfactory, he finally discouraged even this, and advised his patients to be satisfied with a well-fitted truss.

Ligation of the neck of the sack, as practiced at intervals from the seventh to the fifteenth century, was really tantamount to the castration operation of Paul of Ægina, inasmuch as the spermatic cord was included by the ligature. It was not until the sixteenth century that Ambrose Pare performed ligation without injury to the cord Rousset, Petit, Abernethy, Langenbeck, and others, followed him in practicing the same operation until the early part of this century. The plan consisted in thoroughly freeing the neck of the sac, and after the reposition of its contents, tightly ligating it as high as possible. The sac below the ligature was then cut through, and the ligated stump replaced within the canal.

(To be continued.)

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## Medical News.

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*Removal.*—Dr. N. Zilliken from Milton to Chester, Ill.

*Married.*—Dr. Willis A. Miller and Miss Elizabeth P. Smith, Wednesday, November 10, at 1474 Michigan avenue, Chicago. The address of the new firm is Independence, Iowa. Success to them.

*Dr. John L. Clarke*, an esteemed physician of our school, departed this life, October 25. He was sixty-seven years of age, and had been in practice in the city of Fall River, Mass., twenty-six years. He leaves a wife and daughter.

*The New York Ophthalmic Hospital.*—Report for the month ending Oct. 31, 1880: Number of prescriptions, 3,539; number of new

patients, 431; number of patients resident in the hospital, 15; average daily attendance, 133; largest daily attendance, 197.

CHAS. DEADY, M. D., Resident Surgeon.

*Diseases of Children at the International Homœopathic Convention.*—Through an omission doubtless, we see no provision for reports of Homœopathic success in children's complaints. Nowhere has Homœopathy achieved greater triumph than in the cure of diseases of children. On behalf of the pædologists of America we plead for one short session, and suggest that Dr. W. V. Drury, Bournemouth, England be appointed to take charge of the reports.

*The Iowa University.*—We were surprised to notice in *The Medical Advance* what seems to us to be an uncalled for attack upon the Homœopathic Medical Department of the State University of Iowa. The statements made are so far from the truth that they must have arisen either from a misunderstanding of the facts, or from some personal grievance. Certainly this Institution offers many superior advantages, as its constantly increasing classes testify, and in its faculty are some of the best men in the medical profession.

*The International Homœopathic Convention in 1881* will assemble in London on July 11, and a cordial invitation has been extended to American physicians to attend. The undersigned were appointed by the American Institute of Homœopathy, a committee with full powers to make arrangements. In order to do this in the most satisfactory manner, it is important to know the approximate number of those who will attend. By communicating at once to one of the committee the names of such physicians as now intend to go and the number to accompany them, the work will be facilitated.

I. T. TALBOT, 66 Marlborough St., Boston.

WM. TOD HELMUTH, 299 Madison Ave., New York.

BUSHROD W. JAMES, 18th & Green Sts., Philadelphia.

Committee.

*Compound Oxygen Treatment at Home.*—You fill a two-drachm vial from bottle (No. 1), put it in inhaler and inhale for about three minutes twice a day. Take a dose from bottle No. 2 at night. That is the substance of the directions, but what are the remedies? The fluid through which air is inhaled is a chemical—an acid—about a 1 per cent. solution of *Sulphuric acid* we judge. It is effective, however, producing in one case decided exhilaration. The dose to take at night is evidently a decolorized or mild solution of *Potassium of Potassium* (ozonized water). The affinity of both of these agents for oxygen is very great, which is taken from the air and water from the manner it is administered, and not from the body as in the ordinary way *Kali* is administered. Under such circumstances the prostrating effects of *Potassium* is remarkable.

*Boston News.*—Our school opens well this year, and it would be hard to find a more studious, hard-working, earnest set than we have. The full three and four years course of eight months each, is each year, proving itself more satisfactory. I hope all our schools will come to it, and the sooner the better for the profession and the people. How about statistics in the west? Cannot we make a better show next year than we have done this? We need constant and hard work if we would prosper. Our next meeting of the Institute must be a grand one and we ought to have at least 500 new members added. What do you think of the volumes for 1880 and 1879 and then for the two volumes for 1876, also all in one year? Well, if our treasury don't get squeezed very dry, I miss my guess. I hope it can stand it. But we shall have a fair start next year. And then about the World's Convention in Great Britain, they are calculating on a big time.

I. T. TALBOT.



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Therapeutical Department.

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CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

CHAMPAIGN, Ill., Nov. 10.—We are having a few cases of diphtheria just now. *Phytolacca* has served me well in some cases. Other remedies were *Bapt.*, *Merc. bijod.*, *Merc. cyan.* and *Baryta iod.*

T. J. MERRYMAN.

CUYOHOGA FALLS, Ohio, Nov. 16.—We have had diphtheria here since last April. I have lost but one, and that a babe in May. Between thirty and forty children have died in spite of my Old School brethren's skill. My treatment has been during inflammatory stage, *Bell.* 3 and *Chlorate of Potash* alternated every hour, the *Chlorate* also being used as a gargle. Afterward have used *Kali bich.* 2c, or *Merc. proto.* 2, or *Lachesis* 30 if much swelling. Alcohol gargle has been of service sometimes.

H. W. CARTER.

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PRURIGO—CASE CURED BY RUMEX CRISPUS.

BY DR. H. BERNARD-HARDENPONT OF MONS, BELGIUM.

Ernest Clement, of Thien, agricultural laborer, sixty-five years of age, came to consult me on April 23, 1875, he being subject to *chro*

*prurigo* for the past three years, which has literally reduced him to despair. Patient is of sanguine temperament and of robust constitution. The most careful examination did not reveal any other morbid symptom or actual lesion than the *prurigo*, and there was no evidence of any diathesis.

General health good. The eruption was pretty well uniformly distributed in the various regions of the skin, with the exception of the face, which was exempt. But the *prurigo* was, however, more confluent on the upper extremities, and particularly on the lower extremities. The itching was rather formicating than burning; it was invariably aggravated by cold, and equally invariably soothed by warmth, especially in bed.

The most varied, and also the most energetic kinds of treatment of the Allopathic school, both internally and externally, had been absolutely in vain.

As the patient lived at a considerable distance from my residence, I prescribed, first, *Croton tiglium*, eight globules of the 12th dilution. (The high esteem in which M. Teste holds this remedy and also the formication led me, rightly or wrongly, to choose this remedy to inaugurate the treatment). Secondly, a week after having finished the dose of *Croton*, the patient took *Rumex crispus* in the same dose. This was suggested to me by R. Hughes' "Manual of Pharmacodynamics" in our French translation by Dr. Guerin-Menneville, which had just appeared. To my great satisfaction the patient soon returned to tell me that although the first remedy was of no avail, the second had been of immense benefit, and vastly ameliorated his condition.

However, on the 31st of May following, he returned in hot haste to tell me of its having again gone worse. I at once gave *Rumex crispus* 8-12 bis a fortnight apart, which promptly settled the matter.

Again, May, 1876, the *prurigo* reappeared, always with the same characters, and again yielded to *Rumex crispus*.

*Remarks.*—I have thought this observation worthy of publication, on account of the simplicity of the indication and the neat result. Besides it is a question of an affection that is often rebellious, and clinical proofs of the efficacy of *Rumex crispus* do not abound in our literature, at least as far as I know. Any way the above observations confirms the value of this characteristic of *Rumex crispus* — the itching is made worse by the cold and better by warmth.

I should like to take this opportunity of giving some of the best bibliographic passages as a contribution to the history of the internal Homœopathic treatment of prurigo. According to M. Jousset (*Elements de Medecine Pratique*) *Arsenicum* is the principal medicament. But for the itching *Sulphur* and *Lycopodium* are preferable; only we must bear in mind that *Sulphur* at first aggravates it. The itching of *Sulphur* is of the voluptuous variety, and is worse in the evening. The itching of *Lycopodium* is smarting, also occurring in the evening but particularly when the body is hot.

Kafka (*Die Homœopathische Therapie*) enumerates in the treatment of prurigo *Merc. sol.*, *Sulph.*, *Silicea*, *Iodium*, *Lycopodium*, *Mezereon*, and *Sulph. iod.* His indications for *Iodium* are these: Papules that are very apt to run together, or around which the skin is brownish, thickened, and covered with scales; irresistible nocturnal itching compelling one to scratch, and thus causing insomnia, ill-look, cachectic appearance, emaciation, and dyspepsia. *Silicea* succeeded in his hands in curing a case of *prurigo formicans* in which the patient, during the nightly itching, fancied that ants were crawling about under his skin.

*Mezereon* relieves when the nocturnal itching is burning and insupportable. Like *Lycopodium* and the *Iodide of Sulphur*, it suits the inveterate cases.

William Schwabe (*Lehrbuch der Homœopathischen Therapie*) considers *Merc. sol.* and *Ars.* as the grand remedies for prurigo; but he also enumerates *Iod.*, *Graph.*, *Sulph.*, *Lyc.*, *Silicea* and *Calcarea*. The medicinal treatment of prurigo is described by Ruddock, in his "Text-Book," as follows:

"*Aconitum*.—Furious itching all over the skin, with febrile symptoms.

*Sulphur*.—Severe itching attended with thirst and dryness of the skin; worse in the evening and in bed. This is generally a prominent remedy, and is frequently specific, especially in recent cases.

*Arsenicum*.—Itching with burning, or an eruption emitting watery fluid, like sweat, and attended with much constitutional weakness. It is most suitable in chronic cases.

*Ignatia*.—Itching of the skin of a fine pricking character, resembling flea-bites, and changing from one part to another.

Other remedies are sometimes required. *Merc.*, *Carbo veg.*, *Rhus*, *Mez.*, *Causticum*. Teste has succeeded best with *Causticum* and *Merc. sol.*"

I do not think it would be profitable to reproduce the arid nomenclature of Jahr, either from his "Special Treatise on Diseases of the Skin," or from his "Manual," as he does not try to render the indications for the remedies at all precise.

Espanet recommends for prurigo with diurnal itching *Lycopodium* and *Natrum mur.* (these would therefore rival *Rumex*).

We think it well in conclusion to note the symptoms of *Rumex* as given by Hale: "Itching in various parts of the body, especially the surface of lower extremities while undressing; stinging itching or prickling itching of the skin; itching of the vesicles when uncovered and exposed to cool air; eruption on the limbs of small red pimples. The eruption is produced by scratching; vesicular eruption, 'psoric itch,' eruption from wearing flannel."—*World*.

#### WEATHER PROVINGS AND DISEASE TENDENCY.

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

June, July and August have been remarkable for their protracted heat and dryness; the temperature was not so extremely high, but it was almost continuously warm.

The volume of rain-fall in June was 1.67 inches, July 7.74 inches, and in August 5.09. The prevailing direction of the wind during June was west, July and August it was southwest, which in this locality brings a warm, sultry atmosphere with its depressing influences.

During the latter part of May an intensely hot spell of weather, lasting four or five days, with the thermometer ranging in the middle of the day above ninety-five degrees, producing its customary effect of general debility and prostration; but strange to say, the mortality from cholera infantum did not materially augment as a result.

About the middle of June, however, as I have noticed for years, and this season occurring even while the weather was cool, pleasant, and bracing, cholera infantum and the summer diseases of children rapidly increased.

This tends to confirm a long-held view of mine, that in this disease as in several others, a season aggravation independent of the heat is quite a fixed rule. Then again, when the heat becomes intense at the

aggravation-period of the summer, a much larger increase of mortality attends such an occurrence.

This is not generally the fact when intense heat appears in the earlier part or much later in the season.

The general and most prominent disease-tendencies of the past summer were dysentery, hæmorrhage, diarrhœa, cholera morbus, renal, hepatic, gastric, cerebral and spinal diseases.

The autumn, as far as it has advanced (September and October), has been remarkable for its long-continued heat and for its dry weather, the total rain-fall for September being 1.10 inches, and for October 1.74 inches.

The prevailing direction of wind being in September northwest, and in October northwest.

The weather, as a rule, has been genial and delightful, with the exception of the early part of September, which was extremely hot, the nights being oppressive and uncomfortable, as well as the day time.

The most marked disease tendency during these two months has been an astonishing number of cases of intermittent and other malarial fevers, and this experience has extended generally over areas of country from the New England states down through the middle states and eastern portion of the southern.

My experience in atmospheric influence upon health is that *warm, dry* summers are more productive of malarial diseases than *warm, moist* ones, and in this view I am confirmed by the experience of my friend, Dr. George M. Ockford of Burlington, Vt., who formerly resided in a malarial district in New Jersey.

He is a close observer, and has also noted the fact upon several occasions. In the past I have observed that such seasons have been followed by a great deal of typhoid fever over large territories of country after the malarial diseases abated.

As the malarial influences are yet widely prevalent and predominant, it yet remains to be seen whether this fall and winter will be an exception to my former observations upon this point.

The winter promises to be a very cold one, and in all probability variola, diphtheria, scarlet and typhoid fevers will seriously affect our larger cities and towns, where the debilitating influences of the malarial poisoning at present has sway.

Cerebral, spinal and nervous diseases have during the past six weeks had quite an ascendancy in the disease tendencies, while influ-

enza, or catarrhal cold, has prevailed, attended with bronchitis, loose cough and coryza. While the "dengue" has been unusually prevalent in South Carolina and Georgia, and as far west as Louisiana and Texas, we in Pennsylvania and adjacent states have had this mild form of influenza.

Since this has been prevailing in the human race, the equine has had another light form of the epizootic epidemic. It commenced in the state of New York and swept southward and westward from thence.

The attack is very much lighter than the epidemic that passed over the country some seven or eight years ago.

The remedies found most useful recently have been *Eupatorium perf.*, *Bryonia*, *Belladonna*, and *Arnica*. *Allium cepa* seemed to have little or no effect on the influenza attacks. *Arsenicum* has exerted a considerable influence over malarial cases.

The dysentery cases were generally successfully combated with *Hamamelis v.* and *Merc. cor. sub.*

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## Surgical Department.

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### CURABILITY OF URETHRAL STRICTURE.

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

In the issue of this journal for October 15th, is reported a discussion occurring in the *Chicago Academy* meeting in September, upon the curability of urethral strictures by the internal use of remedies, in which some remarkable statements were made, both as to the remedies used and the possibility of curing such conditions by any means less radical than those employed by the operating surgeon. Until very recently I had no doubt as to the absolute incurability of organic, cicatricial stricture of the urethra, and have so stated in my *Surgical Therapeutics*. Recent experience has compelled a change of opinion, and I am ready to admit that if a *complete* cure cannot be effected by remedies alone, the treatment will be much facilitated by an intelligent application of the indicated remedy.

We may be much assisted in forming a plan of treatment, if we

thoroughly understand the etiology and pathology of the condition under consideration. I believe it is quite generally held, that urine is expelled by the associated action of the bladder, the expelling muscles, and the urethra itself. Any defect in either of the three, renders the accomplishment of the act correspondingly imperfect. If the urethra itself takes no higher part in this act than as a simple conduit or waste-pipe, a constriction that does not prevent the admission of a moderate sized catheter, should not oppose such a serious impediment to the flow of urine as we all know does exist. We find, therefore, that it is more than a simple diminution of calibre with which we have to deal, and it is the part of wisdom to seek for the cause as a necessary preliminary to a rational treatment.

Organic stricture is due to one of two conditions, either exudative thickening from chronic inflammation, or cicatricial contraction from ulceration. In extreme cases, impervious stricture in which the smallest instrument cannot be introduced, operative treatment is a primary necessity; more rational treatment must be employed later. Furthermore in these cases, which are notably exceptional, there can be no question that the impediment to the flow of urine is chiefly, if not entirely mechanical. In the ordinary form, it can be confidently stated, the embarrassment is not so much due to a diminution in calibre *as to a loss of muscularity*, the stream of urine having been forced to the point of stricture by muscular action from the bladder and associated muscles, with its force continually diminished by friction and loss of assistance from the urethral muscular fibres. It is on this account that we often find strictures with much difficulty in urinating, when a fair-sized catheter can be passed into the bladder without meeting the slightest resistance. Nay, more surgeons are familiar with cases in which the calibre of the canal is even greater than normal, but in which all contractility is lost. Hence the term stricture is only a generic term, and does not mean a literal constriction; it is retained in surgical nomenclature simply from habit, and want of a better word.

With this conception of the pathology, it seems impossible to conceive of a cure from purely instrumental treatment, and all authorities fortify the position and confirm the statement that a cure cannot be so effected. Whether we practise divulsion, dilatation, or anthrotomy, external or internal, the result is always the same, viz., failure, excepting that in impermeable strictures a passage is opened, and an opportunity afforded for completing the cure. Divulsion makes a

bad matter worse; the "cures" by dilatation are more than hypothetical, "the patient being directed to pass the sound, occasionally," as the stereotyped instruction goes.

Well, have we anything better? Most decidedly. My experience long since taught me to rely upon electrolysis as an almost certainly curative agent. It is essential to a *rapid* cure, that a proper galvanic battery be used; an ordinary induction machine will cure, but the time required is double that consumed with the galvanic instrument. This method has been referred to too frequently to call for extended notice at this time.

Within the past eleven months I have cured or greatly benefitted five cases of organic stricture treated by remedies alone. No instruments were used, except to make the diagnosis, and to mark the improvement from time to time. Each case was consecutive upon gonorrhœa, and were small enough to admit a No. 2 sound only with some difficulty. In each case gleet was a prominent symptom, which was changed into a purulent or muco-purulent discharge after a few doses of *Sulph.* 200. When this became established, *Silicea* 30 was given, a dose three times a day for a week, then twice a day for another week, then once a day, for a third week, followed by an occasional dose, say once in two, three, or four days, as long as any remedy seemed needed. When absorption once commenced fairly, all medicine was suspended, and a cure rapidly followed.

I was led to employ *Silicea*, not from any particular indications for its use, but from a knowledge of its effects on cicatrices on cutaneous surfaces. The difference, apparently, between a cure by these means, and dilatation or divulsion, consists in the permanency of the cure; it is a cure. It is still a matter of doubt in my mind, whether remedies induce a more lasting resorption of nodular tissue than galvanism. It will require much further experiment to determine this point, but these remarks are offered at this time for the purpose of strengthening the position of those who claim cures by the use of remedies alone.

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*Hydrocyanic acid* 3x proved curative in two cases of syphilis, which are reported by Dr. Croucher in *Monthly Homœopathic Review*.



*THE RADICAL CURE OF HERNIA.*

BY CHARLES M. THOMAS, M. D., PHILADELPHIA, PA.

(Continued from page 423.)

About this same period Le Blanc Sharp, and others, laid open the parts and stitched together the edges of the ring or canal, leaving the sutures till suppuration had set in. This operation has been in late years repeated, with slight modifications, in this country, by James Wood and S. D. Gross, with tolerable success.

For more than a century past, attempts have been made by various operators to obliterate the hernial sac by cutting into it and introducing foreign bodies for the purpose of exciting profuse suppurative inflammation, but they have been found very unsatisfactory.

Thus Bonnet, in the early part of this century, passed needles through the sac in such a manner, that by means of corks, with which they were provided, a constantly increasing pressure could be made upon its walls. Later Belmas introduced pieces of dried gelatin, with a needle constructed for the purpose, and left them there, in the hope of causing sufficient inflammatory action to close the sac.

Maesner passed threads through the neck of the sac and allowed them to remain for two or three weeks, and although he claimed this to be a radical operation, he nevertheless did not allow the patient so operated on to go about without a truss. The unusual number of fatal cases following this method soon brought it into disrepute.

Up to the present century, most of the operations, as has been shown, consisted in laying bare the sac by a dissection; but since that time the subcutaneous methods have taken the preference, and instead of exciting suppurative action in the tissues, the setting up of a simple adhesive inflammation was attempted.

Velveau was the first to employ subcutaneous injection of irritants into the sac, the idea suggesting itself to him from the success he had obtained by this means in the radical cure of hydrocele. The operation was done with a small trocar and canula, the latter having openings in the side.

Guerin and others sought a similar result in subcutaneous scarification of the sac, and although the risks were slight, but few cases of cure were reported.

The recurrence of the hernia after this and similar operations was so constant as to oblige surgeons to turn their attention to other

methods offering surer results. As experience had already taught that the organic plugging of the canal with the inverted hernial sac, as practiced by Petit and others, was not only ineffectual, but, as it required the dissection of the overlying parts, was a more or less dangerous operation, the idea of invaginating all the soft parts for the plug, was suggested by Gerdy, and in 1835 carried into effect by him. He describes the operation about as follows, it being of course applicable to inguinal hernia only: The viscera being carefully replaced, the scrotal tissues are caught upon the point of the index finger of the left hand and pushed as high as possible through the inguinal ring; then a threaded needle, with an eye in the point, is slipped along the finger until the point reaches the top of the invaginated tissues, when it is thrust through all the overlying parts and made to appear on the abdominal surface, and one end of the ligature is drawn out. The needle, without unthreading, is then drawn back till the point is again on the scrotal side, when, at a short distance from the first puncture, it is a second time thrust through to the abdominal surface. The other ligature end is then unthreaded and the needle withdrawn entirely. The ends of the loop so formed are then tightly fastened, while the inverted scrotum is thoroughly pushed up with the finger or a sound. A caustic application is now applied to the contiguous inverted scrotal integument, the object being to cause union of the raw surfaces, and so secure for the inguinal canal a firm organic plug.

The original method of Gerdy has since been much modified, both by himself and others, but the principle of invagination remains the same in all. In 1838 Wurtzer, of Bonn, Germany, considering that the simple adhesion of the invaginated scrotum to the neck of the sac was insufficient to hold the scrotum in place, endeavored to accomplish a complete obliteration of the invaginated anterior wall of the sac. For this purpose he had constructed a so-called *invagatorium*, consisting of two plates, one of which being passed into the inguinal canal, instead of the finger, is held in place by a long needle passed through it and the abdominal walls into the second plate, which is made so to articulate with the first that it lies immediately over it upon the abdomen, and by means of a screw the soft parts held between the plates are gently compressed until the included sac wall is obliterated.

Max Langenbeck and Valette went still further than Wurtzer, and by means of a greater pressure of modified plates and the use of

active caustics, produced an actual gangrene of the parts lying between them.

Other operations of a similar character have, from time to time been introduced, as, for instance, that of Wood, of London, and Agnew, of Philadelphia; but they are all only greater or less modifications of Gerdy's method, and have been attended by but little, if any better result. We have no knowledge of the number of cases cured by Gerdy, but it is well known that there were four fatal cases out of sixty-two treated by him; a mortality sufficient to cast it out from a place among recognized surgical procedures.

Owing to the discouraging results of these late attempts, the radical operation for a number of years fell into marked disfavor with the majority of surgeons, and no new method was offered to the profession until 1876, when Dr. Dowel, of Texas, brought forward his plan of circumclusion of the boundaries of the inguinal canal. After making sure that the hernia has been entirely reduced, he passes the index finger into the inguinal canal, carrying ahead of it the tissues of the scrotum. The only instrument used is a semi-circular needle, about three inches long, sharpened and eyed at either end, and carrying a heavy silk thread. This needle is entered about an inch and a half above the external ring, and passed *behind* the invaginating dex finger across the canal, and brought out on the opposite side near Poupart's ligament. Before the second point of the needle has left the tissues it is again made to cross the canal backwards, as it were, but this time in front of the finger, and reappears at the first opening or point of entrance. The needle is then unthreaded and withdrawn, leaving the ligature loop entirely encircling the canal, and the cord hanging from a common opening. A silver wire is now fastened to the silk thread, and as the latter is withdrawn, the wire naturally follows and takes its place. After a number of such stitches have been introduced, they are each firmly tightened over a compress of lint. They are all removed on the eighth day, and the patient allowed to go about on the twelfth. Dr. Dowell reports a large per cent. of cures in this way, but a longer period of observation will be required before a correct judgment can be formed as to the value of this method.

From the time of Velpeau to the present decade, the method by subcutaneous injection of an irritant or astringent fluid had been entirely without advocates, but a few years since, Schwalbe, of Germany, and Heaton, of Boston, revived the practice.

The former injected into the ring and tissues about it, a small quantity of alcohol, at intervals of five to nine days, and claimed for the limited number of cases treated a uniformly good result.

The *Heatonian method* consists in the hypodermic application to the ring and contiguous tissues, of a few drops of the fluid extract of *Quercus alba*, or white-oak bark. The operation was given to the profession by Dr. Warren, who was an assistant of Dr. Heaton. The latter, it is said, practised this operation for a long time as a secret method.

The instrument used by Dr. Heaton is the ordinary hypodermic syringe, the needle of which is provided with orifices on the sides, for the purpose of making a lateral distribution of the liquid.

The instrument has been variously modified by Drs. Warren, of Boston, Janney, of Philadelphia, and Dr. Garmo, of New York.

In performing the operation, the hernia must first be entirely reduced. A finger being then introduced into the inguinal ring, to act as a guide to the point of the syringe-needle, the latter is thrust into the abdominal walls until it lies in close relationship to the ring and canal, when by slowly screwing the piston home, about 10 minims of the extract is deposited in the tissues. A firm compress is now carefully bound over the parts, and the patient put to bed for a fortnight. Those who have practiced this procedure claim very good success from it.

The injection fluid is prepared as follows: Evaporate the fluid extract of white-oak bark to the consistency of glycerine. To this add an equal quantity of absolute alcohol, and to a half-ounce of this mixture add a half drachm of *Sulphuric ether* and two grains of *Morphia sulphate*.

A new epoch appears to have been opened for the radical cure of hernia, by the general introduction of Lister's *antiseptic treatment*, especially in England and Germany. The brilliant results attending its application to almost every department of surgery, has induced operators, particularly in the above-mentioned countries, to attempt to utilize it for the purpose of more safely reintroducing the old operation of Celsus and Heliodorus, which had been discarded more on account of the danger attending them, than because of doubt as to the correctness of the principles underlying them.

To Steele, of England, belongs the credit of having first applied the Lister method to this operation. In an article, published in 1874, in

the *British Medical Journal*, he gives the details of an operation upon an eight-year old boy, with a large congenital inguinal rupture, in which he freshened the columns of the ring, and drew them together with two catgut sutures without disturbing the sac. Recurrence took place six months after, when the operation was repeated. A year later there was no sign of return; the patient had, however, worn a truss since the last operation.

Since Steele's case, most of the reports of the Lister method have been from Germany. The operation has generally consisted in cutting down upon the sac, and where it can be emptied with certainty, it is ligated tightly at the neck with the catgut ligature or carbolized silk. The edges of the ring are then brought together with continuous or interrupted stitches, proper drainage is provided, and the wound of the integuments closed. The strictest antiseptic precautions are observed throughout, and the carbolized spray kept playing on the parts till the dressings are applied. In a number of cases the sac has been removed below the ligature at its neck, especially when it was found necessary to open it for the purpose of replacing its contents within the abdominal cavity. The time occupied in healing has varied from two weeks to two months; the average being about twenty-eight days. In many cases union took place without febrile reaction or other unfavorable symptoms, but in a few it has been complicated with abscess, sloughing of integuments, etc.

Out of about seventy cases reported since 1876, by Annandale, Nussbaum, Czerny, Socin, and others, there have been but one death and six recurrences. Many of these operations, however, have been done so recently, as to render it impossible to judge as to the true proportion of recurrences.

Within the past two years I have operated on three cases,—two of inguinal and one of femoral,—in this manner. In but one (inguinal) was the carbolized spray used. In each the sac was opened in order to replace viscera, and tied at the neck, but not removed. From three to five interrupted sutures were applied to the edges of the ring in each. Catgut ligatures were used in two cases; in the other carbolized silk. The temperature rose from two to three degrees in each, and suppuration took place in all. All recovered in three, six, and seven weeks respectively. My first case (inguinal) was done nearly two years ago, and recurrence took place five months later, but was easily held by a truss, which could not be done before the operation. The second and third have remained sound for five and seven months respectively, and without a truss.

The following conclusions may be arrived at after a careful study of the cases operated on by this method, up to the spring of 1879:

1. In strangulated hernia, both femoral and inguinal, after relieving the stricture and returning the bowel, the hernial sac should be ligated as high as possible, cut through below the ligature and removed entirely. As an additional precaution, the edges of the ring may be brought together with interrupted sutures. Every antiseptic precaution must be observed.

2. In irreducible hernia, and in the reducible variety when a truss will not properly hold it back, this operation for radical cure may be performed with but little risk to the life of the patient.

3. In inguinal hernia, a truss should be worn as a precautionary measure after the operation, except perhaps in young individuals. In femoral cases this will seldom be required even in adults.

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## Eye and Ear Department.

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### *MYOPIA—ITS VARIETIES AND TREATMENT.*

BY C. L. HART, M. D., OMAHA, NEB.

Read before the Nebraska Homœopathic Medical Society.

Myopia, (brachy-metropia) short measured vision, signifies a condition in which parallel rays are so refracted that they focus before they reach the retina, causing circles of diffusion on the retina, because the rays passing through the lens have crossed in the vitreous.

Myopia may be of two kinds, structural or organic, and functional. The former owes its origin to an increased antero-posterior diameter of the eyeball, especially at its posterior pole. This elongation is most frequently caused by a degeneration of the sclerotic. It was formerly supposed that increased convexity of the cornea was the cause of many cases, but careful observation shows a marked tendency to flattened cornea among myopes. The bulging near the optic disk in structural myopia is designated *posterior staphyloma*, and is only amenable to hygienic and optical measures; the latter by the use of concave glasses of just sufficient strength to correct the effects

of the abnormal elongation, by so diverging the rays passing through the several media, that they shall focus on the retina. It is conceded by some ophthalmologists that myopia is sometimes—though rarely—induced by conical cornea. These structural forms of myopia arising from either abnormal refraction of the cornea, or abnormal position of the retina, are to be corrected by observing the laws of dioptrics, (viz., the passage of rays of light through media of different refractive powers.)

Another and probably more frequent form of myopia, though perhaps in many cases slighter in degree, owes its origin to abnormal accommodation, the defect lying in the corpus ciliarus (ciliary body), the ciliary muscle, the active agent being in that state of tension found when the eye is accommodated for near vision. This increased refractive power of the crystalline lens produces the same effect upon vision as though the lens had its normal refractive power, but the retina upon which the image should impinge, was moved farther back as in case of posterior staphyloma.

The one form of myopia, the functional is caused by the increase of refractive power of the lens, through the influence of the ciliary muscle while the position of the retina is normal; the other, the structural form, has normal refraction of media, with abnormal position of the retina. Until quite recently myopia had been considered a hereditary disease, but careful observation among a large number of myopes, especially students, has given force to the opinion that in many cases it is induced by conditions favorable to its development, such as close application to study with insufficient light, or very fine print, or a stooped position of the body, or facing a strong light so as to greatly contract the pupil, or in using the eye for a great length of time, viewing a very small object, especially if these influences exist for a considerable period of time during youth, while the tunics of the eye are most susceptible to extraneous influences.

It is now generally conceded by many, that even structural myopia may be induced by constant and persistent use of the eyes under circumstances favorable to its development.

The increased action of the recti-muscles by compressing the ball in its lateral diameter must have a marked influence in distending it at its posterior pole where it is least supported. The support furnished by the four recti-muscles, which by their tendonous expansion nearly embrace the ball at its equatorial region supplemented by the capsule of Tenon, more than compensates for the diminished thick-

ness of the sclerotic in that region. This constant action day after day will have a decided effect, even upon fibrous tissue in early life. The frequent co-existence of muscular asthenopia of the internal rectus with myopia, adds weight to this opinion.

In the incipient stage of induced structural myopia, much might be done as a prophylactic by carefully considering the ætiology and correcting any condition tending to its production. In considering the treatment of structural myopia, the use of proper concave lens and the careful use of the eyes are a *sine qua non* and should never be neglected. But it is in functional myopia (that induced by the action of the corpus ciliarus on the lens) that Homœopathic therapeutics will win its greatest victories. In considering this form of myopia a moment's reflection will convince you that this increase in the refractive power of the lens is caused by its increased convexity especially at the anterior pole, but the opinion generally prevails that the lens is nearly passive, being acted upon by the ciliary muscle in varying its convexity.

In this form of myopia the refraction will be normal when the ciliary muscle is at rest, for then the refractive power of the several media are just sufficient to properly focus the image of the object upon the retina—if placed at a distance of twenty or more—and if the retina occupies its proper position, the vision will be emmetropic (or natural).

But if the ciliary muscle is in a state of increased contractility, whether from constant use for minute objects requiring close vision, as in reading German text or using the microscope, or reading a poorly illuminated page; or from some pathological condition causing tonic spasm of the ciliary muscle we find the presence of myopia. In some cases this function will assume the form of myopic astigmatism, induced by the abnormal contractility of the ciliary muscle only operating in certain meridians of the ciliary region, contracting certain groups of muscular fibres, but not affecting those in other meridians. This astigmatic condition may affect the eye only in its vertical meridian, or in its horizontal meridian alone, or possibly in one of its oblique meridians; then the use of remedies operating upon that meridian of the *corpus ciliarus* (if such remedies be known) supplemented by concave cylindrical glasses of suitable refractive power would correct the abnormality.

In the normal state of the crystalline lens, its vertical diameter



exceeds its transverse diameter just sufficiently to compensate for the increased transverse diameter of the cornea; but if some extraneous parietic influence operates upon the muscular fibres composing the vertical processes, so as to neutralize this compensation in the lens, we find the corneal refraction too great in its vertical diameter inducing myopic astigmatism of the eye in that direction—or more strictly speaking—hypermetropic astigmatism in the horizontal meridian; or if perchance the action upon the ciliary processes be in the direction of spasm, thus abnormally increasing the vertical diameter of the lens we shall find a case of horizontal myopic astigmatism, caused by the abnormally increased refractive powers of the lens in its transverse diameter. As this parietic or spasmodic influence may operate upon any of the ciliary processes which number about seventy or eighty and surround the lens on all sides; the direction of the astigmatism and its form depends upon what group of processes are involved and how they are affected. Our lamented co-laborer, Dr. W. H. Woodyatt, by his untiring industry had commenced the elucidation of this obscure subject, and discovered a few remedies acting upon the ciliary muscle in certain meridians and thus relieved some cases by therapeutic measures which formerly were considered only amenable to well selected glasses. If we had a few such men as friend Woodyatt, a rich mine of therapeutic wealth in ophthalmology would soon be disclosed.

In differentiating the two forms of myopia, the one arising from abnormal refractive power of the lens, and the other from abnormal position of the tunics especially the retina, I would suggest the instillation of atropia so as to paralyze the accommodation, and then we can the more readily determine how much the ciliary muscle contributes to the production of the myopic state; when we have neutralized the accommodation by the action of atropia, thus elimination of that element we shall have greatly simplified the solution of the problem, for we then have only to deal with the abnormal position of the retina, which can readily be measured (if it exist) by the trial of concave glasses. If we should chance to find abnormal refraction in any of the media (independent of the action of the ciliary muscle) the effects upon vision being identical with abnormal position of the retina the indications for treatment would be the same. One important point for us to consider in the examination of cases of functional or lenticular myopia is whether the action of the ciliary

muscle is uniform in the several meridians, for we may find myopic astigmatism in place of regular myopia.

I am of the opinion that it was in the functional form of myopia that friend Woodyatt received such favorable results from the action of *Physostigma*, and when we call to mind the value of *Calabar bean* in inducing myosis and spasm of the ciliary muscle from a strong solution instilled into the eye, we are forcibly reminded of the *truth* of our therapeutic law, *similia similibus curentur*, and would expect minute doses to relieve that form of functional myopia. Besides *Physostigma* there are other remedies very valuable in these myopic states.

*Lilium tig.* has a decided value in some cases, and from present data the inference is that it is in certain meridian that its action upon the ciliary processes is the most pronounced.

*Gelsemium* also is valuable in myopic states as is evidenced by its toxic effects upon vision under Allopathic administration.

The value of *Natrum mur.* and *Cuprum acet.* in parietic conditions, as well as the action of *Bell.*, *Hyos.* and *Stram.*, or their alkaloids, *Atropine*, *Hyoscyamine* and *Daturine*. In certain cases of paresis of the ciliary muscle, *Argentum nitr.* is very valuable.

In prosecuting a branch of study in which nearly all the literature is in the other school (as in diseases of the eye and ear) I fear we many times undervalue our therapeutic agents, and our own abilities in handling those agents and consign to the realms of surgery or crude local treatment cases which would more readily and permanently yield to well chosen constitutional measures.

One error that we should guard against most carefully in the treatment of all diseases is that we can find a *specific* for any particular pathological state. When we can add to our pathological basis a careful individualization of all the objective and subjective symptoms of a case we can hope to attain to the highest degree of excellence as therapeutists. Without this individualization we are on the same footing as our Allopathic brethren. Some idea of the fundamental principles of diseases of the eye should be acquired by every physician so he shall be impressed with the importance of sending eye-cases which are beyond the scope of his medical training to some one versed in that specialty instead of assuming to be thoroughly acquainted with cases of which he has no knowledge, and thus sacrifice a patient's eye to his inordinate greed as probably every ophthalmologist has seen instances of under his own observation.

## Consultation Department.

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### OZONE.

If "H." will read article *Disinfectant* in Nelson's Clinical Assistant he will get his answer.

### CHRONIC RHEUMATISM.

Can you or any of your readers tell me what will cure the *chronic rheumatism*? I have been using crutches for nearly four months, and have exhausted all my skill and patience of my neighboring M. D.'s, and I don't get any better. The entire muscular system tender; back of neck, right shoulder more so; knees are the worst of any, being slightly swollen; very sensitive to changes of the weather. The irritation preventing me from taking upright, regular steps, without the aid of my crutches. General atrophy of the muscular system; tongue coated white, yet *Bi-Carbonate of Soda* or *Potassic salts* don't seem to touch the case. A tendency to contraction of the flexors of the legs and fingers. Now will some one, or all of you help me out?

P. W.

### THANKS.

On March 15, 1880, and in Vol. XI., No. 6 of THE UNITED STATES MEDICAL INVESTIGATOR, I requested help through the consultation department in the conduct of a case. On April 15th, in Vol. XI., No. 8, D. A. H. responded with advice. I have used the remedies as advised, and now wish to return thanks to him and report the case cured. In No. 12, Vol. XI., p. 487, under Caption "Therapeutic Hints," by "M.," he suggests "*Rhus tox.*" I desire to state that *Rhus tox.* 8x had been prescribed, and not producing any good effect I ceased its use. I am sorry, however, I did not first try it in the 200th potency, as I have had splendid results from that potency of *Rhus* in chronic rheumatism and sciatica after the lower potencies of *Rhus* had failed to bring any relief.

J. FLETCHER.

### THANKS FOR COUNSEL.

I wish to extend thanks to the members of the profession for the kind response to my queries through THE INVESTIGATOR of May 16,

1890, in regard to my scurvy patients, and especially to Dr. J. F. Edgar for his recommendation to use *saur kraut* as I feel safe that they would have been benefited by it, but it could not be obtained here at that time. About the 1st of June I advised them to make a decoction from the root of water dock (*Rumex britannica*), which grows abundantly here, each patient to drink about a teacupful of the decoction daily. I also had them use freely of canned tomatoes, and gave at the same time the indicated remedy, viz., *Ars.*, *China*, *Merc. sol.*, *Rhus tox.*, etc. From this time on my patients began to improve, and in a few weeks all of them had entirely recovered. A young man in the family had an attack similar to the others. and was promptly cured by the use of the decoction and *Nitric acid* 3x.

J. L. SHORT.

#### CASE FOR COUNSEL.

Mrs. R., aged thirty-eight, is afflicted with functional palpitation connected with indigestion. Has been troubled two years with frequent sensations of smothering each evening in bed, commencing with a feeling "as if my breath is going out of me;" an uneasy sensation under the sternum; something seems to rise in her throat, fullness and uneasy sensation at heart, and an indescribable feeling of danger. "I can't tell how I do feel." Has palpitation worse after eating and overwork; occasional throbbing in pit of stomach; numbness generally of left but sometimes of right arm; occasional ringing of ears, throbbing of arteries of neck; sore feeling in her bones; chest feels sore; rests best on back during night, is worse on side (left or right). Is always constipated; hands and feet feel warm to her but are in reality always cold, while her knees are always warm but feel cold to her. Has an almost excessive appetite; has healthy complexion, and is entirely free from womb, lung, kidney or organic heart disease; lives happily with her husband; is regular in her menstruation, but always notices an aggravation of all symptoms especially of smothering attacks at time of menstruation. She complains more of her stomach than of her heart; an uneasy fullness and heaviness after eating; *Nux* 6, *Puls.* 6, *Lyc.* 6 have each in turn been tried with no relief. Please prescribe, diagnose and prognose. She has suffered with temporary strangury and nephritis some eight months ago, but I have believed it the effect of an overdose of an Allopathic prescription.

E. C. OHMART.

## ANSWERS TO DR. BIRD'S CASE.

I suggest *Hell*. First low, then high. It does not appear from his report that this remedy has been tried at all. WM. D. FOSTER.

Examine with the speculum, you will probably find congestion with ulceration of the os uteri, and impacted accumulation in the cæcum. R. W. NELSON.

In Dr. Bird's patient, page 364 of THE INVESTIGATOR, I should expect to find endo-metritis as the source of all the trouble. None of the mental symptoms are given so that the selection of a remedy is not as easy as it might be, yet the general drift of those that are given are so strongly towards *Sepia*, that I should unhesitatingly recommend it in the 30th or higher, with a good deal of confidence. If it should fail, *Murex*. J. D. CRAIG.

In answer to O. B. Bird's case for counsel, page 364-5, I would call his attention to *Zincum*, since his case is always worse during menses which is characteristic of this remedy, viz: "Violent inflammation of the eyes, without photophobia (during the menses)." "During the menses inflammation of the eyes." "A good deal of photophobia." "Obstinate constipation." "Stool hard, often crumbling and in pieces with pressure and clawing in the anus." "Hoarseness, respiration oppressed and difficult." "Coldness of the extremities." Here, I think, is enough to cause one to look at this remedy with a rather greedy look. *Apis* is another remedy that I would call the doctor's attention to for the ovary trouble after *Zincum* has done its work. E. L. ROBERTS.

## CASE FOR COUNSEL.

Mrs. J. Collins, aged thirty-two, always healthy till eleven years since. About two weeks before the birth of her first child she was taken with a pain in the left side of uterus which soon went to the head. At confinement she was attended by an Old School physician, who, she said, gave her nearly two pounds of *Chloroform* and *Erqot*. Next day after the birth of her child, the trouble in her head rapidly grew worse, and she became unconscious for three days, after which time she recovered and had no more convulsions for three years. Since the three years she has had vertigo, and none of her physicians have been able to tell why she has vertigo. Vertigo continued up to five years ago, at which time her second child was born; since then she has a constant pain across the abdomen and through the sacrum.

Menses regular, last one week, but painful. She now has light spasms at any time during night and day, and at the time of menses she has convulsions, and on regaining consciousness she seems to look or feel for something lost; after which she may begin to sing and so go about her work. Memory poor. The pain may begin in the feet or any part of the body which is of a squeezing nature and soon passes to her head, when the spasms again recur. She is of the nervous temperament, spare in flesh, cheerful, but says the spasms derange her mind. Bowels irregular; hands and feet very cold; has excessive leucorrhœa which she describes as being icy cold as it passes; a condition for which I can find no remedy. At such times she has dark spots over the body which appear as small pimples, turn black, and in three or four days turn green, and finally assume the natural appearance of the skin. The case has just come into my hands, and I would be very thankful if some of our experienced brethren will diagnose the disease and give the remedies most Homœopathic to the case. Some call it epilepsy and some say it is catalepsy. I wait anxiously for an answer. I used high and low dilutions.

J. H. GINLEY.

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## Hygiene Department.

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### *SOIL AND WATER POLLUTION.*

READ BEFORE THE AMERICAN PUBLIC HEALTH ASSOCIATION AT  
NEW ORLEANS, DEC. 7, 1890, BY MOSES T. RUN-  
NELS, M. D., OF INDIANAPOLIS.

There is no subject of greater interest to the people than that of health and the best means of obtaining it. Plenty of wholesome food, good air and pure water constitute the first essentials of right living. Any thing which contaminates these prime requisites admits a factor into the problem of life which seriously vitiates its result. To what extent agents of adulteration have injured the human family by disease and death we do not know, but the usual estimate made by sanitarians is, that nearly one-half of the existing diseases might be abolished, provided that individuals and communities should enter upon correct modes of living. In the United States over one hundred thousand persons die annually, and probably one hundred and fifty thousand persons are constantly sick from causes well known to be prevent-

able. Dr. Draper says the total number of deaths in Massachusetts during five years, 1869-73, from all causes was 156,289; of that number the deaths from zymotic or fermentable diseases comprised 26 per cent.; those from acute pulmonary diseases were 7 per cent.; and those from phthisis, 17 per cent. So that, if we include all these among the "preventable" diseases, the deaths from these causes represent one-half the actual mortality. It is estimated that the productive efficiency of the average life in this country might be increased 30 per cent.; or up to the normal amount by the proper observance of health laws. The annual mortality rate should not exceed 15 per 1,000 in cities under good sanitary management, but the tables of the National Board of Health show a greater mortality in almost every city of the country. Zymotic or preventable diseases are increasing in Indianapolis. From these diseases 443 deaths occurred in the city during the year 1879—over 32 per cent. more than in 1878—and if such a large number died, it is fair to calculate that twenty times as many persons were more or less sick from the same causes. Nearly 33 per cent. of the total deaths of the city last year were due to zymotic diseases. These facts should awaken the public to thorough search for the causes at work producing such a high mortality.

I believe, and it shall be my endeavor to prove, that the increase of zymotic diseases in the city is due in a great measure to causes easily preventable. Man, it is true, is born to sorrow; but many of these sorrows are of his own creation, or are due to his neglect of established principles. Having determined upon a thorough investigation, we need only to visit the premises, where typhoid fever, scarlet fever, diphtheria, and diseases of this class prevail, to obtain facts enough to solve the problem. Wherever filth abounds, whether in the air, the ground, or the water, there will be a fruitful soil for the propagation of fermentative diseases. To be convinced of the present and past filthy condition of the city, one should take a walk through any of the alleys at noonday, and inhale the foul odors arising constantly from sewers, cess-pools, privies and decaying animal, vegetable, and excrementitious matters thrown out from kitchens and stables. An examination of the kitchen and back-yard of a house is sufficient to prove one of two things, either that Bidley is "monarch of all she surveys," or that the family need a few practical lessons on sanitary science. The latter are sure to follow in time.

The increase of zymotic diseases in Indianapolis, is due largely to soil and water pollution. The conditions of the soil affect our health through the water we drink and the air we breathe. To effluvia from the soil, may be attributed, as stated by Parkes, paroxysmal fevers, typhoid fever, yellow fever, bilious remittent fever, cholera and dysentery. Waring accepts the theory of the dissemination of typhoid fever by fecal discharges of the sick, but gives as his opinion that the disease may be developed by exhalations of decomposing matters in dung-heaps, pig sties, privy vaults, cellars, cess-pools,

drains and sewers, or it may be due to the presence of the poison deep in the ground, and its escape in an active condition in ground exhalations. A cold soil, and a misty, chilly condition of the atmosphere are caused by large amounts of water in the ground; and persons living on such soil are disposed to catarrhal complaints, rheumatism and neuralgia. Dampness of the soil produces malaria and consumption, and their activity varies with the degree of moisture. The lowering of the ground-water in the malarious districts of Indiana, has greatly mitigated the paroxysmal fevers which were formerly so prevalent, and the general healthfulness of the state has been increased by drainage. The sandy soil underlying Indianapolis retains from 33 to 36 per cent. of water. A strong clay soil will not retain over 27 per cent. of water.

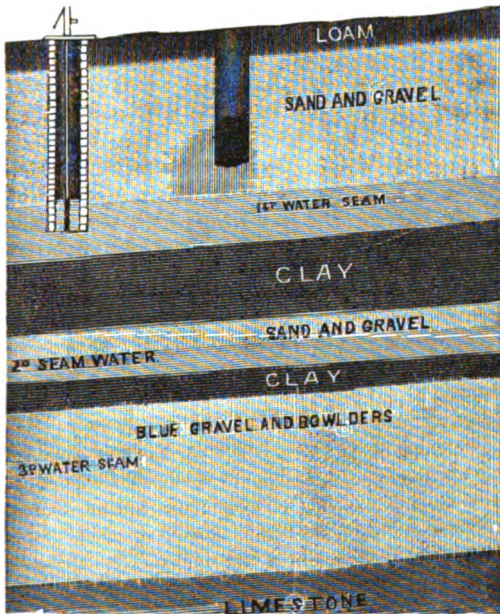
According to Pettenkofer, Ford and others, an excessive amount of water in the soil is injurious to health by the effects of dampness. It favors the decomposition of organic matter in the soil, and the evolution of unhealthy effluvia. The water is liable to become polluted, especially when it is the source of supply of water in wells used for drinking purposes. The soil is so damp in Indianapolis, that houses built close to the ground are known to be very unhealthy. At least four-fifths of all the houses in the city are too near the ground, to insure perfect immunity from dampness, and its blasting influences to health.

In the construction of dwellings, care should be taken to provide the most efficient means for excluding dampness from the foundation walls and basement floors; and the soil should be rendered drier by underground drainage. Fox says, it is very unwise to allow the soil close to houses to be defiled by filth; for the fires of a house creating a force of suction, draw into the house the air contained in the surrounding soil, as well as of that on which it is built. The popular impression, that the atmosphere ends where the ground begins, is a very widely spread delusion. Most soils are more or less porous. A house built on gravelly soil stands on a foundation composed of a mixture of two parts of small stones and one part of air. The air may give place to any gas or to water. Zymotic diseases have been known to arise from the emanations of soil polluted by excreta, and impurities from sewers and drains and all other filth. Poisoning by breathing the gases generated in sewers and cess-pools is not uncommon. In reference to this point, Dr. Jno. Simon says: "The ferments so far as we know them, show no power of active diffusion in dry air; but as moisture is their normal medium, currents of humid air (as from sewers and drains) can lift them in their full effectiveness, and if into houses or confined exterior spaces, then with their chief chances of remaining effective; and ill-ventilated, low-lying localities, if unclean as regards the removal of their refuse, may especially be expected to have these ferments present in their common atmosphere as well as of course teeming in their soil and ground water."



Indianapolis is in the bottom of a basin, the rim of which rises sixty or seventy feet all round it, east of White river; in some places as at Crown Hill to three times that height.

Let us now inquire into the condition of the soil of the city. We find that the general direction of the water trend is from northeast to southwest; that the water level in the wells near the Atlas works is thirty-five feet above the river level at the city water works; and that the waterfall is from fifteen to eighteen feet per mile. The formation of the ground beneath the city is attributed by geologists to the glacial drift of pre-historic times. From seventy to ninety feet below the surface the earth is built up of alternate beds of sand, gravel, and clay, and go to show that at some remote period running water with its leveling and transforming power, aided by the corroding force of the air, contributed largely to the geological formation which we find to-day.



After obtaining the distances through these various strata in the different parts of the city, an average is calculated in the following order:

Loam, three to four feet; sand and gravel, thirty to forty feet; blue compact clay (hard pan), twelve to eighteen feet; sand and gravel, five to ten feet; soft clay, one to five feet; and blue gravel and boulders to Devonian limestone, thirty-five to fifty feet. The first stratum of clay is very hard and tough, and for that reason is called "hard-pan." It has an inclination from the northeast to the

southwest of about thirty feet to the mile. The further north and east of White river, the less distance it is to bed rock. Occasionally below the "hard-pan" is found a small drift of soft clay, but this is not usual and does not extend very far in area; often in moving ten feet it is missed. The first seam of water is usually reached at a depth of seventeen to twenty-five feet; the second seam at fifty to sixty-five feet; and the third seam at seventy to ninety feet.

These various strata of water are all what is called "hard water." Prof. E. T. Cox states that "the first seam contains the largest amount of mineral water, principally calcium carbonate, magnesium carbonate, chlorides and ferrous sulphate. The amount of chlorine is so large, that its presence is due in a great measure to sewage contaminations. The second seam of water contains but little chlorides, but has about the same amount of calcic and magnesian carbonates as the first. It is a good potable water when properly protected from contaminations from the upper seam. The third seam of water is also a hard water, that is, its salts will decompose a portion of soap and form a curd; but it contains less carbonates and more sulphates of the alkaline earths, lime and magnesia." Inasmuch as the object of this paper, is to show to what extent the soil and water of Indianapolis are affected by pollution and the influence such pollution has on health, it is proper to state as nearly as possible, the sources from which the contamination arises. By the assistance of the former civil engineer of the city, the following estimate was made:

Area of Indianapolis (not including ground unimproved) 5,000 acres.

Within the city limits there are:

Surface dug wells.....	15,000
Driven wells.....	5,000
Open privy vaults.....	22,000
Privy vaults filled up.....	13,000
Cess-pools.....	10,000
Cess-pools filled up.....	5,000

The builders of the city state, that in the business portion of the city, it is not uncommon to discover from three to a half dozen old privy vaults, in making a single excavation for an ordinary building.

According to the above estimate which is considered very low, 50,000 privy vaults and cess-pools are constantly filling the soil with deadly poisons, and polluting the water of at least 15,000 surface-dug wells, which furnish drinking water to 50,000 people.

Not more than 6,000 persons drink water from the city water-works. and about 20,000 persons use water from driven wells and cisterns. It is a rule well established by eastern boards of health, that a dug well drains a circular area with a radius equal to twice the distance of the depth of the well. It has been ascertained, that a very large number of the wells of the city are situated within an average distance of less than thirty feet of cess-pools and privy vaults, while a great many are distant from them not over ten feet. Most wells are dug simply with the view of obtaining water and of having it as convenient to hand

as possible; the cess-pools are dug similarly, with a view to convenience except that the demand here is that the liquid contents shall readily drain away. Provided the well furnishes an abundance of water, and the cess-pool allows the liquid refuse to soak away, and on this account, seldom requires cleaning out, there is little concern as to what goes on unobserved beneath the surface of the ground. In the course of time the wellwater is discovered to be impure, after sickness, and perhaps death, have followed its use.

Wells situated on street corners in close proximity to the catch basin of the sewers, are extremely liable to pollution from leakage from the foul gutters and seepage from the catch basins.

A notable outbreak of typhoid fever occurred in Louisville, in the autumn of 1875, from the use of wellwater contaminated by a privy in an adjoining school yard. The water was found to be impure, and the well was condemned. "In the summer of 1878 some forty persons in Rochester whose supply of drinking water was derived from a certain well, were taken sick with typhoid fever and other zymotic diseases." The health officers closed the well and the people got water from other sources. They began to recover immediately.

"All authorities agree that any well situated within a few feet of a cess-pool or sewer should be regarded with grave suspicion, for the intervening soil may become overdone with filth at any moment, and cease to act as an efficient filter of the polluted water, and allow organic matter to enter the well; or animal filth may be washed into the well at any time by a hard rain."

A great many citizens of Indianapolis are drinking water exclusively from cisterns. It is difficult to estimate the number of cisterns within the city limits; but a great deal may be said in regard to the general unwholesomeness of the water they contain. Rain water contains a small proportion of chlorine, the amount varying with the condition of the atmosphere, and the purity of the shedding surface.

When pure rain falls upon a roof it carries down with it all the impurities accumulated there during dry weather; these soon putrify in the cistern, and infect the water.

The majority of the cisterns in the city are faulty in some particular—either proper care was not exercised in their construction, or the necessary repairs were not made in due time—and they are found to be seeping, or leaky. Sufficient attention is not given to keeping the cisterns well closed, and the result is that filth in large quantities is to be found on emptying them. During my examinations I have met with many cistern waters in the city so polluted by sewage infiltration, that an immediate interdict on their use appeared to be called for. Owing to the impurity of the soil, sewage matter finds its way into hundreds of cisterns, and contaminates the water. Many of our cisterns contain water rank with vegetable or animal impurity, and the contents of the greater portion of these are not above suspicion. Some of them are neither more or less than shallow wells, receiving more of their contents by percolation than by inflow above.

Last December 458 cisterns in Memphis, Tenn., were examined, with the following result: Sound, 209; seeping, eighty-two; and undoubtedly leaking, 167. In the total number, there were 249 condemned as unfit for use. To what extent these leaky cisterns contributed to the epidemic of yellow fever we cannot tell. The probability of sewage contamination in each instance was strong.

In the year of 1879 there were seventy-eight deaths from typhoid and typho-malarial fevers in Indianapolis. It may be stated as a probable fact, that our siege of fevers in 1879 originated and was afterward propagated in polluted drinking water, and ill-ventilated apartments poisoned by sewer gases, or in close proximity to foul and overflowing water closets and cess-pools. Forty-three per cent. of the total deaths in the city in 1879 were deaths of children under five years of age. Among the general causes of the high death rate of infants, may be mentioned poverty and ignorance. These two conditions existing in the parents, are great enemies of the public health, and are two important factors which go to make up this startling infantile mortality. But it must be conceded that typhoid fever, scarlet fever, diphtheria, measles, whooping cough and diarrhoeal diseases have been endemic in our midst as the result of foul air and polluted water. Deaths from these causes occur more or less at all ages, but distinctively more among children. The influence of filth causes the infants and young children to die at twice, or thrice, or four times their fair standard rate of mortality; and this disproportion seems to mark the young lives as finer tests of soil and water pollution than are the acclimated adults. The board of health of Indianapolis report that hundreds of cellars in this city are full, or partly full of water, the entire year; and that the increase of zymotic diseases is due largely to wet and damp cellars, as well as to the long continued and general practice of covering up foul privy vaults, after they have become full, to save the expense of removing the contents.

Being thoroughly impressed with the facts above enumerated, I commenced to make investigations. I employed a competent chemist, Mr. Jno. Hurty, to make sanitary examinations of water, and assist me in the work.

In the collection of samples of water, special care was exercised in regard to cleanliness and to avoid introducing any errors into our examinations. Below I give a tabular statement of the analyses of waters taken from surface dug wells in the city. Excepting the permanganate of potash test, the quantities are in one litre (22-100ths of an imperial gallon).

	TOTAL SOLIDS.	MATTER, ORGANIC & VOLATILE.	CHLORINE.	PERMANGANATE TEST.	ALBUMINOID AMMONIA.	FREE AMMONIA.	REMARKS.
Sample	Gramme.	Gramme.	Gramme.	Drops.	Gramme.	Gramme.	
1.	0.81	.090	.11	30	.0024	not obt'd	Very bad.
2.	1.061	.179	.06	24	.0015	.00009	Suspicious.
3.	1.28	.29	.115	38	not obt'd	not obt'd	Very bad.
4.	0.94	.181	.093	22	not obt'd	not obt'd	Bad.
5.	0.89	.065	.082	11	.0009	.00001	Suspicious.
6.	0.964	.088	.08	15	.0011	.0001	Suspicious.
7.	0.798	.178	.104	28	.00089	.00005	Very bad.
8.	.37	.025	.049	12	.0003	.0004	Suspicious.

In regard to the wholesomeness or unwholesomeness of water, Watt's Dictionary of Chemistry gives the following: "Water suitable for economical, technical or culinary purposes should not contain of solid constituents to exceed five-tenths of a gramme to one gramme per litre. Water containing one-tenth gramme per litre of organic matter is unfit for culinary purposes or drinking. Wholesome water should not contain of organic matter more than five-one thousandth to one one-hundredth gramme per liter. As a rule, water containing as much as one one-hundredth of a gramme of chlorine per litre may be suspected of being contaminated with drainage. Whenever in water the oxygen amounts to less than one-third of the nitrogen, and the water also causes a considerable reduction of permanganate of potash, the presence of decomposing organic substance is probable. The capability of water to remain for some days at a temperature of about 22° C, without undergoing decomposition is of great importance in reference to the question of wholesomeness."

The permanganate of potash test given above was as follows: The test solution was distilled water, one litre, and permanganate of potash, one gramme. Of this solution, the number of drops required to render fifty cubic centimetres of the water under examination permanently red, were reported. It should be understood that the same quantity of distilled water required but eight drops of the test solution to become permanently red.

The first sample of water was taken from a well where fourteen persons were simultaneously attacked in December last by typhomalarial and diarrhoeal diseases. All had been drinking water from this well, and had it not been for the timely help of the physician who condemned the water,

#### SERIOUS RESULTS WOULD HAVE FOLLOWED.

On examination the cess-pool was found to be connected directly with the well by a pipe, and when the cess-pool became full, its contents regurgitated into the well. The Board of Health examined the premises, condemned the well and ordered that both privy vault and cess-pool be cleaned out without delay. I understand that it is quite common in this city to connect the cess-pool with the well by a pipe so that the waste water may be readily conveyed away; but if people knew the danger to be feared from such an arrangement, greater

care in the construction of drains would be exercised. Hundreds of cases might be related where in houses fitted with all that taste could desire, and gold procure, a siphoned trap, or in the absence of a trap, an imperfect joint, or an old brick drain, or riddled soil pipe, defects easily remedied if known to exist, have undermined the health of adults and slain the little ones. In the first sample a large quantity of animalculæ were revealed by the microscope. Fox states that "the existence of animal life in a water affords good evidence in itself of the presence of a very sensible amount of organic matter, *alias* filth. These little creatures feed and flourish on what we call organic matter, and in perfectly pure water they cannot live. A perfectly pure water contains no suspended matter nor any animal or vegetable life. The ova of the round and the thread worms, the eggs and joints of the tapeworm and small leeches, which may give rise to grave disorders, should not be forgotten in making microscopic examinations of drinking waters."

Good water is both a necessity and a priceless blessing. Foul water is a scourge and a messenger of death. No one except a brute would hesitate which to choose if he could tell one from the other. It is only with the grosser pollution of water that chemists can apply their science. Infinitesimal pollution cannot be estimated by the skill of any chemist. It is the careful physician who decides more accurately in regard to the purity of water than the chemist. Sir. Benj. Brodie in speaking of the detection of infinitesimal pollution says: "I think you have a much better chance of getting at these relations through accurate medical statistics, properly applied, than you have through chemical analysis, because chemical analysis is one of the poorest things possible to reach those delicate quantities. You cannot get at these small quantities at all; chemical analysis must be limited by our power of weighing and measuring. It may go on to a certain point, but we cannot go beyond that point."

The well from which the second sample was taken, was within twenty-five feet of a privy vault twenty feet deep. Several families used water from the well. Two cases of

#### TYPHOID FEVER DEVELOPED

in one family, and all the persons who drank the water were constantly ailing. The third sample was taken from a well where four cases of typhoid fever had occurred. A thorough search had been made for the cause of the trouble. The well water had been suspected and was condemned by the attending physician.

Seventy feet from the wall there was a privy vault overflowing. Another vault was within twenty-five feet of the well. To the effluvia from the former was attributed one case of typhoid fever. The stench was so great at night that not even the windows in the upper stories of the houses in the neighborhood could be kept open. People living near had sore throats, malarial fever and diarrhoeal disorders.

The fourth sample was obtained from a surface-dug well, from which the inmates of the State Female Reformatory were supplied with drinking water. Since the first of last August thirty-nine cases of well defined typhoid fever, and thirteen milder cases of the same disease appeared in the Reformatory. The attending physician attributed the outbreak of the fever to the water from the well. After a thorough chemical examination of the water, the well was condemned and filled up, and the water supply now comes from a driven well.

It is worthy of remark that the persons attacked by typhoid fever, had been daily drinking the foul water from the well until the appearance of the fever; that the immediate surroundings of the well and the sanitary condition of the building were good, and that no direct cause of typhoid fever outside of the well could be discovered.

The fifth sample was taken from a well which supplied a family of six persons with water. Diarrhoeal troubles,

#### SYMPTOMS OF TYPHOID FEVER,

sore throats, etc., were not uncommon, and the family physician was frequently consulted. One privy vault forty feet north from the well was full. Another privy vault was fifty feet northeast of the well. The contents of the vaults undoubtedly contaminated the well water to some extent, and of course the evil would be increased with time.

The sixth sample was drawn from a well on the south side of the city. No privy vault or cess-pool is located within fifty feet of it. To all appearances the surroundings are good. The well water has been used for drinking purposes for several years. One person in the family had typhoid fever three years ago, and malarial and bilious attacks have annoyed the other members of the family frequently.

The seventh sample was obtained from a well from which three cases of typhoid fever had previously been supplied with water. The attending physician attributed the development of the disease to the unwholesomeness of the water.

The eighth sample was obtained from one of the wells at the water works.

The following table gives the analyses of waters from *driven wells* extended below the first or second stratum of clay. These wells are located in different parts of the city. Excepting the permanganate of potash test, previously explained, the quantities are in one litre.

	TOTAL SOLIDS.	MATTER ORGANIC & VOLATILE.	CHLORINE.	PERMANGANATE TEST.	ALBUMINOID AMMONIA.	FREE AMMONIA.	REMARKS.
Sample	Grammes	Grammes	Grammes	Drops.	Grammes	Grammes	
1.	0.400	.012	.008	10	.000045	none	Good water.
" 2.	0.586	.028	.004	12	.00005	none	Good water.
" 3.	0.099	.047	.026	9	none	none	Excellent.
" 4.	0.496	.08	.006	10	none	none	Excellent.
" 5.	0.454	.069	.028	9	none	.0001	Excellent.

I have in my possession partial and complete analyses by Prof. E.

T. Cox, of waters from nine other driven wells in the city. The analyses show that these wells furnish good potable water.

The occupants of large buildings are often supplied with water from tanks on the upper floors. If the tanks are not properly constructed and well inclosed, the water pumped into them may be contaminated at any time by impurities.

Given below are analyses of waters drawn from tanks in large blocks.

The quantities are in one litre

	TOTAL SOLIDS.	MATTER ORGANIC & VOLATILE.	CHLORINE.	FREE AMMONIA.	ALBUMINOID AMMONIA	REMARKS.
Sample 1.....	Grammes 1.032	Grammes .14	Grammes .09	Grammes .0004	Grammes .00012	..... Bad.
„ 2.....	.554	.089	.075	.00015	.00009	..... Good.

One person who lived in the former block died of typhoid fever, and many others had sickness from the use of the water.

The question of drainage and water supply of cities, should take the precedence of every other question, for upon its proper solution depends thousands of lives. Those in authority should understand its importance, and feel the pressing necessity of more thorough sanitary work. Hygiene is not only a subject of scientific interest to the medical man, but its problems and discoveries ought to be of great practical importance to political economists and legislators, who usually occupy themselves with subjects which benefit the common people very little. It appears that the best engineering talent, and great amounts of money, have been employed, to furnish cities and towns with *inexhaustible supplies of water without sufficient regard to quality.*

To economically furnish water in ample quantity, is an object of great importance; but it is of more consequence that the water obtained is not contaminated by sewers, cess-pools, and surface drainage to such an extent that disease and death shall be scattered broadcast; among those who drink the water. There are those who claim that a small proportion of sewage in drinking water does not necessarily prove deleterious to health.

The English Rivers' Pollution Commission published conclusions based on the examination of some two thousand samples of water claimed to be drinkable; condemning river water because it is liable to contamination from drainage of cultivated land, towns and manufactories. According to their decision "the admixture of even a small quantity of the infected discharges (of persons suffering from cholera or typhoid fever), with a large volume of drinking water, is sufficient for the propagation of those diseases among persons using such water."

Dr. Folsom, in the report of the Massachusetts State Board of Health, states that "excessive dilution simply diminishes the chances of danger from any particular tumblerful." To show how disease may be transmitted in dilute sewage and that disease germs are not exter-



minated by diffusion through a large body of running water, Dr. E. D. Mapother, of Dublin, reports forty cases of typhoid fever occurring in a hospital which received its supply from a river. The cause was traced to some barracks twenty-five miles higher up, from which typhoidal dejections had been emptied through drains into the river.

The following classification of drinkable waters which was made by the English commissioners, should be received by us as entirely trustworthy.

*Wholesome*—Spring water, deep well water, and upland surface water.

*Suspicious*—Stored rain water, and surface water from cultivated land.

*Dangerous*—River water to which sewage gets access, and shallow well water.

The fact that foul water will breed disease, should no longer be ignored. The citizens of Indianapolis have been drinking water from the city water works not above suspicion, and it is about time that the pollution of the water by filth should excite public attention.

Below I give analyses of samples of water drawn at different times and places from the faucets of the city water works.

The following report is from Prof. Thos. C. Van Nuys, of the State University.

BLOOMINGTON, Ind., May 10, 1880.

The water you sent on Thursday was received on Friday evening. The following is the report of my chemical and microscopic examinations:

In one litre (1,000 cubic centimetres).

Nitric acid anhydride, N <sub>2</sub> O <sub>5</sub> .	10.72	milligrammes
Ammonia, NH <sub>3</sub> ,	0.05	"
Carbonic acid anhydride, CO <sub>2</sub> .	0.439	gramme.
Calcium oxide, Ca, O,	0.148	"
Magnesium oxide, Mg, O,	0.04128	"
Chlorine,	0.09218	"
Degree of hardness (English)	25.7	

The organic matter in 100 cubic centimetres of the water required 3.11 cubic centimetres of the 1-100 normal solution of potassium permanganate to oxidize it; therefore one litre of the water would require 31.1 cubic centimetres of the 1-100 normal solution K Mn O<sub>4</sub> to oxidize the organic matter. In 31.1 c. c. of this solution there is 0.0098 gramme K Mn O<sub>4</sub> or 0.0247 gramme oxygen liberated. I would remark here that there is no method of estimating the exact quantity of organic matter in water. The method of estimating the carbon and hydrogen by combustion analysis (Frankland and Armstrong's) has been found defective,—also the methods based on the estimation of nitrogen and reduction of silver oxide. The method employed in this case (Schultze's) is the most reliable, and yet not all the organic matter is oxidized, for some is volatilized in boiling.

I found the following infusorial animalculæ: *Stylonchia pustulata*, *actinurus neptunius*, *rotifer vulgaris*, *monostyla quadridentata*, *navicular baltica*.

I give here the magnified pictures.



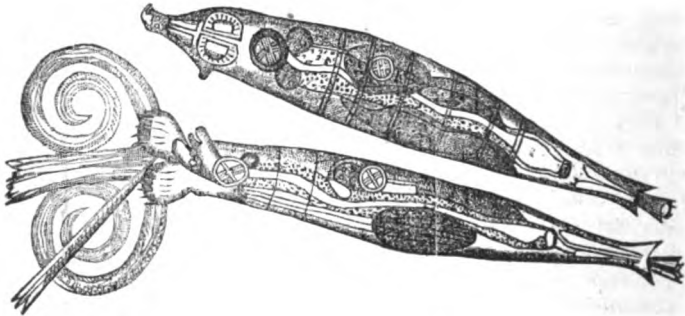
*Actinurus Neptunius.*



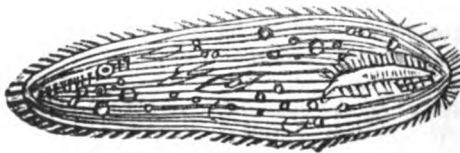
*Navicula Baltica.*



*Monostyla Quadridentata.*



*Rotifer Vulgaris.*



*Stylonchia Pustulata.*

The Grenzzahlen liminary numbers are of E. Reichardt, Kubel, and Tiemann and Fischer.

One litre (1,000 cubic centimetres).

	REICHARDT.	KUBEL AND TIEMANN.	FISCHER.
Nitric acid anhyd...	4 milligrammes.	5 to 15 milligramm.	27 milligrammes.
Chlorine.....	23 ..	20 to 30 ..	35 ..
Lime (Ca. O.).....	..	..	112 ..
Magnesia (Mg. O.)...	..	..	40 ..
Degrees of hardness (German).....	18 ..	18 to 20 ..	17 ..

This water contains in milligrammes per litre: Nitric Acid Anhyd. 10.72; Chlorine, 92.18; Lime, 14.8; Magnesia, 41; degrees of hardness (German), 20.596.

The liminary quantity of organic matter in 100 c. c. should not exceed that necessary for the deoxidation of  $K Mn O_4$  in 2 c. c. of the 1-100 normal solution. This is given by Fresenius. For 100 c. c. of this water 3.11 c. c. of the 1-100 normal solution was required. The organic matter in the water is considerable, yet is no doubt variable in quantity. On account of the quantity of the organic matter, by exposure to the air doubtless many other species of infusoria would be formed. The water is hard and by chemical technologists would be condemned, as with them 10 degrees German, or 12.5 degrees English, is the limit.

The ammonia is in a mere trace, yet accurately estimated as given. Nearly all rain water contains more. I have estimated the chlorine in water sent on thursday last (by the volumetric method), and found 0.05992 gramme chlorine in one litre. This makes a difference of 0.0322 gramme chlorine as found in one litre of the water of the first bottle sent. In what way could there be such a great increase or rather decrease of the chlorides? Are there any privy vaults or slaughter houses near the source of the water? May I ask where this water was obtained?

In a letter of March 12, 1880, Prof. E. T. Cox gives the following: "I fully believe that whenever any form of disease rages as an epidemic in any locality, it is due in a large measure to water pollution. The three streams of subterranean water beneath Indianapolis, flow from northeast to southwest. Wells that are supplied from the upper water, contain more and more chloride of sodium (common salt) as you go to the south part of the city, and this is absolute proof of sewer-pollution, and all the well water from the first and second seams is absolutely dangerous, and its use should be prohibited. The lower stratum is safe if the upper seams are shut off from it. When water works were first contemplated at Indianapolis, I was called upon for information, and had my advise been taken, you would now have the best possible water, instead of water of doubtful character, to use the mildest term." On the 20th of March a sample of water was obtained from the water works for examination. The analysis showed in one litre,

Total solids, . . . . .	.985	gramme
Organic and volatile, . . . . .	.08	"
Chlorine, . . . . .	.055	"

Fifty centimetres of the water required fourteen drops of the permanganate of potash solution to render it permanently red. The same amount of distilled water required but eight drops. The microscope, with a lens of 100 diameters, revealed considerable vegetable matter.

(To be continued.)

## Book Department.

All books for review must be sent to the Publishers.

**APHTHALMIC AND OTIC MEMORANDA.** BY D. B. ST. JOHN ROOSA; M. D., & E. T. ELY, M. D. New York: W. Wood & Co. Chicago: W. T. Keener. For sale by Duncan Bros.; \$1.00.

This is a condensed little pocket memorandum book on the sciences named, giving a compact description of the diseases and their "regular" treatment.

**SEA AIR AND SEA BATHING.** BY J. H. PACKARD, M. D. Philadelphia: P. Blakiston. Chicago: Jansen, McClurg & Co., Duncan Bros. 50 cts.

This is volume XI. of the series of American Health Primers and is designed for popular readers. We are pleased at the sound, practical sense here found, as well as disappointed that Allopathic prescribing should come to the surface so often. Notwithstanding the book is interesting and valuable.

**A PRACTICAL TREATISE ON SURGICAL DIAGNOSIS** designed as a manual for practitioners and students. BY A. L. RANNEY, A. M., M. D. New York: W. Wood & Co. Chicago: W. T. Keener; Duncan Bros. Second edition enlarged and revised; pp. 472; \$3.00.

This book contains a clear, compact analysis of diseases of the bloodvessels, joints, bones, male genitals, abdominal cavity, tissues and outline of dislocation and fractures. Following each description are elaborate differential diagnoses. The work looks more like skeletons of lectures expanded with large type and blank spaces into this overgrown volume. Still these charts are often of great convenience.

**THE MEDICAL RECORD VISITING LIST OR PHYSICIANS' DIARY FOR 1881.** New York: W. Wood & Co. Chicago: W. T. Keener, Duncan Bros.; \$1.00.

This diary is arranged for thirty patients each week on one page

and on the opposite page are blanks for "charge" "page of ledger" and "special memoranda." In the back of the book are pages for consultation practice, obstetric engagements and practice, register of deaths, nurses addresses, address of patients and cash account. In the front of the book are doses, etc., of value to "regulars." Here we find the singular statement that "at six years the child has altogether *forty-eight teeth!*" Chicago children at that age have only twenty-four teeth. This is a very convenient record for those that prefer this kind.

IS CONSUMPTION CONTAGIOUS AND CAN IT BE TRANSMITTED BY MEANS OF FOOD? BY H. C. CLAPP, M. D. Boston: Otis Clapp & Son. Chicago: Duncan Bros.; 12mo.; pp. 179; \$1.25.

The facts here collected go to prove that "consumption is contagious." It was generally believed years ago that phthisis was contagious, but the fact that this belief is now lost sight of or doubted, is strong evidence that the average observation of the profession is against this view. That consumption is hereditary and may be developed under adverse circumstances is generally admitted. If consumption is contagious hundreds of cases ought to be at hand to prove it, especially at such resorts as Florida, Minnesota, Colorado, California, North Carolina, Georgia, etc., as well as throughout the east where more cases of consumption are met than elsewhere. Back of the question of contagion is (1) what is consumption, and (2) under what circumstances is it developed? Again the question will arise are not the cases reported to confirm the contagion idea rather ones of septic poisoning than communicate consumption? (Vide experiments with rabbits and diphtheritic virus.) The book, however, is an interesting one and should be extensively read.

A PRACTICAL TREATISE ON NASAL CATARRH. BY J. B. ROBINSON, M. D. New York: W. Wood & Co.; 8vo.; pp. 182.; \$1.75.

This is a practical work and treats of the various forms of nasal catarrh. The treatment, we are sorry to say, is the severe regular form, and little can be learned from it. If this writer had known of the value of *Aconite*, *Arsenicum*, *Nux*, and many other Homœopathic remedies, he would have prepared a more valuable work. Local expedients may work in chronic cases in adults, but in children a drop of oil in the nostril and the indicated remedies (see Coryza and Catarrh in Diseases of Infants and Children) are all that are needed. The author seems to be acquainted with *Nux vom.* for he says: "The

tincture of *Nux vomica*—another remedy first vaunted by the Homœopaths in the treatment of coryza—I have not found of the slightest use in the acute form of this disease.” Who recommends the tincture? Of course tincture of *Nux vom.* is of no use in the acute form. It is when the disease is well established and the nose is dried up at night but has a free discharge in the morning. Homœopaths, this author should know, do not recommend any remedy for any form of disease, only for certain symptoms of that disease. There is one value to special treatises that should be recognized, *i. e.*, a more full and careful analysis of the various forms of the disease.

**THE FEEDING AND MANAGEMENT OF INFANTS AND CHILDREN,**  
 BY T. C. DUNCAN, M. D. Chicago: Duncan Bros.; \$2.00.

One of the results of such a general diffusion of knowledge as now exists, is the breaking down of that distinction which once existed between the so-called learned professions and the common people. The sympathies of the public at present, are decidedly with that style of thought which looks to the practical and the useful. The tendency to make everything bend to the *wherefore* has cultivated a boldness in discussion that leaps over all boundaries and precedents. The pupil disputes the proposition with his teacher; the man of trade feels able to discuss a point of commercial law with his lawyer; the pew has become as wise as the pulpit, and the *patient* even has become *impatient*, and is asking the doctor what medicine he is taking. There is some reason for this. Probably no scientific pursuit has been so wrapped up in a seeming mystery as the medical profession. Its technical terms have been untranslatable and explicable; its commonest remedies abbreviated, and mystified by a dead language, and it is not long since we saw in the city of Chicago a prescription sent to the druggist with directions for its use, wholly written in Latin. Any man, therefore, of well known scientific attainments, and eminent in the profession of medicine, who writes a book for the express purpose of bringing into the light what was before in the fog should be considered a benefactor, and the work should receive the consideration which it deserves.

These reflections have been suggested from the perusal of a volume entitled “The Feeding and Management of Infants and Children and the Home Treatment of their Diseases,” by T. C. Duncan, M. D., editor of **THE UNITED STATES MEDICAL INVESTIGATOR**, consulting physician to the Chicago Foundlings’ Home, etc. It is

divided into six parts, and no clearer idea of the plan of the work can be given than by stating the topics discussed in each, which are the following: The Management of Children; the Diseases of the Digestive Organs; the Respiratory System and Heart Diseases; the Brain and Nervous System; Cutaneous System and its Diseases; the Form and Its Deformities. These are divided into twenty-eight chapters with topics too numerous to mention.

We have often thought that the practice of medicine commenced at the wrong end. Instead of attempting to cure diseases after they occur it should strive to prevent them before they appear. The practitioner would then be compensated by each family or individual for keeping them well, as well as curing them when they were sick. In perusing this work it has constantly recalled that thought to our mind, and is the great attraction of the book. The first part including such subjects as, Management of the New-born; Maternal Feeding of the Child; Food Needed for Different Children; Artificial Feeding of Children, etc., to young mothers must be invaluable. Said an elderly lady with a sigh, who had reared a large family "Why could not such a book have been written thirty years ago?" The first sentence in the preface clearly states the character and object of the work. "The work is a collection of facts relating to the study, feeding and management of infants and children, and the home treatment of their more common diseases, woven together by the author, as replies to the many questions that occur to mothers in the care of their little ones." The subject of artificial food for children during their different ages is elaborate, able, and exhaustive. No extracts can be given, it must be read. The scope of the work precludes rhetorical adornment, but the style is clear, forcible, and sometimes picturesque and elegant. Take the following on an infant in health; it is like a picture. "We will study the little cherub while it sleeps. Its face is normal and plump; its skin soft and rosy. The lips are full and slightly separated, and we can just see the tip of the tongue, which we find resting in the roof of the mouth. The nose is short, flattened, with well dilated nostrils. The eyes are closed and nearly buried out of sight by wrinkles of fat. It has little use for its eyes at present. The ears are small and compressed tightly to the head. Their use is not yet developed. The forehead may be small and rather flattened, while there may be the slightest excuse for hair on the top of the head. As it lies cuddled in its mother's arms, help-

less innocence, all hearts are won towards it." The chief merit of the work, however, is its plain talk as at home in the household. There is an air of sincerity and an absence of professional egotism that ensures our confidence and chains our attention; and we read the book through, feeling that we have had a plain talk with an old friend who knows considerably more about what he is writing, than we do ourselves (which is a difficult thing for some people to admit on any subject) and resolve to follow his advice. When an author on such a topic in such a quiet way, accomplishes such a result, he has won half the battle. We must close with a few quotations illustrating the above statements. The subject is, "The Voice and its Management. The child should be trained by the mother to speak plainly and distinctly. *Baby talk*, so cunning, should be forgotten as soon as possible. A full, round voice in a boy or man is very desirable as well as a sweet, clear voice in a girl or woman. Special care should be taken with boys' voices about the time when they are changing, when the vocal muscles are lengthening. Slow, distinct speech should be especially insisted on. The mother should take great pains in developing fine, distinct voices in her children. They imitate the voices they hear constantly." Again, in the chapter on Muscles, Uses and Abuses. "Defective awkward walking arises chiefly from children striding too far. The regular, stately tread of the soldier is only eighteen inches. A short, quick step is beautiful in a girl, but it should not be too short, as the muscles will be so short that a waddling gait will be the result. A long step will produce a flat foot and a rocking gait, while if it be too short the foot will be high in the instep. A medium step should be taught the child as that will ensure a beautiful and graceful carriage." In chapter second, on the Bony Frame and Disorders, we find the following: "Cramped feet very often result from carelessness in allowing a child to wear shoes when they are too small. Few people realize how fast children's feet grow. The shoes should be broad and wide. There is something of a heathen admiration for small feet, especially in the case of girls. It is a good thing to allow children to go barefooted, especially if the feet are thin. Untrameled by shoes, stockings, or garters, the muscles, bones and ligaments of the lower extremities will soon be well developed. One summer will do wonders for such delicate cases. When cold weather comes these extremities should be protected." It has an excellent index which makes it very valuable as a book of reference.

A. W. HARTUPEE.



## Medical News.

*Died.*—November 24th, Mrs. Eggert, wife of W. Eggert, M. D., of Indianapolis. Our readers sympathize with the doctor in this his great bereavement.

*Singular.*—While Homœopathic literature abounds in fair and full quotations from Allopathic sources, the favor is not reciprocated. The historian of the future will recognise this as one of the medical monstrosities.

*Dr. W. R. McLaren* writes: "Your old neighbor improved in health has settled in Detroit. I find the brethren open-hearted, pushing, energetic men, especially Gilchrist of surgical fame. During my two years in the east, I gave especial attention to pulmonary diseases, and propose making this a specialty."

*Homœopathic success.*—Of the thirty-eight Homœopathic hospitals in this country, thirty report 1,682 beds, which provided in the last year for 4,959 patients, with a mortality of 367—only about 2½ per cent!—*Bureau of Statistics, American Institute of Homœopathy.* Let the friends of Homœopathy get that published far and near.

*Health Lift for Pregnant Women.*—Dr. Bayard (Organon) dilates on the value of the health lift for parturient women. He cites several cases benefitted by this vigorous form of exercise. Muscular tone is what is needed in many cases, and for fashionable women the health lift will be a convenient and efficient mode of exercise.

*Encouraging.*—"The development of a scientific spirit among Homœopaths means the inevitable extinction of its transcendentalism."—*Medical Record.* It does does they? We affirm that Homœopaths are the most scientific men in medicine, and more that the development of science is a strong side influence for the spread of faith in infinitesimals.

*Eugene A. Guilbert*, formerly of Dubuque, Iowa, has been elected valedictorian unanimously by the graduating class of 1880-81, in the St. Louis College of Physicians and Surgeons.—*Clinical Review.* This is Colonel Eugene A. Guilbert, aid-de-camp to Governor Gear, of Iowa, secretary of the "Anti-Third Term Republican Convention," held in St. Louis in June. Col. Guilbert is well known throughout the northwest as a speaker and writer of merit.

*The Medical Record on Homœopathy.*—Those in our ranks who spend their money and lend their influence to support Allopathic journals will be interested to learn that Homœopathy "is a disease of new countries and of a neurotic civilization."—*Medical Record.* In plain English, a crazy crowd fit only for an asylum. If our profession

expects to see any change of sentiment, it is only by a lively fire along the whole line. Zeal, energy and enthusiasm will make converts and win respect.

*Transactions of the World's Homœopathic Convention, 1876.*—Dr. J. C. Guernsey writes that he is hard at work upon the above volumes, and that one of them, the Historic, is all in type, excepting only the chapter on "Literature." He fully expected this volume would be issued by December 1st, but it has taken a much longer time to procure and complete the many missing links in this important work than he anticipated. Meanwhile he has had 705 pages of proof struck from the stereotyped plates of the remaining volume. The profession will thus see that the work is well forwarded and that the volumes will in due time be ready for distribution to all those who are square in their accounts with the treasurer of the American Institute of Homœopathy. "Pay your dues, boys."

*Locations.*—*Altamont*, Effingham Co., Ill., about 1,000 inhabitants wants a good German Homœopathic physician. The surrounding country is very good, mostly German farmers (Protestants). I am confident that a good man would do a good business. Homœopathy is known, was introduced by several ministers. Five or six Allopaths in Altamont. *Strasburg*, Shelby Co., Ill., also wants a Homœopathic physician. The place is very small, but has a good surrounding country thickly settled by good German farmers (Protestants). There is but one Old School physician there and he does not amount to much as I am told. No Homœopathic physician nearer than Shelbyville, twelve miles off. Homœopathy introduced by the Lutheran ministers and well liked as I have had occasion to convince myself.

G. S. SCHURICHT.

I do know of as good a situation as any young man need want, and that is my own. It is worth from \$3,000 to \$4,000 a year, and a strong man can double it. The first man that comes and gives me \$300 for furniture, medicine and drug implements generally shall have it. I must travel or die. This climate is too severe in winter for me. If you send a man he must speak some German.

C. W. RICHES.

*Shall it be a Weekly?—*The vote up to this writing continues to pour in from all parts of the country. Many not only vote but give their reasons therefor, we are very thankful for this. We are hearing from many who have taken THE INVESTIGATOR "ever since it first appeared, and always expect to." We are also receiving some valuable suggestions, and we believe that the volumes for 1881 will be the most interesting yet issued, and the most carefully read, however the result. Let our contributors (i. e., all our subscribers) take due notice and govern themselves accordingly. The majority of the votes at hand go into the box favoring "a semi-monthly," but the vote is very close and the next mail may carry the decision for "a weekly." By December 15th we shall announce the result. *Have you all voted who wish to?*

THE  
UNITED STATES  
MEDICAL INVESTIGATOR.

*A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.*

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*New Series.* VOL. XII., No. 12.—DECEMBER 15, 1880.—*Whole No.* 276.

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Hygiene Department.

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*SOIL AND WATER POLLUTION.*

READ BEFORE THE AMERICAN PUBLIC HEALTH ASSOCIATION AT  
NEW ORLEANS, DEC. 7, 1880, BY MOSES T. RUN-  
NELS, M. D., OF INDIANAPOLIS.

(Continued from page 462.)

I did not examine the first sample of water with the microscope. In the water of the second bottle I found but one kind of infusoria, viz., *stylonchia pustulata*, but they were numerous. In the water sent on Thursday I found the others named, but few in number. In both samples of water there was but a small quantity of mineral matter, a few crystals of  $\text{Ca CO}_3$ . The water was somewhat cloudy and the suspended particles were evidently of vegetable origin. I have not adopted any standard in judging water for drinking purposes.

As yet none has been found having a scientific basis. But let us see how this water would be rated by some of the standards of men who have justly distinguished themselves by their labor in water analysis.

Inasmuch as White river is used by the water works as a source of supply when the water in their wells get low, and also in 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 middle of the iron bridge at the foot of Washington street.

One litre contained :

Total solid constituents.....	.36	gramme.
Organic and volatile matter.....	.032	“
Chlorine ... ..	.105	“
Free ammonia.....	.00072	“
Albuminoid ammonia.....	.00048	“

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. 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.

Professor Edward R. Taylor, of Cleveland, examined two samples of water from the water-works with the following result:

	1st sample.	2d sample.
Specific gravity.....	.10019	10021
In grams per litre the analyses show		
Solid residue.....	.5376	.5696
Organic and volatile matter .....	.3150	.1213
Chlorine.....	.0698	.0738
Free ammonia.....	.0015	.0002
Albuminoid ammonia.....	.0038	.0018

The amount of chlorine is very considerable in both samples. It would properly be presumed that both had a bad origin.

The following is taken from *The State Press*, Iowa City, Iowa, April 14, 1880 :

“The Des Moines City Council spent several days inspecting the various systems of water works through Iowa, Illinois and Indiana and came back discouraged and disgusted with what they had seen.” The *Leader* says: “The last report made was from Indianapolis, where the water was bad, the contract bad, and all the conditions were very bad. But for that matter those things are getting monotonous. On the whole route, from Burlington to Peoria, water was not found fit to drink, and in several places it was too bad to wash in. At Springfield water is taken out of the Illinois river, thick and black, and pumped about the city without even an excuse made toward filtering it, and yet the money spent on her water works aggregates nearly three times the hundred thousand of dollars the works in Des Moines are offered at. The State Board of Health has declared the water unfit for use. At Indianapolis the Secretary of the Water Company said they could not recommend the water; at Burlington, with her new and cheap works, the filter is reported broken and the yellow Mississippi mud is daily dished up for men to wash their eyes in. There was no excuse made for the mixture of mud and water at Keokuk, it is probably past the day of excuses.”

On May 18, 1880, a sample of water was drawn from a faucet of the Water Works Company. The analysis revealed the following. Each litre contained :

Total solids.....	.84 gramme.
Organic and volatile matter.....	.43 “
Chlorine.....	.047 “
Free ammonia.....	.00008 “
Albuminoid ammonia.....	.00024 “
Nitrates and nitrites.....	Large amount.

The value of the above figures can best be understood when it is known that pure spring water never contains over .000005 gramme of free ammonia, and .00002 gramme albuminoid ammonia per litre. The best authorities state that, that water is suspicious which contains above .0001 gramme of albuminoid ammonia per litre ; and over .00015 gramme of albuminoid ammonia per litre ought to condemn absolutely.

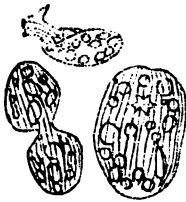
Another sample of water from the water works was sent to Prof. Van Nuys, on May 27, 1880. He reports that the water contained much more organic matter than that in which an estimation of organic matter was made before.

The following statement is from Prof. Van Nuys, July 14, 1880, in regard to water from the water works. *Chemical and microscopic examination of water received from Dr. M. T. Runnels, of Indianapolis, on June 23 and 29, 1880 :*

“The organic matter in 100 cubic centimetres of the water required 5.95 cubic centimetres of the one one-hundredth normal potassium permanganate solution. In 5.35 cubic centimetres of this solution there are 1.6982 milligrammes potassium permanganate or 0.423 milligramme oxygen was liberated, hence in one litre of the water the organic matter would require 53.5 cubic centimetres of the one one-hundredth normal permanganate solution, or 4.28 milligrammes oxygen would combine with the carbon and hydrogen of the organic matter.

Residue (one litre filtered) heated to 180° centimetres.....	473.8
Chlorine.....	189.3
Nitric acid anhyd (N <sup>2</sup> O <sup>5</sup> ).....	17.448
Nitrous acid anhyd (N <sup>2</sup> O <sup>3</sup> ).....	a trace
Ammonia (N H <sup>3</sup> ).....	0.38
Calcium oxide (Ca O).....	128.8
Magnesium oxide (Mg O).....	46.2
Degree of hardness, English.....	21.98
or, degree of hardness, German.....	17.54

No microscopic examination was made of the water received June 23d. In that received June 29th, there were numerous flakes of what appeared to be organic bodies with granular matter, the following infusorial animalculæ were found :



Glaucocoma scintillans.



Closterium Acerosum.



a Monas crepusculum.  
b Monas punctum.

The residue, organic matter, chlorine, nitric acid anhyd., and ammonia were estimated in the water received June 23d. The calcium and magnesium were estimated in the water received June 29, 1880."

Although much has lately been said regarding impure water and the startling mortality of Indianapolis, there are a great many people who persistently refuse to accept the facts and would rather submit to a large death rate than to "clean up" or go to the necessary expense of obtaining good water. The complaint is often made that doctors do not discharge their duties in warning the people against the dangers of sickness. The fact is that the medical profession gives enough wholesome advice to the public, but very few persons make practical use of the information kindly given.

I commenced last January a series of soil and water investigations. A partial report of my investigations was published in the Indianapolis *News*, May 25 and July 18, 1880, and the Indianapolis *Saturday Herald*, June 5, 1880. Since that time with the assistance of the best chemists I have zealously prosecuted the work.

It is not an exaggeration to say that no dug well within a mile of Circle street, can be depended upon for a continuous supply of good water. The water furnished to the people by the water works company is no better than the water from the average dug well. Water from deep driven wells is the best well water we have.

I found the alleys, by-ways, back-yards and stables all through the city in a very filthy condition. Privy vaults have been dug without being cemented, and no care whatever has been taken to keep them clean.

The drainage of the city is very defective. It is only along a few of the principal streets that sewers have been constructed, and the greater portion of the city has no drainage at all. It is a very common thing to find standing water and large mud holes in every direction through the city. It is a notable fact that the water level in many cellars corresponds with the water level of dug wells and privy vaults adjacent. Is it any wonder that infant mortality is so great in the city?

If "infants of one year and under drink but little water," they do breathe in this city the deadly gases developed by the action of the

hot sun on decaying organic and vegetable matters, and the effluvia arising constantly from overflowing privy vaults and cess-pools. Sickness is sure to follow and death may abruptly terminate the young life. According to the report of the Board of Health the deaths in this city have been since January 1, 1876, as follows :

In 1876 the number of deaths were.....	1,641
“ 1877 “ “ “ “ “ .....	1,528
“ 1878 “ “ “ “ “ .....	1,296
“ 1879 “ “ “ “ “ .....	1,470
“ 1880 “ “ “ “ “ (9 months).....	1,352

Total..... 7,287

Assuming that the population has been 75,125, the annual death rate would be :

21.8 per 1,000 in.....	1876
20.3 “ “ “ .....	1877
17.2 “ “ “ .....	1878
19.5 “ “ “ .....	1879
23.9 “ “ “ (9 months).....	1880

The average would be 20.5 per 1,000 annually which is at least six above what it should be.

Herewith I give a table of recent sanitary analyses of our city well and cistern waters, which startlingly outline the impending dangers and serve as texts for many cases of ill health and death already met by those who have drunk the waters.

The first and second samples were taken from two wells in the rear of a block having about twenty occupants. An inspection of the back yard and alley showed an immense amount of filth. There was no sewer to carry away slop or excrementitious matters. A large privy vault was in the rear of the block. There was one well north and another south of the vault, and about twenty feet from it. These wells supplied the water to the occupants of the block. Six cases of scarlet fever were there developed and three of them died. The other persons in the block were constantly ailing. One of the leading physicians of the city attributed the outbreak of the fever to the bad surroundings and the impure water.

The third sample was taken from a well on East Walnut street. The family using the water were more or less sick all the time. Languor, loss of appetite and spirits, sleeplessness, or nightmare, morning diarrhœa, headache and nausea, one or all, continually annoyed those drinking the water. The privy vault, twelve feet was forty feet northeast of the well.

The fourth sample was obtained from a well on North Tennessee street. Throat affections, fevers, diarrhœas, headaches with malaise, etc., made up the list of the complaints of the family using the water.

The fifth sample came from a well on North Alabama street. Dur-

ing the last three months, among those who drank the water there were three who had scarlet fever—one of whom died. And so on similar reports can be made of the other samples, except those marked "good" or "excellent."

## SANITARY ANALYSIS OF WELL WATERS.

WHERE FROM	GRAMS PER LITRE.			PARTS PER MILLION.		Nitrates and Nitrites	Degree of Hardn.	OPINION.
	Total Solids.	Organ. Volat.	Chlorine.	Free Amm.	Alb. Amm.			
Susqueh. st.	1.53	.62	.117	.12	.33	much	3	Bad.
Susqueh. st.	.88	.33	.088	.07	.16	much	2½	Bad.
East Waln. st	1.32	.72	.127	.04	.18	much	1½	Bad.
N. Tenn. st.	.94	.41	.077	.05	.0612	much	2	Suspicious.
N. Alabam. st	1.126	.616	.096	.055	.057	much	3 3-10	Bad.
N. Ills. st.	.60	.18	.043	.01	.4	much	2½	Very bad.
N. Merid. st.	.24	.012	.008	trace.	trace.	trace.	1½	Excellent.
N. Alabama	.68	.30	.045	.01	.14	little.	2	Suspicious.
Hoyt Av.	.30	.16	.0018	.12	.04	little.	1	Good.
N. Penn. st.	1.41	.03	.075	.24	.4	much	¼	Rotten cist.
Blackford st.	.78	.28	.038	.04	.4	much	1½	Very bad.
N.N.Jersey st	.798	.178	.104	.06	.39	much	2	Bad.
E. Ohio st.	1.032	0.5	.09	.04	.19	much	4	Bad.

NAME.	GRAMS PER LITRE.			PARTS PR MILL.		Nitrates and Nitrites	Degree of Hardn.	OPINION.
	Total Solids.	Organ. & Vol.	Chlorine.	Free Amm.	Alb. Amm.			
E. Verm't st	.908	.36	.058	.12	.13	small	6	Very susp.
Davidson st	.848	.34	.08	.20	.08	large	6¼	Very susp.
E. St. Joseph	.738	.21	.035	.06	.22	large	4.2	Bad.
E. Mich. st	1.588	.96	.09	.12	.202	large	5½	Bad.
N. Tenn. st	.968	.48	.07	.06	.28	large	3½	Bad.
N. Penn. st	.928	.4	.065	.025	.20	large	5	Bad.
New York st	.5	.13	.04	none	none	none	3½	Excellent.
N. East st	1.788	.874	.09	.08	.22	large	4	Bad.
Irvington	.897	.29	.04	none	.03	small	3½	Good.
N. Merid st	1.06	.57	.10	.08	.164	large	3½	Bad.
N. Delaw. st	.88	.36	.95	.07	.10	large	5	Bad.
N. Tenn. st	.44	.14	.007	.01	.00	none	2	Driven good
Blind Asyl'm	.65	.214	.025	.01	.042	heavy slight	2½	Driven good
N. East st	1.00	.62	.34	.114	.142	large	4	Very bad.
322 N. Miss. st	.66	.321	.043	.03	.234	large	4¼	Very bad.

NAME.	GRAMS PER LITRE.			PARTS PR MILL.		Nitrates and Nitrites	Degree of Hardn.	OPINION.
	Total Solids.	Organ. & Vol.	Chlorine.	Free Amm.	Alb. Amm.			
Blackford st	0.78	0.39	0.38	.04	.4	large	6½	Bad.
Peru st	0.54	0.36	0.025	.03	.13	small	12	Suspicious.
N. Penn. st.	0.65	0.38	0.03	.08	.10	small	3	Suspicious.
N. Alab. st.	0.48	0.24	0.059	.06	.06	small	7	Good.
N. Delaw. st.	0.54	0.22	0.31	.029	.182	large	4	Bad.
School st.	0.994	0.414	0.10	.04	.16	large	5½	Very bad.
East Ohio st.	1.04	0.63	0.47	.12	.22	large	7	Abominable.
Mass. av.	0.89	0.39	0.213	.07	.13	large	4½	Bad.
E. Ohio	0.892	0.374	0.121	.04	.10	large	3½	Bad.
N. N. Jersey	0.78	0.29	0.08	.03	.13	large	3½	Bad.
E. Pratt	0.69	0.28	0.074	.02	.09	large	4	Bad.
F. Maryland	0.99	0.47	0.111	.07	.199	large	7	Very bad.
Bellfontain	0.49	0.19	0.004	.03	.022	small	4	Good.
Christian av.	0.67	0.23	0.012	.035	.06	large	4	Passably g'd
East Verm't	0.59	0.19	0.12	.03	.09	large	3½	Suspicious.



## SANITARY ANALYSIS OF WELL WATERS.

NAME.	GRAMS PER LITRE.			PARTS <i>pr</i> MILL.		Nitrites and Nitrates	Degree of Hardn.	OPINION.
	Total Solids.	Organ. & Volat.	Chlor- ine.	Free Amm.	Alb. Amm.			
N. Alab. st	.832	.56	.059	.70	.12	large	4½	Very susp.
N. Alab. st	.79	.39	.055	.64	.10	large	5	Very susp.
N. N. Jersey	.82	.39	.09	.06	.09	med.	5	Susp. ctous.
N. N. Jersey	.91	.40	.055	.08	.12	large	5	Bad.
Alab. & Wain	.87	.39	.067	.11	.10	large	4½	Bad.
N. Penn. st	1.04	.62	.111	.16	.204	large	7	Very bad.
Oak st	.57	.24	.014	.02	.009	small	4	Good.
E. Verm't st	.66	.29	.04	.06	.07	small	4½	Good.
S. Merid. st	.89	.385	.07	.07	.09	large	6	Very susp.
S. Penn. st	1.24	.81	.22	.19	.22	large	7	A bominable.
S. Penn. st	.87	.33	.072	.096	.088	large	5	Bad.
Vir. Av.	1.12	.59	.79	.11	.29	large	4½	Very bad.
E. Wash. st	.79	.33	.09	.107	.18	large	4½	Bad.
N. West st	.83	.42	.07	.067	.093	large	6½	Bad.
E. South st	.74	.22	.03	.03	.06	med.	5	Passable.

NAME.	GRAMS PER LITRE.			PARTS <i>pr</i> MILL.		Nitrites and Nitrates	Degree of Hardn.	OPINION.
	Total Solids.	Organ. & Volat.	Chlor- ine.	Free Amm.	Alb. Amm.			
S. East st.	.82	.39	.06	.037	.114	large	5	Bad.
E. Market st	.97	.32	.12	.049	.23	v. large	4½	Very bad.
E. Mich. st	1.12	.57	.07	.072	.17	large	4½	Very bad.
Central av.	.607	.22	.044	.041	.09	med.	6½	Suspicious.
Laurel st.	.92	.38	.089	.105	.38	v. large	6½	Very bad.
East Georgia	.62	.49	.072	1.08	.427	large	1½	Very bad.
Broadway st	.63	.30	.022	.03	.04	small	7	Good.
East N. Y. st	.59	.21	.094	.07	.07	large	6½	Bad.
N. N. Jersey	.66	.24	.07	.06	.069	large	7	Bad.
N. N. Jersey	.68	.22	.075	.09	.066	large	6½	Bad.
N. Illinois st	.80	.31	.03	.039	.113	large	6½	Suspicious.
Hoyt av.	.30	.06	0.1	.04	.06	small	4	Good.
W. St Clair st	.83	.32	0.7	.045	.112	large	7	Very susp.
N. Tenn. st.	.89	.27	0.55	.07	.09	med.	6½	Very susp.
N. Tenn. st.	.66	.19	.065	.09	.11	large	6½	Very susp.
W. North st	.74	.30	.04	.09	.12	large	6½	Bad.
E. North st	.69	.28	.03	.08	.06	large	6½	Suspicious.
N. Delaw. st	.75	.29	.075	.07	.11	large	7	Bad.

J. N. HURTY, Analyst.

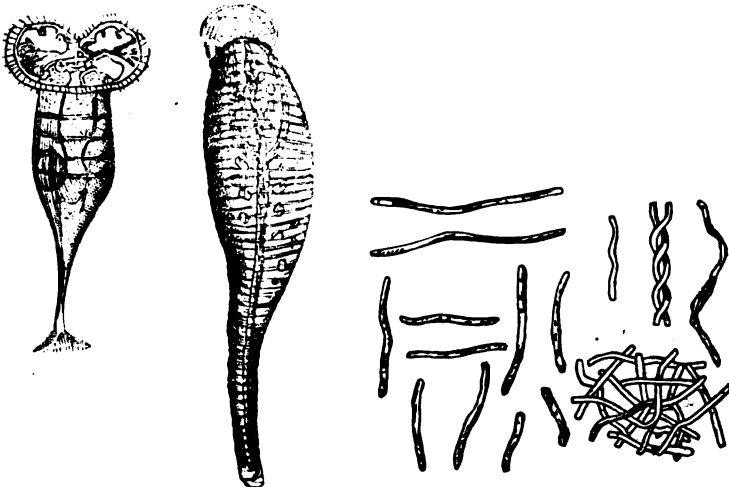
It is very surprising to me that many people are so ignorant in regard to impure water and its deleterious effect on health. I have met with "would be" highly educated persons who have regarded, and do regard any agitation of this subject, as of little value to the public, and as very damaging to the fair fame of the city, and for that reason to be at all hazards covered up and kept secret.

They also express the thought that every kind of water is filled with microscopic creatures, and that a small amount of filth or dirt in drinking water does no special harm to anyone. All this is the opposite of the facts. Prof. Barnard, of Cornell University, says: "Pure water is not inhabited by organisms; on the contrary stagnant water or impure water alone affords them subsistence. They hasten the destruction of dead animal and vegetable matters the waters may contain, causing for the time being an infusion or fermentation."

Macdonald states that "mineral particles may affect health on account of their mechanical action, as for example when mineral silt or clay causes diarrhoea. Dead animal and vegetable substances may have more important effects, as when suspended fecal matter produces irritation of the whole alimentary tract. On the other hand, living things, such as the ova of entozoa, the nematoid worms and small leeches may give rise at once to certain grave disorders, or algæ may act on sulphates and disengage sulphuretted hydrogen."

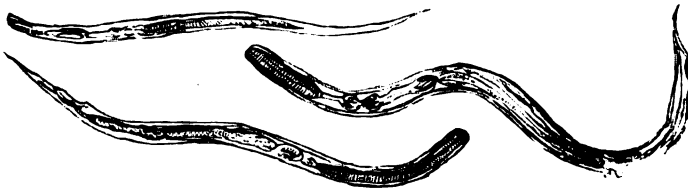
Pure water is one of God's best gifts to man, and if that is allowed to be adulterated the impairment of our health and the destruction of our happiness is sure to follow.

In the samples of dug well waters which have recently been analyzed, the following animalculæ in addition to those given above were found by the use of the different powers of the microscope:



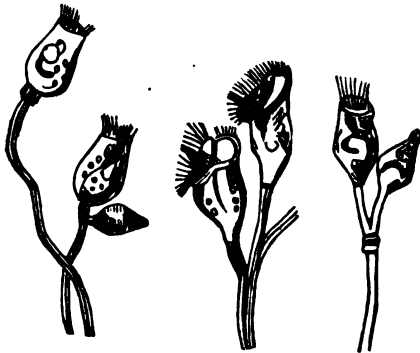
Megalotrocha flavicans. Glossiphonia bioculata.

Vibrio.



Anguillula fluviatilis.  
Anguillula aceti.

Anguillula.



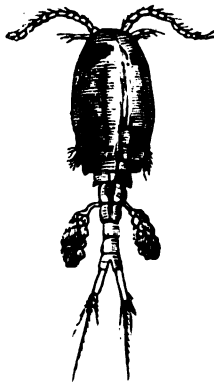
Vorticellina.



Bacteria.



Rotifera vulgaris.



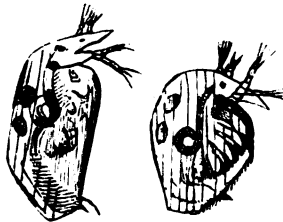
Cyclops quadricornis.



Ophrydium versatile.

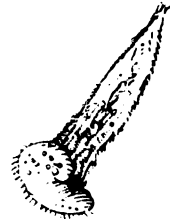


Halteria grandinella.



Alona quadrangularis.

Pluroxus trigonellus.



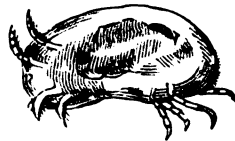
Stentor coeruleus.



Cypris tristriata.



Candona reptans.



Cythere inopinator.

At Indianapolis we have on the Board of Health three earnest and capable physicians who thoroughly understand the present necessities and stand ready to enforce all laws pertaining to public health; but our laws on hygiene are very inefficient, and the power and usefulness of the board are unwisely limited; therefore the board can do little towards averting the calamity already upon us. The Board of Health need more money, more men and the largest liberty of action.

We shall never have a healthy city until the health department is advanced to the position it deserves. We need a vigorous public sentiment in favor of cleanliness and hygienic measures. The best thought and energies of physicians and scientists everywhere should be directed to questions pertaining to water supply, sewerage and garbage of cities, and if necessary to secure proper legislation, the people must arise in their might and compel timid and shortsighted rulers to give better laws on sanitary matters and more money to make the laws effective.

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#### *INFLUENCE OF ALTITUDE ON THE GENERAL HEALTH.*

[From a communication of Drs. Bowne and Cornelius, worthy representatives of Homœopathy in Leadville, we extract the following as containing some facts that are new or at least not generally known.—ED.]

There appeared some time ago in *The Leadville Democrat* an address to the State Board of Health of Colorado, which gives utterance to erroneous ideas in regard to the climate of Leadville, and the influence of high altitude on the general health. The importance of the subject demands their correction.

The great elevation of our city above sea-level, and the consequent rarification of the air depending on it, give rise to a series of phenomena peculiar to our climate, which prove to be partially exciting and partially modifying causes of most forms of disease existing here. We do not propose to deal in glittering generalities, as the aforesaid address, but we will give a number of facts noted by some of the scientific observers of the age in regard to this subject.

According to the experiments of Vivenot, the capacity of the lungs is decreased by continued residence in a rarified atmosphere. The same is also shown by observations of Professors Werber, Coindet, Lortels, the brothers V. Schlaginweit and others. The experiments of the same authorities in the elevated regions of Mexico show that there is here a lessened excretion of carbonic acid, and hence a les-

sened oxidation of tissue. The pressure of air at an elevation of 10,300 feet (that of Leadville), according to the ratio given by the same observers, is about three-tenths less than that at seaboard, a difference which cannot fail but to exert an influence on the change of tissue in the human body. Jourdanet and Coindet, French physicians who accompanied Emperor Maximilian through his campaign in Mexico, made observations there at an altitude not quite as high as that of Leadville, where the pressure of the atmosphere was reduced by one-fourth, and came to the conclusion that there exists under these circumstances a diminution of the excretion of carbonic acid, and also of the oxidation of tissue. In the common pressure of the atmosphere at sea level, the blood contains twenty volume per cent. of oxygen; at seven-tenths pressure of atmosphere (which comes near to the condition of atmosphere prevailing in Leadville) a little over seventeen volume per cent. of oxygen is the medium state of saturation of the blood by oxygen, which shows a lack of three volume per cent. of this life-supporting element in our altitude. This, the experience of P. Bert, is confirmed by the concurrent testimony of such men as Soussure, Humboldt and others. The pulse is raised according to Vivenot, to thirteen and one-third pulsations on the average per minute, while there is observed a greater afflux of blood to lungs, skin, and all mucous membrane, which is immediately acted upon by the rarified air. All the authorities named, observed muscular weakness, a phenomenon which all new comers to this city experience.

Jourdanet claims that not only the muscular, but also the intellectual activity is decreased by rarified mountain air. May not this account for the almost universal demand felt for stimulants by our busy population? Baron Von Liebig (the chemist) observes, on the authority of Reichenbach, that on the Goldberg (Germany), at an elevation of 7,300 feet, only strong people are able to work, and that these also become incapable of performing labor in the mines after reaching the age of forty. These authorities also state that rarified air has an irritating influence on the nervous system. Headache, dizziness, sleeplessness, pain in stomach, vomiting, and sickness at stomach of a nervous character are often found in high elevations, and Leadville furnishes a full quota of these.

“After being acclimated to the rarified air the more pressing symptoms of ‘*Mal de Montagne*’ (mountain sickness) disappears, but the physiological changes, viz: Lessened exertion of carbonic acid and consequent lessened oxidation of tissue, etc., continue in the main the same, often develop yet further, and present finally, the following symptoms: Uncertain gait, loss of appetite, slow digestion, sleeplessness, and a sleep, which, if it should continue through the entire night, does not restore the strength fully, but leaves a feeling of heaviness and a great tendency to take cold. There is also a great lessening of the capacity of the lungs. This condition is referable

to the poor condition of the blood, which finally results in a decrease of the blood and lessens the calibre of the blood vessels." (Jourdanet.)

It is self-evident to the "non-medical general public" that ignorance on the part of the medical fraternity of the above facts, as quoted, must account for the great death rate mentioned in the article.

In this article, which professes to treat of high altitude, is considered almost everything else but the main characteristic of our atmosphere, its rarification. If the throwing together of loose generalities, without regard to the underlying laws of physiology or nature, is to be considered as the result of scientific research, our schoolmaster must certainly be abroad. To get a better idea of the looseness of the statements of this article, we will look at a few of them separately.

We are told "that great "variations of temperature between day and night are, in the main, conducive to health and longevity."

A blazing sun in daytime and a sharp frost at night, should they continue to alternate, would certainly be—if not conducive to the health of the people, in the main conducive to the plethora of the doctor's pocket.

Here is another statement. "In a general way it may be said that the atmosphere of an altitude like ours, acts as a stimulant." How far this is a fact, our previously-mentioned authorities show, but in a general way it may be said "according to scientific investigation that the reverse is true." Again it says: "Among the first, and perhaps most important effects exerted by altitude, is an increase of chest capacity." The tenure of these lines and those directly following leaves the impression that the lung capacity is not decreased, while in fact the actual breathing capacity is lessened by as much as from 11 to 30 per cent., i. e., from six to seven litre per minute, and while the influence of greater exertion necessitated on the part of the respiratory muscles will naturally seem to increase their size. We have the following recorded by Jourdanet and Coindet: That in Mexico, at a pressure of air being three-fourths of the normal pressure, the growth and circumference of chest gradually decreases in those born in that altitude. And again, "for though we may deny that the causation of this disease (pneumonia) is favored by altitude," we will give here the positive affirmation of Lombard and Jourdanet that the different forms of pneumonia, pleuritis and bronchitis, of the acute as well as the chronic type, are correspondingly more frequent and obstinate the higher the altitude. In the Alps of Switzerland these diseases often assume an epidemic form, and receive by the people of those districts the generic name of "Alpenstich."

After stating that "all things considered, the general climatic condition were conservative of health," we are surprised by being told

that "as a matter of fact we are not free from the visitations of disease, and, we confess with reluctance, that our death rate is large," and that a superstitious non-medical general public hold in one way or another our altitude responsible for the large portion of our death rate. In regard to this we will say that (beside the ignorance which seems to pertain in certain quarters, in regard to these causes and their remedial removal as already observed, which accounts for a great deal of it) scientific facts, as quoted above from the first contemporaneous authorities, do certainly coincide with this abused idea of the "non-medical public," but to call the lack of three volumes per cent. of oxygen in the blood at this altitude an "intangible influence" is surely as queer as "the disposition many good people evince, of attributing to Providence the deaths caused by filth, exposure or other avoidable causes."

Further on we are informed that "a fair estimate would place altitude and climate as among the least causes, if indeed, they were not taken entirely from the list and placed among the preventives."

Shade of Hippocrates! thy fame is liable to be eclipsed by this new discovery, viz: That a deficiency of the life-supporting element (as shown above) will act as a preventive of disease.

And still we find, in open contradiction of the statement made near the beginning, "that in great variations between the temperature of day and night are, in the main, conducive to health and longevity," it is, toward the close, admitted "that the tendency to acute inflammatory affections, may be promoted by our extreme daily changes," however, we find directly following it, "that the average climatic conditions found here are favorable to health."

Now it seems to us that the purpose of medical inquiry should be the promotion and not the veiling of science. If such an assortment of personal opinions, bared from all allusion to the fundamental laws of nature is made, it must be taken for what it is worth, but appears as a very poor excuse for an attempt at public instruction. Foreign to consistency and the proper spirit of medical investigation, the article has neither merit nor foundation, but is merely a collection of words and sentences, meant to impose upon the ignorance of the "non-medical public," conveying nothing definite or certain, and leaving the non-medical public to dwell on in their accused superstition, making confusion worse confounded.

#### REMOVAL OF STRONG ODORS.

The *Schweizerische Wochenschrift für Pharmacie* has a communication from F. Schneider, in which he states that ground mustard is an excellent agent for cleansing the hands after handling odorous substances, such as cod-liver oil, musk, valerianic acid and its salts. Scale pans and vessels may also be readily freed from odor by the same substances.

## Medico-Legal Department.

### A NEW MEDICAL LAW FOR NEW YORK.

An act entitled "An act to regulate the licensing of physicians and surgeons." Passed May 29, 1880; three-fifths being present. *The People of the State of New York, representing in Senate and Assembly, do enact as follows:*

SECTION 1. A person shall not practice physic or surgery within the state unless he is twenty-one years of age, and either has been heretofore authorized so to do, pursuant to the laws in force at the time of his authorization, or is hereafter authorized so to do as prescribed by chapter seven hundred and forty-six of the laws of eighteen hundred and seventy-two, or by subsequent sections of this act.

SEC. 2. Every person now lawfully engaged in the practice of physic and surgery within the state shall, on or before the first day of October, eighteen hundred and eighty, and every person hereafter duly authorized to practice physic and surgery shall, before commencing to practice, register in the clerk's office of the county where he is practicing, or intends to commence the practice of physic and surgery, in a book to be kept by said clerk, his name, residence and place of birth, together with his authority for so practicing physic and surgery as prescribed in this act. The person so registering shall subscribe and verify by oath or affirmation, before a person duly qualified to administer oaths under the laws of the state, an affidavit containing such facts, and whether such authority is by diploma or license, and the date of the same and by whom granted, which, if willfully false, shall subject the affiant to conviction and punishment for perjury. The county clerk to receive a fee of twenty-five cents for such registration, to be paid by the person so registering.

SEC. 3. A person who violates either of the two preceding sections of this act, or who shall practice physic or surgery under cover of a diploma illegally obtained, shall be deemed to be guilty of a misdemeanor, and on conviction shall be punished by a fine of not less than fifty dollars nor more than two hundred dollars for the first offense, and for each subsequent offense by a fine of not less than one hundred dollars nor more than five hundred dollars, or by imprisonment for not less than thirty days nor more than ninety days, or both. The fine when collected shall be paid, the one-half to the person or corporation making the complaint, the other half into the county treasury.

SEC. 4. A person coming to the state from without the state may be licensed to practice physic and surgery, or either within the state, in the following manner: If he has a diploma conferring upon him



the degree of doctor of medicine, issued by an incorporated university, medical college, or medical school without the state, he shall exhibit the same to the faculty of some incorporated medical college or medical school of this state, with satisfactory evidence of his good moral character, and such other evidence, if any, of his qualifications as a physician or surgeon, as said faculty may require. If his diploma and qualifications are approved by them, then they shall indorse said diploma, which shall make it for the purpose of his license to practice medicine and surgery within this state the same as if issued by them. The applicant shall pay to the dean of said faculty the sum of twenty dollars for such examination and indorsement. This indorsed diploma shall authorize him to practice physic and surgery within the state upon his complying with the provisions of section two of this act.

SEC. 5. The degree of doctor of medicine lawfully conferred by any incorporated medical college or university in this state shall be a license to practice physic and surgery within the state after the person to whom it is granted shall have complied with section two of this act.

SEC. 6. Nothing in this act shall apply to commissioned medical officers of the United States army or navy, or of the United States marine hospital service. Nor shall it apply to any person who has practiced medicine and surgery for ten years past, and who is now pursuing the study of medicine and surgery in any legally incorporated medical college within this state, and who shall graduate from and receive a diploma within two years from the passage of this act.

SEC. 7. All acts or parts of acts inconsistent with the provisions of this act are hereby repealed.

STATE OF NEW YORK,  
Office of the Secretary of State, ss.

} I have compared the preceding with the original law on file in this office, and do hereby certify that the same is a correct transcript therefrom and of the whole of said original law.

JOSEPH B. CARR, Secretary of State.

### MEDICAL LEGISLATION.

Why is it that our greater lights, whose pride, proficiency and love of their profession ranks them as useful teachers and law givers in the science of our master Hahnemann, (*i. e.*, true practice), do not clamor for "medical legislation." While mercenary mediocres whose want of self confidence and knowledge of Homœopathy misleads them into affiliation with the regulars, (*a la* spider and fly farce) who have tried every conceivable subterfuge to destroy our school, even

to national legislation. The success of Hahnemann's followers has maddened them into "stooping to conquer." They with their learned ignorance have even greater contempt for "attenuated humbugs," "loaf sugar and rain water," "infinitesimal therapeutics" and symptomatology, than for "patent quack nostrums," "Indian doctors," "charletans" and empirics. Should not the most sluggish spirit of self respect revolt at the idea of participating in the manufacture of cheap notoriety of blood and thunder variety to scalp a few men whom the regulars fear will be in the way of their *puking*, purging, blistering and bleeding. Homœopathy has fought single-handed, all her glory is by right her own. Our best leaders, men whom we revere, have no doubts of ultimate success; nor do they express any desire to lick the hand that smote them in bygone days. If we have faith in our school and industry to labor honestly to make ourselves acceptable, what reason have we to fear "quacks?" One-half the energy expended in research of medical truth would advance us in every respect in the regards of the people for whom we would be the self-appointed guardians. Legislation can license to kill. Enthusiasm can destroy any set of principles. But braggadocio and bullying over foemen not worthy of our steel, will never, no, never make us more skillful or more worthy the patronage and material encouragement of the people. It takes brains and study to make physicians not *legislation*, fair field and no favors.

H. G. CAMPBELL.

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## Consultation Department.

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### FOR DR. O. B. BIRD'S CASE.

For fright, *Gels.* For congestion of retina, *Gels.* For neuralgia, *Gels.* For heavy eyelids, *Gels.* For aggravated by menses, *Gels.* and *Helonias.* For sore breasts, *Helonias.* For headache, *Gels.* and *Lac deflorat.* Also, let a good *oculist* prescribe spectacles for refractive error. Intermittent fever affects the liver and rheumatism is often maintained by liver troubles and relieved by liver remedies, as *Gels.*, etc.

J. C. M.

## ANSWER TO E. C. OHMARTS' CASE.

December 1, page 446 of this journal, give *Lachesis* 6th trituration in alternation with the 200th of same remedy. Give 6th one day, 200th next, and so on. As soon as there is an improvement, discontinue medicine. If necessary to repeat the dose, give the 200th.

F. B. SMITH.

## CHRONIC CATARRH.

In your consultation department I have noticed many cases of chronic catarrh of the posterior nares and pharynx reported for counsel during the past two years. I have succeeded in curing these cases very promptly with *Wyetha*  $\phi$  gtt. iv or v, three times each day.

M. R. WAGGONER.

## IS DIPHTHERIA CONTAGIOUS?

What is the observation of our readers on this point? Sanitarians rank it as a contagious disease, and some of them propose to placard the houses in cities. Is it a contagious disease like small-pox, scarlet fever and measles? Is it not rather due to atmospheric and individual conditions than to local causes? We hope to have a very full and free expression from the readers of THE UNITED STATES MEDICAL INVESTIGATOR in all sections.

## ANSWER TO CHRONIC RHEUMATISM.

If P. W. lives near me and will come, I will cure him with the *electro-therapeutic bath*. If not, let him take a vapor bath daily, till he perspires profusely, then be washed down with warm water, and afterwards well rubbed with a coarse towel; if the rheumatism has been brought on by exposure to wet, take *Rhus tox.* 3x, three times a day; if not, take *Aconite* 2x, one or two doses while getting out of the sweating. While in the bath use electricity gently, the negative in the water in which his feet are, the positive to the back of the neck.

R. W. NELSON.

## CASE FOR COUNSEL.

Cora, aged ten, temperament nervous, hair light auburn, eyes light blue, complexion fair, delicate frame, mental activity great. The winter she was five had pneumonia. When six, had it twice severe. When seven, once severe. Removed to farm on the prairie and escaped the two following winters. The past summer troubled at

times with palpitation of the heart. Much headache with nausea and fainting. In August commenced bloating in her limbs, afterward extending to her face, neck, feet and body in the order given, the urine becoming scanty and red. In September by heating in a test-tube over a spirit lamp, a cloudy deposit was observed which, after cooling, was of a yellowish-white, and formed one-half of the whole. Afterwards a change occurred, and heat failed to form the deposit but all was of a jelly-like nature. By adding a few drops of vinegar before boiling, it would separate as before, generally with a thick scum above, the deposit below, and between, clear liquid. Dilute *Muriatic acid* did not change the deposit, which varied from one-fourth to seven-eighths of the whole. Quantity of urine, one or two spoonfuls four to six times in twenty-four hours. Greater now; appetite variable. The first of November took cold and pneumonia followed which succumbed to treatment. While abed with pneumonia her bloating almost entirely disappeared but returned again when recovered. December 1st relapse of pneumonia not nearly so violent; bloating not disappearing. Has had earache for three days, better now; weak, nervous, and irritable; pulse 96 without fever; with fever, as high as 130. W. W. JOHNSON.

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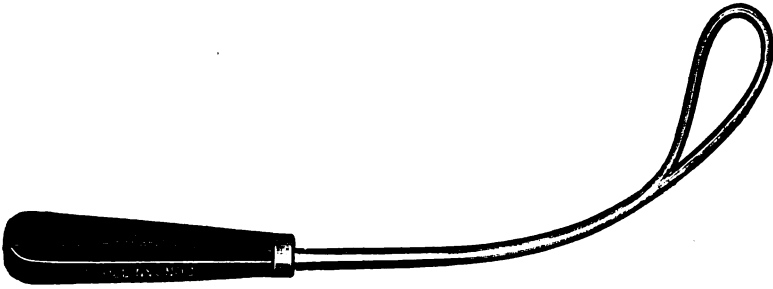
## New Instrument Department.

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### *ARMSTRONG'S UTERINE ELEVATOR.*

What is the best means of elevating the uterus, when it is displaced, is often a serious question. Several instruments have been devised, but most of them are intra-uterine. In cases of slight or recent displacement these are often sufficient to replace the organ. But if the displacement is of long standing so that the ligaments have become contracted, the uterus cannot be repositioned with an intra-uterine instrument without serious injury to the uterine mucous membrane. The same objection holds to the rectal uterine elevator. In severe anteversion or flexion neither of these instruments are of service. The resort is finally to position and the fingers. Even here the result

is not as a rule satisfactory, for few physicians have fingers long enough to throw the uterus into its proper place without harm to the external genitals. It is under such circumstances and in such cases that Armstrong's Uterine Elevator (manufactured by Duncan Bros.) will prove just the instrument needed.



In many cases, relaxation or contraction of the ligaments (or both) round or broad, may be the chief feature in the case, and here is usually met hypertrophy and possibly inflammation due to the displacement. The chief attention here must be given to quietly but persistently "stretching the ligaments." This should be done every day or two and it is here that the judicious use of this new uterine elevator has already won laurels. The shank is so small that the fingers may be inserted along side and guide the direction and extent of the leverage. The use of this elevator and in cases of uterine diseases, the intra-uterine suppositories, will, we are sure, give general satisfaction.

Perhaps it is needless to add a word about how it should be used. In cases of ante-flexion or version the patient should lie on the back with the hips raised on pillows and the elevator crowded up behind the bladder, at the same time the fingers will locate the contracted ligaments. The elevator may be withdrawn and bimanual manipulations be made. In cases of retroversion or flexion the Sim's position first and then the knee-elbow position may be resorted to while the elevator is pushed well up behind the uterus and gently elevating until this organ is thrown forward to its normal position. In such cases the patients may be trained to use it themselves. In case of inflammation several treatments may be necessary before that result is attained. The best time to select for replacing the uterus is just after the menses. In retroversion during gestation it is especially serviceable.

## Therapeutical Department.

### CLINICAL OBSERVATIONS.

#### REPORTS FROM THE FIELD OF PRACTICE.

SAN FRANCISCO, Cal., Dec. 1.—Small pox still prevails to some extent, from six to ten cases daily being reported to the health office. The *pure vaccine* lymph potentized, is an *excellent* remedy for small-pox.

G. M. PEASE.

HOT SPRINGS, Ark. Dec. 2.—Business is good for this season of the year. There has been some pneumonia—some deaths under “Old School” treatment. They are so little used to it here that they lose nearly every case—but under Homœopathic treatment with *Bry.*, *Rhus.* and *Sanguinaria*, every case has done nicely—*Rhus.* or *Sang.* being used most frequently.

L. S. ORDWAY.

OWASSA, Mich., Dec. 13.—We are having typhoid fever here this fall and winter. Typhoid abdominalis characterized by pain in bowels; diarrhœa; stools liquid, dark stools; green, *very green*; stuffing of the mucous membrane of the bowels; stools accompanied with noisy flatus. All of my patients are promptly relieved and cured with *Argentum nitricum* crystal one-half gramme dissolved in eight ounces of water. Dose, a teaspoonful once in two hours until improvement is noticed, after that an occasional dose. Keep the solution in a darkened room.

F. B. SMITH.

DETROIT, Mich., December 2.—We have lately passed through an epidemic of measles. Within the year I presume I have seen more cases than for twenty years before. Many cases were severe, but few if any fatal, so far as I can learn, under Homœopathic treatment. I regard *Euphrasia* 3rd to 6th as an all-sufficient remedy. In various parts of our state typhoid fever is prevalent, and quite fatal, but we have had little so far in Detroit. Sometime I will write you an article on the use of buttermilk in that disease, the judicious use of which I have found of as much, if not more, value to me than all other remedies which I have tried. I may say that in typhoid and *all fevers*, I am decidedly opposed to *new* milk as a diet. It is full of oil, or *grease*, than which there is nothing worse for a fever,

F. R. ELLIS.

HAVANA, Ill., Dec. 13.—Measles here prevailing and inflammatory rheumatism. One family, mother and four children, all affected at the same time, preceded by catarrh and sore eyes with photophobia. Children all got well under *Aconite* 1 and then *Euphrasia*. The mother was the worst of the sick—in the sixth month of pregnancy ; on the day of eruption uncontrollable vomiting ; nothing would stop it but *Carbolic acid* 1c. Flooding at every vomiting, arrested by *Sepia* 6. On the third day morning the measles faded away—labor pain set in—in half an hour the baby was born living, made a few cries and died. The baby's body was covered with measles. On the sixth day after delivery, mother was taken with tympanitis and but slight pain in region of uterus ; little fever ; vomiting. *Belladonna* 1 then *Nux vomica* improved the condition so much, that further treatment seemed useless. To-day is the tenth day and no more trouble apprehended. In rheumatism, *Bryonia* ; *Rhus tox.* did not do much. *Salicylic acid*, ten grain doses every four hours did well, but did not permanently cure ; but *Potassium iod.* in five grain doses every four hours cured. Had during latter part of summer two cases of membranous croup ; cured with ice internally and externally, *Aconite* and *Spongia*. In the next case of diphtheria will certainly try the ice treatment with the indicated remedies internally, and report success or failure.

JOHN MARENBERG.

NEWTON, Kansas, Nov. 30.—Since July have had almost an epidemic of typho-malarial fever. The Allopaths lost a large per cent. of their cases. I treated twenty-five cases, five were pronounced by visitors and friends, hopeless, and ten others very serious. The others were broken in the first week, by the prompt use of *Baptisia* & *Salicylate of Soda*, and cold wet compress to abdomen.

All were treated in the same manner as the case reported in the June 1st INVESTIGATOR, except those uncomplicated by pulmonary congestion, or inflammation.

Two cases were complicated by a very serious dysentery, which *Rhus tox.*, *Bapt.* or *Arsenicum* would not control, but *Euphorbia hyp.* 1c as an intercurrent remedy, in drop doses every two hours, cured nicely in three or four days, relieving the cases of this serious complication and aiding the recovery of the patients.

In one case there was a complete metastasis to the lungs, and in this, and three other cases, there was an exudation into the bronchi of a stiff phlegm or mucous, in some cases bloody, or rust colored.

very hard to get up, for which *Ant. tart.* 7x was used freely, and a liniment, or lotion, as follows, applied to chest warm every two hours : *Iod.* ʒi., *Glyc.* ʒi. *Aqua ammonia* ʒi aqua. dist. q. s. to make ʒiv, with very prompt relief ; and imperative instructions to nurses not to allow patient to lie in any one position longer than an hour at a time, to prevent hypostasis, as the Allopaths lost some cases by hypostatic abscesses. All my cases have or are convalescing nicely, lost none.

Again I say, show me the single remedy for these cases. One case, Miss Cora H., on the eleventh day, while convalescing, was allowed by her parents, contrary to my instructions, a few mouthfuls of fresh fried fish, the next day relapsed, and the disease took the form of a low typhoid. A bright purple eruption came out over whole abdomen, twice ; she was worse every eighth day, lungs deeply complicated with hypostatic tendencies. On the eighth day temperature rose suddenly to 105.8, but recede again promptly under cold sponging with water. Again, on the eighteenth day, her temperature rose rapidly to the same point, 105.8, and not yielding to cold sponging, I put her in a cold, wet pack, let her remain forty-five minutes, reducing her temperature to 105 ; pack was repeated twice, three hours apart, reducing temperature to 104.5. Again, on the twenty-second day, temperature rose to 105.5, but owing to pulmonary inflammation. Convalesced at end of sixth week, is well and hearty, and attending school.

S. A. NEWHALL.

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### FATTY TUMORS—A NOVEL CASE.

BY THOMAS A. CAPEN, M. D.

I have a patient who tells me the following story: Some fifteen years ago, after a long and fatiguing walk, symptoms of sunstroke presented themselves. He went to a physician, and was bled. Shortly afterward a curious condition of the surface of his body became apparent, which remains to the present time.

Upon examining his case, I found him literally covered with bunches, growths and tumors of all shades, shapes, and sizes ; some were lobulated, some irregular, some like a bunch of grapes. On the arm I found one the size of a large apple, though they generally averaged the size of a hazelnut. I counted over a hundred on one arm. They were even thicker on the legs, and even in the hair.



Since I left the Hahnemann Medical College and Hospital, of Philadelphia, in 1872, I have not met with a case like this before. In my opinion they are more or less encysted, some of them being obstructed sebaceous glands, although many of them appear to be of a fatty consistency. Of course, I pronounced his case incurable, I could do nothing for him.

[Try *Baryta carb.* on him.—ED.]

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### HOW TO MAKE AN INDEX.

BY C. B. GILBERT, M. D., WASHINGTON, D. C.

Weeks of gleaning Homœopathic literature, has shown me how utterly worthless the indices to most, if not all, our publications are. I say worthless, because if you cannot say "I have gleaned all there is in our literature on the subject," with confidence, the index is of no value. I commenced several weeks ago to glean journals by the index, and soon found that I was losing about one-half of what I was after. I have been obliged to go over them page by page. Many valuable hints are given incidentally, which are entirely overlooked when the heading only is indexed.

There is only one proper way to make an index, whether to a medical journal or a ledger—the *vowel index*, as—Ca, Ce, Ci and y, Co. Cu ; no regard is paid to the consonants, the first vowel after the first letter, deciding its place ; this reduces the places where a word may be found to five, and the eye goes at once to the place. For example:

Camphor in yellow fever.

Cramps in the legs.

Cerebral diseases.

Chemistry of the orange.

Citric acid.

Clinical observations,

and so on.

Every subject ought to be placed under three heads, where there are as many, and two under any circumstances ; both the technical and common name should be given (Pertussis, whooping cough), and where several names are in common use they should be given, as—Basedow's Disease, Graves' Disease, Ex-ophthalmia. When a medicine is merely mentioned, it should be indexed thus: *Apis*, 46,— but

when symptoms are given indicating its use in disease, it should be indexed thus :

<i>Apis</i> in diphtheria,	102.
dropsy	234.

or, if symptoms are given simply, thus :

<i>Apis</i> , indications for	39.
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A case is before me as I write, where a severe poisoning from the sting of a bee is indexed—"Bee sting, injury from"; it was apparently a honey bee; it should have been indexed under "*Apis*" and "Poisoning," not being an "injury," properly. I have found many cases where the indications for a remedy were well given, or a beautiful cure, which were indexed only under the name of the disease or even "clinical notes," or some similar heading; the indications for a remedy given under the heading "diarrhœa," may be just as valuable in some condition where that is only an accompaniment, as in Dr. Bell's case of pneumonia, cured by *Podophyllum*, because the patient had the symptoms of *Podo.* diarrhœa; and many others, scattered all through the Homœopathic literature.

Never divide an index into "subjects"—Practice, *Materia Medica*, etc.

Don't forget that the index is the repertory to the volume.

### RELATIONS OF PHYSICIAN AND PATIENT.

AN ADDRESS DELIVERED BY DR. C. P. JENNINGS BEFORE THE  
QUARTERLY MEETING OF THE CENTRAL NEW YORK HOMŒ-  
OPATHIC MEDICAL SOCIETY.

This subject has been well set forth in the Code of Ethics prepared and adopted by the American Institute of Homœopathy. This paper can do nothing more than call to mind what we know already. You will expect a few hints only, not an elaborate discussion.

1. The physician should seek to prevent disease. He should instruct his patrons in hygiene, and stimulate them to obey the laws of health. What if it shall curtail his daily visiting list? Better patrons than patients. The chief object of the physician is not mammon. He would promote the highest welfare of his fellow men. And he may trust them to appreciate his preventive counsels and labors at their just value. Prophylaxis belongs to the domain of the

physician. He should acquaint himself with all known possibilities of defending the people against epidemics, and be able to guide the public in the use of the best prophylactic methods.

2. The physician, being entrusted with a patient, should seek to heal him, and to do this quickly, with no needless delay; pleasantly, with no harsh measures, safely, not venturing upon daring hazards. Thus to heal will require certain qualifications in the physician. (1). Sufficient knowledge of the human system in all its parts and of their normal and abnormal action, that he may be able to recognize the presence of disease, to ascertain what organs are in trouble, what tissues are invaded, and what morbid processes have been accomplished already, with the future probable course and termination of these processes. The Homœopathician cannot dispense with anatomy, nor with physiology, nor with pathology. (2). He must needs be familiar with the *materia medica* in order that he may be able to select from that vast *armamentarium* the remedy most perfectly correlated to the case in hand, and exhibit the remedy in such wise as to set up in the patient its most effectively curative action. In other words he must know diseased conditions, the properties of drugs, and how to employ drugs for the purpose of healing. Hahnemann has spoken strongly upon this matter. "The first duty of the Homœopathic physician who appreciates the dignity of his character and the value of human life, is to inquire into the whole condition of the patient. \* \* \* This being done, the physician then tries to discover the true Homœopathic remedy. He may avail himself of the existing repertories with a view of becoming approximately acquainted with the true remedy. But, inasmuch as those repertories only contain general indications, it is necessary that the remedies which the physician finds indicated in those works should be afterwards carefully studied out in the *materia medica*. A physician who is not willing to take this trouble, but who contents himself with the general indications furnished by the repertories, and who, by means of these general indications, dispatches one patient after the other, deserves not the name of the true Homœopathist. He is a mere quack, changing his remedies every moment, until the poor patient loses his temper and is obliged to leave the homicidal dabbler. It is by such levity as this that true Homœopathy is injured. This ignominious propensity for laziness, in the most important of all professions, determines these pseudo-Homœopathists to choose their remedies *ab usu in morbis*, by the directions which are found

recorded at the head of each medicine. This proceeding is entirely wrong, and smells strongly of Allopathy." (*Chronic diseases*, translated by Charles J. Hempel, M. D.; New York: William Radde, 1845). Plainly, the physician must be clear in his understanding of the therapeutic law, inexorable in his adherence to that law, skillful in applying the law. He owes this to his patient.

3. The physician must needs win the confidence of the patient. This, in its full measure, is of slow growth. It comes only after repeated demonstrations of intelligence and skill. The physician must demean himself as a man whom it is safe to trust. He should be the industrious student, the courteous gentleman, the sympathetic friend, the wise counsellor; and, last, but not least, he should prove himself to be the honorable depository of secrets, secrets he will never reveal by word, nor hint, nor tone, nor look.

4. The physician should be supreme in the sick room. Nurses and lay friends have their place, and they have certain rights. But the physician should not yield to their interference, however well meant. He cannot take them into partnership. He cannot tolerate charlatanism, and lay interference amounts to this. When the case becomes grave, and he finds himself at a loss, he should call in one or more consulting physicians. He owes it to his patient that he inspire him with a high and growing respect for the medical profession and for medical science. Whatever in him shall lower the esteem of his patient for the science and for the faculty will react to the injury of his patient. This is a cogent reason why the physician should be supreme at the bedside. But there is one imperative reason. The chief responsibility for the course and results of disease rests upon the physician. He cannot acquit himself to the just satisfaction of the patient and his friends and the community unless he is clothed with full powers. A state of war exists. A destroying enemy is in the field. He is constructing approaches to the citadel. Martial law must be proclaimed. The absolute control of the defending forces rests in the commanding general. That officer is the physician. If necessary, he must insist upon his sovereignty. If it will not be conceded, he owes it to himself to retire from the field, and this is due to his patient and his friends. They need the lesson. Experience teaches costly lessons as to the consequences of ignorance and folly. There are people who will learn in no other school.

5. The physician should avoid a too great confidence in himself. He may be well equipped. He may abound in resources. Brilliant

achievement may have waited upon him oftentimes. Yet, he may err in diagnosis sometimes, or in the selection of the remedy. Hence, in dangerous and quickly-moving diseases especially, it is incumbent upon him to watch with eagle eye lest he fail to see indications for change of treatment. He should not be over-positive as to his first judgment in the case, lest a precious life slip away beyond recall. The physician should carry about with him continually the conviction that human life is sacred; that the life of his patient is in his keeping; that, when it is imperilled, he should summon all his energies to the work of preserving that life; that negligence on his part is allied to manslaughter; and, that he is responsible for that life, not to man only, but to the Original Giver of that life. Let a profound conviction of these truths abide in him, together with zeal for his profession and love of his fellow men. These will assure his fidelity, and win for him the guerdon of success.

6. The physician should have a care in prognosis. If this is made hastily, it may prove hurtful to his patient in many ways. If, with all due caution he arrive at a favorable prognosis, let him announce it without delay; for, this will be of manifold benefit to his charge. If there is real danger, many reasons concur in the demand that he declare it. If he have the confidence of the patient and his friends, they will the more freely yield to him his proper place in the sick-room. Nursing, prescriptions and needful sanitary regulations will receive more earnest attention. The last will and testament can be made with composed and sound mind. The patient can review calmly his relations to God and the eternal future, and prepare to depart from this life in the peace and courage of Christian faith and hope. The physician should deal with the patient as being a reasonable man. He should never hold out to him a false hope, knowingly. This is cruel. Many a man would meet death with serene mind if told of his peril by his physician, who is shocked and racked with terror when, contrary to the most positive assurances of his physician, he finds himself confronted suddenly with death. No man's nerves are proof against that horror.

7. The physician should take care of himself. This is due to his patrons, to say nothing of the profession and of himself. He may not rightfully shut himself up in his own home so as to be inaccessible at night, in rough weather and in an epidemic. The call of suffering is his summons to duty. Yet, he is not to undertake too much. Success in the sick-room is rather to be chosen than an overgrown

visiting list and a plethoric purse. Success worthy of the name cannot be had where no time can be taken for study, where overwork wearies the body and clouds the mind. The rest of Sunday, with its intellectual and religious helps should be secured by him, if possible. By all necessary and suitable means he should keep himself vigorous in body and mind. So will he best serve his patrons. The physician should take care of himself in another matter, also. He should make full charges, according to the table of rates; and he should collect his fees, except where collections would entail suffering. Aside from his personal rights, and the dignity of the profession as involved in this matter, it is in the interest of his patrons that the physician should do this. He cannot serve them to their own highest advantage if he is kept impoverished in table, in wardrobe, in equipment, library, and in his dwelling.

8. The physician should be devoted to his profession. He should not prosecute it as the means of bringing reputation and income to himself. He should love it, put his soul into it, whole nature going out to it and grappling with it as the chosen work of his life, the work, its own sweetest reward. Such a physician, other things being equal, will be a benignant Providence in the homes of the sick. The patrons of the physician have their obligations. These are the counterpart of the duties which they themselves are willing enough to lay in full tale upon the physician.

(a). The patient, having made choice of a physician, should put himself completely in his hands. He should disclose to the physician all conditions and all secrets which have any bearing upon the case tell them without reserve, however humiliating. They are necessary to accurate diagnosis, and to hopeful treatment. He should not assume to dictate to the physician, nor require him to take him into partnership; but, surrender himself, take the medicines according to directions, comply with the regimen as prescribed, and trustingly await the issue. If the patient cannot do this, it were better to change physicians than to retain the first one and yet thwart him by listening to lay advice, trying other potions furtively, deceiving his physician and heightening his own danger. Nor should he consult other physicians clandestinely. He should hold himself loyal and true to the man whom he has chosen to be his sovereign in his sickness.

(b). The patient and his friends should not be over-exacting.

Physicians cannot accomplish the impossible. They are not supernatural beings. They have no direct command over the springs of health and life. After the best has been done which knowledge and skill can empower a man to do, occult causes, or an effete constitution, or meteorological conditions may baffle him, and death close the scene. The fatal issue does not necessarily conclude fault in the physician. Nor, again, can a man give his whole time to every important case. He is not ubiquitous. Nor should constant attendance be expected of him. He should be left to his own judgment in this as well as in the general treatment, care being taken to advise him of any change in the patient.

(c). The physician should be compensated liberally with thanks, with honor, and with money. His patrons should have in mind the value of the medical profession and of medical science to themselves and to the community. They should then take into account the self-denying fidelity of their physician, and the qualities in him which make him desirable as their physician, and they should remunerate him with a generous justice, if means allow it. Some physicians make no bills. They send in a simple statement of services, and trust to the grateful feeling of their patrons, their sense of honor and justice; and, not in vain. This where health has been restored. Yet, if the result has been disastrous, the survivors should reward the physician for his efforts to save the patient. Those efforts have been costly to him. Though disappointment came, it should be remembered that the physician delayed the final catastrophe, and promoted in some degree the comfort of the patient. Probably, the survivors owe their own safety to the judicious measures of the physician. It is impossible to estimate the value of medical services except as you put upon them the same price that you place upon your own life.

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#### *FRUIT DIET AND PAINLESS LABOR.*

What class of pregnant women are most benefited by fruit diet?  
What is the experience of the profession? H. J. D.

The persons who are most benefited by fruit diet and the sitz baths, are stout, muscular women, who bear children with large heads, and whose labor-pains are violent, from first to last. The opposite of this,

are the thin, feeble, unmuscular women, whose labor pains are feeble and ineffective, and who always have a tedious time. This class ought to eat rare beef and mutton, steaks and roasts, Graham flour crackers or bread, and oatmeal daily, and perhaps a little fruit, and take a great deal of out-door exercise.

J. C. CUMMINGS.

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## Children's Department.

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### A CASE OF CHRONIC GASTRO-ENTERITIS.

BY G. W. HILTON, M. D., LA MOILLE, ILL.

August 16th was called to see a child that had been sick for six weeks, during that time was treated by three Allopaths (scientifically and heroically), and by them given up as incurable. They informed the parents that all had been done that they could do, and retired from the case. After this announcement, one of the grandparents, who had *faith* in the *little pills*, wanted the privilege of trying Homœopathy, offering to pay the bill if he be allowed to call me. As the child had been given up, the parents had no reasonable excuse to offer, although it went against them to go outside the family for a doctor (one of the gentlemen that had been treating the case was a brother to the mother of the child), and all on her side were dead set against Homœopathy. Under the circumstances they consented with the best grace they could, and I was sent for. Upon arriving at the house I obtained the following history of the case :

The child, a girl about three months old, six weeks previous was taken with vomiting and purging, this had continued more or less frequent, up to this time. I found it in a state of collapse, its feet, legs and bowels cold, pulse not perceptible at wrist, temperature 101° F. It had been having from eighteen to twenty evacuations during twenty-four hours, of a green, slimy substance, of a sickish odor. After making a careful examination of the child—taking into consideration the heroic treatment (scientific) it had received from its former attendants, one of them having been in practice here for over thirty years, and still believes in the good old way—and that it still lived was evidence that it possessed a great amount of vitality, and gave



me hopes that it might live in spite of what I might do, I decided to take the case and make the effort. I diagnosed the case as one of gastro-enteritis. Explained to the family the condition in which I found the child. My prognosis was very guarded and conditional, if they would assist me and carry out my instructions, and if we could keep the child alive until morning I had strong hopes of saving it. I gave it a powder of *Ars.* 30 trituration, and ordered the child to be wrapped in hot flannels, to be changed as often as they became cool, to be repeated through the night. The mother had nursed this child up to this time, and having been broken of her rest, and with work, worry, and anxiety, she was in no condition to nurse a child. I therefore requested her *not* to nurse it again, explaining to her my reasons. Ordered gruel to be made of barley; to a half pint of this gruel to add the white of a fresh egg.

August 17, 9 A. M. Found the child living, the nurse reporting that it had rested better than it had for several nights; had taken of the gruel; no vomiting followed; bowels moved some six or eight times. *Ars.* 30 trituration, powder every two hours during the day.

August 18, A. M. Found our little patient had continued to improve; no vomiting since last visit. Evacuations reduced to ten during twenty-four hours. Not much change in their character. Continued *Ars.*

August 19, A. M. Mother reports that the child vomits its food soon after eating. Aphthous condition of the mouth; seems to have some colic. *Æthusa cyn.* 3x dilution, ten drops in one-half glass of water; teaspoonful every two hours.

August 20, A. M. Found child much better; mother reports that after it had taken the second dose there had been no more vomiting. Eats better; bowels in better condition; seems better every way. Continued *Æthusa.*

August 21, A. M. Child has had no return of vomiting. Evacuations less but character changed, they being green and clear like jelly; has pain at stool with great straining and tenesmus, crying. *Aloes* 200. ten drops in one-half glass of water; teaspoonful four times a day.

August 22. Found child decidedly better, only three evacuations since last visit; appetite good; child bright, takes notice, and quite playful. Continued *Aloes*, two doses a day.

August 24. Improvement continues. Continued treatment.

August 26. Child not feeling so well; barley having given out they

fed it cow's milk, which did not agree; caused vomiting and some diarrhoea. *Æthusa* 3, ten drops in one-half glass of water; teaspoonful every two hours; fresh supply of barley procured, gruel continued.

August 27. Child some better; vomiting ceased but seems weak and restless. *Ars.* 30 trituration, powder every two hours.

August 29. Child has continued to improve since our last visit; no vomiting; rested well last night; eats well, food agrees; but three evacuations in last twenty-four hours. Mother says it cries when its bowels move; strains hard; stools look like jelly, dark green. *Aloes* 200, ten drops in one-half glass of water; teaspoonful four times a day. Left instructions if child should be worse to notify me.

September 1. Found child doing well; bowels moved natural, one to two evacuations a day; child seems to tire of barley gruel; ordered Graham gruel; tablespoonful of Graham to a pint of water, to cook two or three hours; strain and add one-third milk. Placebo night and morning.

Sept. 3. Father reports child doing well; bowels regular; appetite good; likes the Graham and it agrees with it; says she is growing fat. No medicine given.

#### GELSEMIUM FOR PTOSIS.

Sept. 5. Father reports some trouble with baby's eyes; can't keep them open; called to see it, found the child worrying; eyes closed, no power to open them; found it a case of ptosis; child had been out riding and had taken cold. Could not learn that the eyes had been injured. Gave *Gels.* 3x dilution, ten drops in one-half glass of water; teaspoonful every two hours until improvement, or till I called again.

Sept. 6. Father reports child better; can open eyes a little in dark room. Continued *Gels.*

Sept. 8. Was passing, called in to see child; found it all right; seemed to be well and hearty; no trouble with eyes now; bowels move natural but little inclined to be constipated. Gave *Nux vom.* 30 dilution in pills; two pills twice a day. This child continued to improve without farther treatment and has remained well since. I report it as another trophy for Homeopathy.

“FORNINST” CONDENSED MILK.

A ROCKY MOUNTAIN ZEPHYR.

Of all the noxious, nasty, filthy, tasteless, palateless, sickening, foul, deranging, damaging, depraved, corrupting, unkind, inhuman, cruel, abominable baby-killers is *Condensed Milk*. Shoot the doctor who would prescribe it and the chemist who would manufacture it. They should be turned over to Prof. Bergh and treated for their inhumanity to animals. I am “forninst” any man that would order it given under any circumstances, and “moi shelalah is in trim for the first man who dares to tread on the tail o’ my coat.”

GEO. B. SARCHET.

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## Book Department.

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All books for review must be sent to the Publishers.

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TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY FOR 1890.

This is the report of the thirty-third annual session, and is sensibly presented in one volume, paged consecutively and substantially bound in cloth. Those who believe that Homœopaths do not know anything should peruse this volume, and they would conclude that we are a lively crowd of independent, outspoken thinkers. This is a creditable report. Some of the bureaus have valuable papers.

CUTANEOUS AND VENEREAL MEMORANDA. BY PROFS. H. G. PIFARD & G. H. FOX. New York: W. Wood & Co. Chicago: W. T. Keener, Duncan Bros. 32 mo.; pp. 309.; \$1.00.

This is a second edition of a practical little memorandum work on the above subjects. The treatment is thoroughly “regular.” To students (of regular colleges of course) it will prove a valuable epitome.

**THE MEDICAL TREATMENT OF DISEASES OF THE VEINS.** BY J. C. BURNETT, M. D. London: Homœopathic Publishing Co. Chicago; Duncan Bros.; \$1.00.

This is another of those valuable little works by our editorial friend. But the medical treatment of diseases of the veins is not new in this country. Gilchrist's Surgical Therapeutics taught it a decade ago. See Phlebitis and Varix. In reference to the latter, page 212, Fourth Edition, Surgical Therapeutics, says: "A radical cure must be obtained from the use of remedies."

**INDEX CATALOGUE OF THE LIBRARY OF THE SURGEON GENERAL'S office, U. S. Army, Vol. I.**

This portly royal quarto volume of 898 pages catalogues the immense national medical library by subjects and authors from "A to Berlinski." When in Washington in 1876, we had occasion to refer to this index then in MS, and pronounced it very full and complete. If any one feels the need of an index, it is when looking at the vast army of medical works gathered from all nations and marshalled in solid phalanx round and round an immense building. Anyone who is curious to look up the literature of a subject like bacteria, for example, will find here ample material. We hope Congress will make provision for the completion of this work, and that J. S. Billings, M. D., will continue as editor. It is a most valuable, national publication.

**A TREATISE ON DIPHTHERIA.** BY A. JACOBI, M. D. New York W. Wood & Co. Chicago: W. T. Keener, Duncan Bros.; 8vo.; pp. 252; \$2.00.

Perhaps no physician of the regular school has given the subject of diphtheria more attention than this author, hence this work must be a welcome one, especially to "regulars." The work considers the history, etiology, infection, contagion, symptoms, diagnosis, etc., quite exhaustively. The bacteria theory receives considerable attention and is set aside as the cause of this disease. The treatment occupies about half of the book and is thoroughly regular, of course. He considers all the means that have been used for the last twenty years and gently sets aside one after another specific. The success in treatment is not prominently considered but much attention is given to prevention (by *Chlorate of Potassium*) and disinfection including roll *Sulphur* for fumigations, *Sulphate of Iron* for soil, sewers, etc., and *Sulphate of Zinc* and common salt for clothing, bedding, etc. *Carbolic acid* is set aside as a disinfectant.

## Medical News.

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*A Merry Christmas.*

*A happy New Year* to all.

*Contributors*, readers, all "bow to your partners."

*Died.*—E. Beckwith, M. D., of Columbus, Ohio, died recently.

*Trade Lively.*—Stuffed turkey, stuffed child, worm fits (?). Doctors flying.

*For 1881* the vote says: "Visit me semi-monthly." See announcement elsewhere.

*T. Voice*, M. D., of Kansas City, has been east with his wife who is suffering from traumatic neuralgia.

*W. Tod Helmuth*, M. D., of New York, is suffering from septi-cæmia. A boil on the right arm was poisoned while operating.

*E. Thompson*, M. D., of Upper Newton Falls, Mass., is on a visit to the west to recruit his paralyzed energies after a severe attack of diphtheria.

*Dr. Simons*, of Belmont, N. Y., is just completing a large establishment for the reception of patients. He invites the profession to give him a call when passing that way. It will be a nice place to rest.

*Married.*—S. H. Quint, M. D., of Camden, N. J., to Miss Katie M. Pearson, Nov. 3, 1880. In consequence of which the new firm have removed to 43 N. 3d St. We present our compliments and congratulations.

*F. Dewing & Co.*, of San Francisco, Cal., are agents for Feeding and Management of Infants and Children for the coast, including the states of California, Oregon, Washington Territory, Idaho, Utah, and Arizona.

*Tongue Symptoms.*—Sensation of tongue as if scalded, *Coloc. Magmur.*, *Rhus. ven.*, *Verat. vir.* Red streak in middle of tongue, *Arg. nit.*, *Phos. ac.*, *Verat vir.* Red streak in middle of tongue and yellow edge. *Verut. vir.* .

*Phymosis and Insanity.*—Dr. Talcott of the Insane Asylum at Middletown, N. Y., reports four cases of insanity in whom there existed congenital phymosis. These cases were cured after operating for the relief of the latter affection.

*Melilotus* is an efficient remedy for distressing neuralgic headaches,

congestive in character, lasting several days, and finally relieved after a profuse nosebleed. *Ant. crud.* is similar. *Aluminum carbo. an., Coffea and Dulc.* also have epistaxis with headache.

*Dorsum Hyperplasia.*—Dr. E. O. Kinne relates a case in the *Homœopathic Times* where there was excessive hyperæsthesia of the entire surface of the back, of many years' duration, permanently and entirely relieved by *Tarantula 2c*, and afterward 30th.

*Dr. D. B. Beckwith*, (*Cincinnati Medical Advance*), advocates the daily administration of *Mucrotin* during the three months preceding parturition, and claims for it an easier accomplishment and speedier recovery in these cases.

*New York Ophthalmic Hospital.*—Report for the month ending Nov. 30, 1880: Number of prescriptions, 3,506; number of new patients, 440; number of patients resident in the hospital, 21; average daily attendance, 146; largest, daily attendance, 233.

CHAS. DEADY, M. D., Resident Surgeon.

*Chills and Fever.*—Female aged twenty-two, school teacher, dark complexion, firm, muscular fibre; chill, with external coldness; drinks large quantities of water; menses suppressed; drowsy during the day. *Bry.* 30 in water, dose each three hours; no more chills after fifth day; menses came on normal.

*Personalities.*—"I Dr. ——" and what the people think of "me" make up so much of our stock in trade that it is difficult to forget "I" when we write, and especially if skill, dexterity and judgment are put in. Rivalry is a medical atmosphere and a criticism, however proper is looked upon as a direct *personal* attack. Shame on such suspicion! Avaunt with such childishness to "squall" at every "bump!" We hope our writers will be men. "Be a hero in the strife," dignified and charitable.

*Podophyllum* is indicated in acute hepatitis next in frequency to *Bry.* and *Merc.*, and in chronic hepatitis rivals *Nitric. ac.* It is similar to *Calc. c.* in its use in lymphatic children, with softness of skin and flabbiness of muscle, especially during dentition. (In diarrhœa of teething children when insufficient, *Sulph. ac.* follows well.) Similar to *Gels.* and *Lyc.* in sore throat, passing from right to left. Indicated when with tongue showing imprint of teeth (*Merc.*) there is distension of right hypochondrium, with desire to rub or stroke that region; "liver spots" on arms and face (forehead). Rolling of the head. (Bell.) (H. M.)











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